



# RECLAIMING DREAMS

**PRIORITISING THE MENTAL HEALTH  
AND PSYCHOSOCIAL WELLBEING  
OF CHILDREN IN CONFLICT**

**WAR**  
child

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*All names in this report have been changed to protect identities*

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# 1. EXECUTIVE SUMMARY AND RECOMMENDATIONS

In 2017, 250 million children around the world have been affected by armed conflict. Children witness the destruction of their homes, schools, communities and the death of their loved ones. Many are forced to flee and live displaced far from home for years. For those who remain, the decimation of infrastructure makes access to basic services and a decent standard of living extremely difficult.

Huge efforts are made by the international humanitarian community to meet the physical needs of children, by providing shelter, food and water. Their needs for mental health and psychosocial support are often not addressed, however. Without this support children risk developing greater psychological, social and emotional problems later in life, severely limiting their ability, and that of their families and communities, to rebuild post-conflict.

Over recent years, the humanitarian community has responded to the need to provide Mental Health and Psychosocial Support (MHPSS). Emerging evidence suggests such efforts are more effective when tailored to local needs and integrated with the provision of other aid components. Efforts to date have also largely focused on direct work with children, rather than other levels of their social ecology.<sup>1</sup> Without also working with children's support networks – their parents/caregivers, siblings, teachers, social workers and community members – children remain exposed to daily stressors in their present environment that exacerbate their mental health and psychosocial challenges. Daily stressors within the family home and wider social environment – such as putting enough food on the table, finding warm clothes in winter, inter-parental stress and violence, cramped and insecure living conditions – have been found to have a greater negative impact on children's mental health and psychosocial wellbeing than direct exposure to armed conflict.

These findings highlight the need for a multi-level response that works with children and their support networks in multiple spaces and through the delivery of complementary interventions. War Child's Care Systems Approach provides multiple interventions targeting different beneficiaries (children, parents/caregivers, siblings, teachers, community leaders), integrating psychosocial support at every level and identifying children who need more specialised mental health support.

The case studies in this report illustrate the complexity of delivering MHPSS to children and their families with very different experiences.

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<sup>1</sup> Support to parents has been developed by War Child, International Rescue Committee and Save the Children

## **CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS: CENTRAL AFRICAN REPUBLIC**

For children associated with armed forces and groups – such as those who have fought with Islamic State in Iraq and with militias in Democratic Republic of Congo and Central African Republic – the extreme violence they have been exposed to, as both perpetrators and victims, impacts their mental health, and their psychological, social and emotional wellbeing. Economic factors influence their ability to leave these groups, and those who do face huge stigma upon return to their community, making the re-establishment of their support networks more difficult. It is imperative that Disarmament, Demobilisation and Reintegration (DDR) programmes targeting such children integrate psychosocial support (PSS), be made available to the whole community to reduce stigma, and that they work alongside efforts to strengthen communities and provide sustainable economic opportunities and livelihoods support.

## **MHPSS IN REFUGEE SETTINGS: JORDAN**

For children who have fled warzones and live in refugee and displaced persons camps – such as refugees from the Syrian conflict living in Jordan – the stress of parents and caregivers over money, food, warmth and shelter has been shown to have a significant influence on their children's wellbeing and ongoing development. In these settings, the provision of PSS holistically to families – integrated into education and support services – addresses the daily stressors that affect wellbeing and helps create a better home environment, thus helping to rebuild children's family-based support network.

## **THE INTERGENERATIONAL IMPACT OF LIVING THROUGH PROTRACTED CONFLICTS occupied PALESTINIAN territory**

Regions that have experienced prolonged or recurring conflicts over decades – such as Iraq, Afghanistan and occupied Palestinian territory – often experience a longer-term corrosive impact on society and the economy, with high levels of poverty and home-based violence, characterised by chronic stress and generational cycles of mental health and psychosocial need. In such settings, multi-level psychosocial interventions that support not just children, but parents/caregivers, wider family, teachers and social workers are needed.

# RECOMMENDATIONS

## POLICY

**Governments and donors should take the following actions:**

- Seek political solutions to end armed conflict. An end to violence will alleviate the stressors on children living through armed conflict and improve their mental health and psychosocial wellbeing.<sup>2</sup>

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- Prioritise MHPSS in humanitarian funding and crisis response. In a sector where funding is short-term (sometimes only six months), commitment to ring-fencing even 1% of aid for MHPSS would make a significant difference.

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- Redress imbalance of MHPSS funding available for countries and protracted/immediate crises in the Middle East and in Africa.

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- Collect and systematise data on MHPSS funding: where is it allocated, through which programmatic interventions (commonly education, protection and health) and the longer-term impact of these interventions.

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## PRACTICE

**(International) non-governmental organisations (I/NGOs), academia, governments and donors should take the following actions:**

- Commit to working with community-based organisations and local actors who have better understanding of a community's natural coping mechanisms and will in the long term enhance the resilience of a community.

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- Commit to listening to children, youth, their families and communities to understand their needs, resources and vulnerabilities.

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- Develop, implement and promote global minimum standards for Inter-Agency Standing Committee Level 2 and 3 MHPSS interventions. These should clearly define what PSS is, resources that must be in place and methods of embedding local and cultural knowledge into interventions. This requires I/NGOs and academia to share evidence and resources to determine common practice elements and ensure consistent quality of PSS globally.

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- Provide PSS to children's support networks (alongside children) to address the daily stressors in children's homes and communities that impact their mental health and psychosocial wellbeing.

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- Adapt and more widely implement PSS programming to strengthen parents' relationships with young children as parent-child attachment is a key predictor of wellbeing in later life.

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- Build in PSS booster sessions to programmes to provide sustained support to children and their support networks.

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2 L Jones (2017) *Outside the Asylum: A Memoir of War, Disaster and Humanitarian Psychiatry*, Orion

- Embed research into programme design, implementation and evaluation to ensure robust evidence is generated from programmes to inform future evidence-based programmes. Weak evidence has led to a proliferation of PSS programming with limited or unknown impact.
- 
- Prioritise and invest in the training and ongoing support and supervision of local staff. In resource poor contexts, this investment is paramount to deliver low-cost, scalable and quality interventions.
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## **RESEARCH**

I/NGOs, academia and donors should take the following actions:

- Prioritise and invest in longitudinal research on the effectiveness of MHPSS approaches and programmes. This is vital to understanding the long-term impacts of MHPSS for children affected by armed conflict that takes into account the multiple and interconnecting factors (violence, home environment, access to social services) that impact children's long-term wellbeing.
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- Study the mechanisms of MHPSS interventions to build evidence of which mechanisms specifically account for positive change in children's wellbeing.
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- Promote the use of consistent research methodologies across academic disciplines and contexts to provide stronger comparative evidence.
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- Incorporate cultural and local understandings of mental health and coping mechanisms into research.
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## 2. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Children's lives are torn apart by war. In 2017, 250 million children have been directly impacted by conflicts around the world.<sup>3</sup> Fighting and violence disrupts children's lives: their homes, schools and communities are destroyed causing many children and families to flee. Those who stay at home risk being killed or injured, or being directly recruited to fight in the conflict.

These immediate and physical dangers have long-term mental and psychological repercussions that can devastate children's ability to recover from conflict and communities' capacities to rebuild.<sup>4</sup> Mental health and psychosocial support (MHPSS) is the humanitarian sector's response to these less obvious needs.

**250 MILLION  
CHILDREN**  
affected by  
conflict globally



In 1996, the Machel Study first recommended that mental health and psychosocial support for children affected by conflict be integrated within humanitarian response, recognising the interdependency between children's biological and psychological state of mind and their social environment.<sup>5</sup> This recommendation was cemented in 2007 in the Inter-Agency Standing Committee Guidelines: *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*<sup>6</sup> to support practitioners to implement MHPSS. It has since been integrated into thematic sector standards for education and child protection.<sup>7</sup>

<sup>3</sup> UNICEF (2016) *The State of the World's Children 2016: A Fair Chance for Every Child*, p93

<sup>4</sup> Attanyake et al. (2009) 'Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children' in *Medicine, Conflict and Survival*, 25(1)

<sup>5</sup> UN General Assembly, *Promotion and Protection of the Rights of Children: Impact of Armed Conflict on Children (A/51/306)* 26 August 1996, para 183

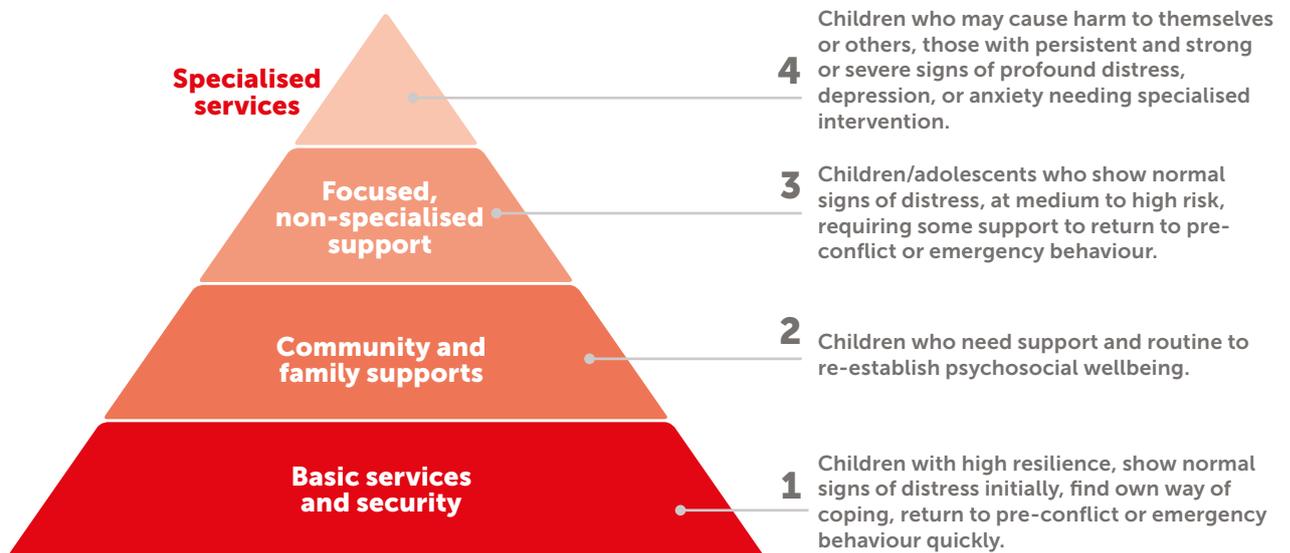
<sup>6</sup> Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC

<sup>7</sup> INEE *Minimum Standards for Education: Preparedness, Response, Recovery and Child Protection Minimum Standards*

MHPSS is any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder. It is commonly represented in the IASC pyramid:<sup>8</sup>

**Mental health interventions** mainstream management of psychological disorders – for instance, anxiety, depression and post-traumatic stress – in emergencies; and in more stable contexts, increase coverage of mental health interventions critical to maternal, newborn and child health and wellbeing.

**Psychosocial support** is a series of structured activities aimed at preventing and reducing the negative impact of crisis situations on the emotional wellbeing of children and their families and is designed to reach those most in need of psychosocial support. Programmes include community-based activities that promote the ability of families and communities to support each other, resume everyday activities and heal from distress – for instance, via parenting groups, children’s recreational and educational activities.



The majority of I/NGO interventions focus on Levels 1 to 3 of the pyramid. This is because most children affected by conflict do not develop a mental health disorder and cope with the extreme adversity they are exposed to without the need for a professional clinical intervention. A wide range of transient reactions are considered normal responses to traumatic events such as those commonly experienced by children in humanitarian settings. These can range from changes in behaviour (detachment, aggression) or uncontrollable psychosomatic symptoms (chest pain, insomnia, weight loss). Often these will resolve over time, without intervention.

Children’s psychosocial wellbeing is re-established through factors including:

- As quick a return to a sense of normality and routine as possible (keeping families together and enrolling children back into school).
- Provision of psychosocial support (PSS) as a means of preventing mental health problems.

- Provision of a safe space to process their emotions and feelings about the conflict, the impact of the conflict on them and their loved ones, and their concerns about the future (including access to basic services).

In some cases, clinical psychological interventions are needed. Though a minority in most studies, a significant number of children in any war-affected population do develop enduring and severe symptoms of anxiety, depression and/or psychological trauma. Where there is active conflict or mobile populations however, it can be difficult to begin a clinical intervention due to a severe lack of resource and professionals. The changing dynamics of conflict also make it harder to complete an intervention, potentially risking harm to an individual.

The causes of mental health problems are multifactorial – with biological, psychological, social factors or a combination of all three. Responses that ignore this and do not take a multi-faceted approach will fail to adequately support a child with a mental health condition. Social factors include the following, almost all of which are present in conflict settings:

- rapid social change
- migration
- social isolation
- unemployment and poverty
- increasing social pressure to perform well
- peer pressure
- individual and family crises
- changes in traditional values and conflict with parents.<sup>9</sup>

**War Child** delivers psychosocial support to children in child-friendly spaces through the **DEALS programme**. DEALS is a series of structured activities that increase children's resilience by strengthening their social relationships, helping them to cope effectively with stress and difficult emotions and increasing their confidence and sense of efficacy. When staff identify children who need more specialised support, they are referred on to a mental health agency. DEALS is modified for different beneficiary groups: I DEAL (10-15 years old), Big DEALS (16-20 years old), She DEALS, Peace DEALS (addressing conflict) and Parent DEALS (for parents, caregivers and teachers).

## KEY POINTS:

- Conflict has a mental impact on children and can affect their mental health, psychological, social and emotional wellbeing. Unaddressed, these impacts affect children's ability to recover from conflict and ultimately their community's capacity to rebuild post-conflict. In response to this the humanitarian community provides mental health and psychosocial support (MHPSS) to those in need.
- MHPSS is a framework of programmatic interventions ranging from lower-intensity interventions for all children to strengthen their resilience to specialised mental health interventions for children with a mental health condition or identified as being at greater risk of developing a mental health condition.
- Children's wellbeing is re-established by creating a sense of normality and routine as quickly as possible. In practice this means keeping families together, re-enrolling children in school, and providing safe spaces where children can process their thoughts, concerns and emotions about the conflict with additional, tailored support provided when it is needed.
- War Child's DEALS programme is a series of structured activities that increase children's resilience through strengthening their family and peer relationships, building their confidence and ability to cope with their distress. DEALS is also provided to parents/caregivers, teachers and young people.

<sup>9</sup> World Health Organization (2010) *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group*

### 3. CHRONIC STRESS AND THE IMPORTANCE OF CHILDREN'S SUPPORT NETWORKS

2017 has seen the continuation or increase of violence and instability in countries such as Central African Republic, Democratic Republic of Congo, Iraq, Syria and Yemen, to name a few. The personal impact of these conflicts on children can be devastating, not least through the creation of 'toxic stress'.

Toxic stress occurs when children experience 'strong, frequent and/or prolonged adversity ... without adequate adult support'.<sup>10</sup> Save the Children's research on toxic stress in Syria in 2017 reported children having nightmares, wetting the bed, feeling upset and angry, disassociating from others around them, and adopting negative coping strategies such as using drugs, self-harm and attempted suicide.<sup>11</sup>

Toxic stress can permanently affect brain development in young children, severely impact their attachment and early learning abilities.<sup>12</sup> Developmental delays are evident in the first year and can worsen during early childhood. Not only does children's exposure to heightened stress impact their daily reality, it also increases their risk of developing:

- Long-term mental health problems such as anxiety, depression or post-traumatic stress disorder.
- Poor physical health into adulthood including increased likelihood of developing diseases.
- Delayed or impaired cognitive development affecting their learning and behaviour throughout life.

**SUPPORTIVE RELATIONSHIPS AND NETWORKS WITH PARENTS, CAREGIVERS, TEACHERS AND PEERS HAVE BEEN SHOWN TO PROTECT CHILDREN FROM THE ADVERSE IMPACTS OF CONFLICT**

During armed conflict, children's problems are exacerbated by structural damage. Homes, schools, playgrounds and community spaces are physically destroyed restricting safe spaces for children. Families break down – parents, siblings and wider family members are killed, go missing or split up. Neighbourhoods dissipate and friendships are lost. Communities disintegrate. All this can deprive children of the interpersonal relationships that can ensure their stability and provide routine in a complex and unstable environment.

Supportive relationships and networks with parents/caregivers, teachers and peers have been shown to protect children from the adverse impacts of conflict.<sup>13</sup> In World War II, Anna Freud found that children in the Blitz who had a stable home life were more resilient to aerial bombardment than children whose family life was disrupted and whose parents were absent, violent or stressed.<sup>14</sup>

<sup>10</sup> Centre on the Developing Child, Harvard University <https://developingchild.harvard.edu/science/key-concepts/toxic-stress>

<sup>11</sup> Save the Children UK (2017) *Invisible Wounds: The Impact of Six Years of War on the Mental Health of Syria's Children*

<sup>12</sup> UNICEF (2016) *Growing Up In Conflict: The Impact on Children's Mental Health and Psychosocial Well-Being*, p24

<sup>13</sup> C Panter-Brick, M Grimon, M Eggerman (2014) 'Caregiver-child mental health: a prospective study in conflict and refugee settings', *J Child Psychol Psychiatry* 55(4): 313–27

<sup>14</sup> D Burlingham and A Freud (1942) *Young Children in War Time: A Year's Work in a Residential Nursery*, Allen and Unwin

**Resilience:** In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate these resources to be provided in culturally meaningful ways.<sup>15</sup>

It is by concurrently strengthening the wellbeing and resilience of children's wider environments (home, school and community) that children re-establish normality in an otherwise chaotic environment and this in turn strengthens children's own mental and emotional wellbeing. Parents, older siblings, teachers, social workers, community leaders, neighbours and friends can all help to alleviate children's stress. However, the individuals that constitute these support networks are equally exposed to the damaging impact of armed conflict and have their own mental health, psychosocial and emotional needs.

Everyday life is dramatically disrupted in conflict. Families are displaced, live in extreme poverty in unsafe and overcrowded housing. With a lack of access to social services, individuals adopt coping strategies with negative consequences – substance use, child marriage and hazardous labour – and vulnerable groups become further marginalised. Many children are orphaned during conflict and form connections with the street to look after themselves. Disabled children face increased exclusion, discrimination and stigma.

Such adverse impacts place parents and caregivers under huge pressure to provide for their family in difficult and complex environments. Frequently, in refugee settings, adults are most concerned about their basic needs and safety. In Jordan, refugees struggle to find work; in Central African Republic, poverty is extremely high, even within the context of the region; and in Gaza, decades of conflict have contributed to 43% unemployment, with youth unemployment at 58%. In cultures where social norms determine that men are the breadwinner for families, changing gender roles – with women often working to supplement family income – affect household dynamics and the wellbeing of parents and children. A male perception of failure to provide often leads to an increase in violence in the family home.<sup>16</sup> Inter-parental violence exacerbates stress and tensions and causes an increase in harsher parenting, neglect and/or the abuse of children. Abuse is significantly related to levels of post-traumatic stress disorder, anxiety, externalising behaviours and general distress in children.<sup>17</sup> Across countries as diverse as Afghanistan, Sri Lanka and Uganda, inter-parental violence has been found to be a stronger predictor of mental health problems and lower psychosocial wellbeing for children affected by conflict than direct exposure to armed violence itself.<sup>18</sup>

These wider familial and community stressors – poverty, insecurity and interpersonal stability – affect the mental health and psychosocial wellbeing of children and their support networks at least as powerfully as direct exposure to war-related violence. Wider structural challenges made worse through conflict – economic inequality, social injustice and ongoing violence – hinder communities' ability to rebuild post-conflict and can exacerbate the negative impacts on individuals' mental health and psychosocial wellbeing.<sup>19</sup>

### KEY POINTS:

- Family and community breakdown in conflict deprives children of their interpersonal relationships, which provide stability and routine in an otherwise chaotic environment.
- Daily stressors in family life have as much, and in some instances a greater, impact on the mental health and psychosocial wellbeing of children, their family and community.
- Working with the adults in a child's life to strengthen their mental health and psychosocial wellbeing improves children's own mental health and psychosocial wellbeing.

15 Michael Ungar, The Resilience Research Centre: <http://www.resilienceresearch.org>

16 R. Schafer (2013) *Men as Perpetrators and Victims of Armed Conflict: Innovative Projects Aimed at Overcoming Male Violence*, VIDC

17 K. Miller and M. Jordans (2016) 'Determinants of Children's Mental Health in War-Torn Settings: Translating Research into Action' *Curr Psychiatry Rep*

18 Afghanistan and Sri Lanka: C. Catani, E. Schauer, F. Neuner (2008) 'Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka', *Journal of Marital & Family Therapy*, 34: 165–76; Uganda:

DK Olema, C. Catani, V. Ertl, R. Saile, F. Neuner (2014) 'The hidden effects of child maltreatment in a war region: correlates of psychopathology in two generations living in Northern Uganda', *J Trauma Stress*, 27: 1–7

19 Jones (2017) (n2)



## INTERVIEW WITH EMAN, YOUNG PERSON FROM SYRIA

### **What was it like being in Aleppo at the time of the siege and how did it affect you psychologically?**

When the conflict started I was doing my undergraduate degree, so of course it did affect me. It affected me every day as I was trying to live my normal life in Aleppo. The worries started when I used to panic about travelling to university. Having to go through checkpoints on the street – kidnapping had become common, especially at the start of the conflict. They would kidnap you and ask for money. There was harassment in the street, and if you were mistaken for a protester they would take you, arrest you by mistake.

The other worry was our university doctors at the medical university started to leave. So I was stressed that it would close and maybe I couldn't go on studying. My degree meant so much to me. Some of my friends started to leave, or others were arrested, kidnapped or killed in bombings. You would hear every day about this kind of thing. It was all having a huge impact on my life at the time. The feeling was like being very anxious. You'd wake up all the time because of something flying over that could drop on your house. It was a feeling of continuous panic. I felt paranoid all the time and was losing hope. I felt fearful because nothing was stable; nothing was guaranteed. You're not safe in your house, you're not safe at university and you're not safe in the street. You're not safe anywhere and you're anxious about the future and how things will be. Besides all this were the conditions, like not being able to shower,

**“ You'd wake up all the time because of something flying over that could drop on your house. It was a feeling of continuous panic. ”**

not being able to keep warm in the winter and cool in the summer. Food was scarce in Aleppo, even before the siege.

### **Did you see any changes in your family? In how they've been affected?**

I have seen a change in my sister who was studying for her degree in Syria and started at the beginning of the war, so all her studies have been through the war. When I saw her recently it was really sad because she changed. We can speak on the internet, but it was different to see her face-to-face and be around her. I feel like she's changed a lot, her feelings about things, her responses to things and the way she looks at the future. Before she used to be energetic, very optimistic. She was cheerful and had a lot of hobbies, but when I saw her last time I was shocked. I was sad. Although she managed to finish her degree, she doesn't have any hope. The only thing she was asking from my parents was to have a year where she wouldn't do anything, just stay at home and do nothing. I kept asking her 'what do you want to do?' like get a job or something. She got into a depression and locked herself in her room, crying and crying... I don't know if it's called depression, but locking yourself in your room for a whole week, not wanting to eat or be around anyone. Not having nice feelings, not being optimistic or having hope. That has really struck me... Whenever I've suggested professional help [my parents] always say 'she's not mad it's just a phase, she just needs time.' In Syria there is still stigma about

these things. My sister is in a better situation than many, but there are many other people who are not so stable.

### **How do you think it is for other people still there?**

I left Syria three years ago, but I still have all these feelings and I still get flashbacks. I don't think I can cut out that period of my life. I'm trying to imagine how people still in Syria are. I try to speak to all my friends, but I try not to talk about where I now live because most probably they really want to get out and not be there either, but they can't.

Most of the doctors and psychologists have left the country, there's only a few left. Those few cannot get so many people to come to them. People don't understand that they might have a problem, that they are suffering from something, and that it might be something that could be treated. Not acknowledging the problem is part of the problem. Carrying on with all those conflicts inside you. Even if you tried to open up to your friends, you don't find someone who understands your feelings. People in Syria tend to point at one another, to judge one another, rather than to try and understand the real feelings and the situation, which is a shame. So I don't know how they could overcome this and open up. I don't feel people acknowledge it in the first place.

### **How do you think war affects children psychologically? How was it in Syria?**

In a war zone where children are small or even some younger teenagers, they wouldn't have seen anything but war. They don't know what feelings they should have. They can fall in with the wrong friends. For example, my cousin who is a teenager is acting really weird and my aunt is very stressed because he's hanging out with military guys at checkpoints. They are aggressive, violent and my aunt is worried because he's changed and started having all these bad habits, words and ways of thinking, and she found cigarettes and drugs in his room. Her children were never like this. He doesn't care about school and he's having all these ideas. Her daughter at the same time has started to isolate herself. She's also a teenager. She says things that are way ahead of her age. I don't know if it's something to do with this generation, but I've seen more with teenagers in Syria that they have started using more criminal kinds of words and different worrying behaviours.

Children at a really young age in Syria normally play outside, sports or something. One thing I remember in Syria just before I left was when I came out of my house, you'd see children picking up cigarette butts off the street, chasing older people and using bad language. They were behaving differently to how children did before. They have all these marks, scars, scabs, cuts and bruises, on their bodies, and these are small children who come from good families you

know, not poor or homeless families. Children from all families are now like this. They are more like street children. They have adopted very bad habits. Other children are locked in their houses because families are too scared to let them outside or send them to school. When you speak to children you can see that they are very scared and paranoid. If they do still go to school, teachers are not treating them well. The punishments are not right. The teachers have also changed their behaviours, because they are also affected.

### **What do you think could help people? What could help them to deal with the psychological issues they are facing?**

People need the war to end. At the moment things are calmer in Aleppo and people are excited about this, although they are not sure what they are meant to feel. You can see people starting to act more normally now the siege is over. Lessening the pressure makes it easier. I'm not saying the main problems are all sorted yet, but things have got a bit calmer.

When families and teachers – you know, all these supporters – are relieved and feeling more comfortable, at that point you can see how children's behaviour is going to change. First we need to sort out the families and teachers who the children are referring to in the first place. We need to support the adults to support the children.

This was exactly the case with my family too. My dad was stressed and my mum was stressed and they also had a stressed daughter. Their only reaction was yelling 'why are you like this!' rather than trying to understand what was wrong with her. They are understanding and everything, but at some point they snap at her. You can't blame them because they are trying to cope themselves. My dad, with all the things happening in Syria and with losing our home, I don't blame him; how can you deal with your own children when you are so stressed yourself?

**“When you speak to children you can see that they are very scared and paranoid.”**

I think more funding should go to organisations working inside Syria who are working with the people in Syria and who are in touch with the Syrian people. For example, the UN gives food but it would be good to have a programme that advocates for better mental health, so people would have more psychologists or support people they could reach out to. Not in a way like 'you have a mental illness', but open the topic and help people find their way. All these organisations in Syria are only supporting shelter, maybe education, but they are not looking into people's emotional wellbeing. They need to send messages in people's own tongues, that fits with the Syrian culture and mentality. Not the message 'if you feel like this you are mad', but just that they can get support and it's ok to feel like that over such things.



PROTECTION DE L'ENFANCE 2017  
ESPACE AMI DES ENFANTS  
L'AVIATION

## 4. VARYING NEEDS FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN PRACTICE

### A CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS

### B REFUGEES

### C THE INTERGENERATIONAL IMPACT OF LIVING THROUGH PROTRACTED CONFLICTS

The case studies in this report illustrate the complexity of delivering MHPSS to children affected by conflict and the importance of addressing ongoing stressors around poverty, insecurity and interpersonal stability.

Different conflicts are considered to exemplify the varying dynamics of emergency and protracted crises and the challenges that these create for children and their support network. Among the key considerations are:

- Are children still with their family/caregivers or alone?

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- Is their setting fixed or transitory?

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- Is there an opportunity to return home if they have been displaced?

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- Is there an imminent threat of violence?

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- What levels of violence have children been exposed to?

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- How does long-term displacement impact children's and their families' sense of wellbeing when there is limited access to information, and reduced ability to plan for the future and make decisions about their life?

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Information in the case studies came from children, parents, caregivers and non-governmental organisation (NGO) staff.

## A. CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS: CENTRAL AFRICAN REPUBLIC



Children associated with armed forces and groups are recruited (forced or coerced) to participate in conflict directly and/or indirectly. Globally, tens of thousands of children<sup>20</sup> are part of an armed group with some estimates as high as 300,000.<sup>21</sup> Children take on different roles in armed groups including as fighters, suicide bombers, human shields, porters, cooks, guards and servants. Girls often become the 'wives' of older male soldiers. In an armed group, children are exposed to extreme violence as both perpetrators and victims. They are often forced to commit atrocities on their communities and/or to sever community ties, while at the same time being incredibly vulnerable themselves to physical, sexual and psychological violence.

International standards exist to prevent the recruitment of children into armed groups,<sup>22</sup> including both State militaries and non-State armed groups. However, it is still a reality in most conflicts around the world. In Yemen, young boys guard checkpoints used by Houthi rebels. In Colombia girls took active fighting roles in the Revolutionary Armed Forces of Colombia. In Iraq, so-called Islamic State has trained boys to become active fighters.

The Government of Central African Republic ratified the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict in September 2017, representing a significant political and legal commitment to ending the use of children in armed groups. However, the involvement of children in armed groups remains relatively common across the country.

Central African Republic has suffered prolonged conflict and political unrest since independence in 1960, with successive governments and non-State armed groups vying for power. In 2013, a rebel coalition seized power in the capital, Bangui, leading to widespread violence, predominantly between the two main rebel coalitions: Ex-Seleka and Anti-Balaka. Within the past year there has been extreme violence with increased clashes between armed groups and attacks on civilians. Despite the presence of the UN peacekeeping force MINUSCA, thousands of people have fled their homes and humanitarian operations have stalled. The instability has contributed to 76% of the population living in poverty.<sup>23</sup> Central African Republic ranks 188th on the Human Development Index – the lowest of any country on the list.<sup>24</sup> The economy is weak and social services are severely limited. UNICEF estimates that in total, 1.1 million children are in need of humanitarian assistance as a result of the conflict.<sup>25</sup>

NEARLY  
**1 IN 4**  
**CHILDREN**  
in Central African  
Republic are IN NEED OF  
HUMANITARIAN AID



Despite the urgency of the situation, there is a 75% shortfall in humanitarian funding for health and education and a 60% shortfall for child protection. War Child is one of only a few international child-focused humanitarian agencies now operating in Central African Republic;<sup>26</sup> Save the Children are among the latest INGOs to have pulled out of the country, withdrawing in 2016 because of a lack of funds.

20 UNICEF (2016) *Ending the Recruitment and Use of Children in Armed Conflict*

21 UN Special Envoy on Youth, <http://www.un.org/youthenvoy/2015/02/4-10-child-soldiers-girls/>

22 Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (A/RES/54/263) 2002; The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups 2007

23 UNDP (2017) United Nations Development Programme Human Development Reports: Central African Republic, <http://hdr.undp.org/en/countries/profiles/CAF>

24 *Ibid*

25 UNICEF (2017) CAR Situation Report June 2017: [https://www.unicef.org/appeals/files/UNICEF\\_CAR\\_Humanitarian\\_SitRep\\_June\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_CAR_Humanitarian_SitRep_June_2017.pdf)

26 Open letter to UN Secretary General, Central African Republic: <https://www.nrc.no/news/2017/august/open-letter-to-the-un-secretary-general/>

The ongoing violence and instability has had a huge impact on the mental wellbeing of the population:



“*The impact of war is real for me, because I saw a lot of dead people and no spot to bury them in. A truck delivered the bodies to a mass grave. Dead bodies that stayed out for days were starting to go bad – especially the heads. People were digging a hole and dropping the bodies into it. The smell was horrible. Through war, I saw death. For example, one of my uncles whom I really loved died, but I didn’t cry, because I saw death a lot.*”

Dieudonne, 15, Bangui

“*During that war, my uncle died. We didn’t know where his dead body was. Some people told us that dead bodies were being sent to one area of the city, so we went there, me and my mother’s other brother. The Red Cross was there helping move the bodies. The smell was horrible. They gave us something to cover our noses. We moved around the dead bodies to try and find my uncle. Some of the dead bodies were badly injured and their bellies were destroyed.*

*We couldn’t find my uncle’s body, so we went back home. I saw the hole where they bury the dead bodies. It is on our path to the farm. The mass grave is like a little hill. They used the sand from the hole to cover the grave and it looks like a little hill. When I go farming and I see this grave, I don’t feel good. Every time I see the grave, I don’t feel good at all.*”

Pierre, 17, Bangui

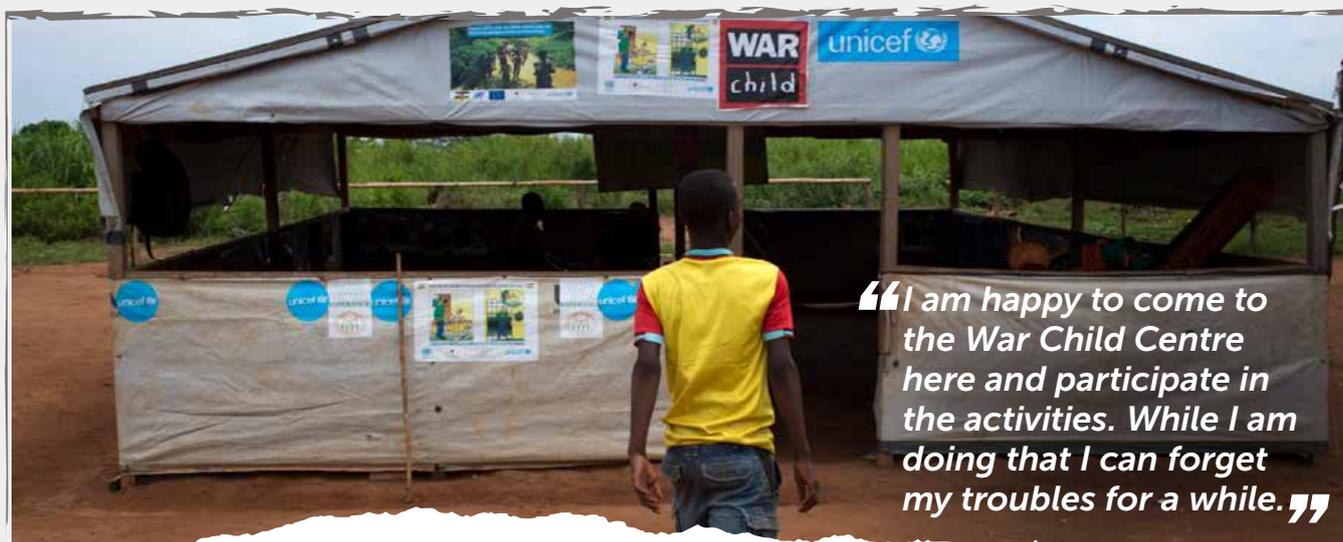
“*Children don’t grow up properly and only think about the bad things they have seen. In the country, everybody has side effects, because of the war. You see somebody waking up after a nightmare, saying that he dreamed of the militants attacking. People have nightmares all the time. I have bad dreams sometimes as well.*”

Neville, 14, Bangui



# 10,000 CHILDREN ASSOCIATE WITH ARMED FORCES AND GROUPS in Central African Republic

The conflict in Central African Republic has decimated communities, and seen an estimated 10,000 children associate with armed forces and groups.<sup>27</sup> Children's experiences in an armed group can lead to both internalising and externalising mental health problems, caused by various factors such as the nature of how they joined the armed group (forced or not), their age and gender, their exposure to armed violence, and type of role they perform in the armed group.<sup>28</sup> However, evidence suggests their psychosocial wellbeing improves once they leave the armed group and have community acceptance, social support and education or economic opportunities.<sup>29</sup>



“ I used to live in Bambari and go to school. I was happy. My mother and brother were killed and now I live in the camp with my aunt. Life is very difficult here.

When Seleka [an alliance of rebel militias active in the war in CAR] attacked I was at school and they told me to go home. My family was hiding so I hid with them. The soldiers forced their way into the house. They wanted to steal everything but my big brother resisted, so they grabbed him and dragged him outside the house. They made him sit down and executed him. My mother cried out and attacked the soldier who shot my brother, so he killed her too. They took everything. At the time I was very young. They left me and my little brother. Some people found us in the house and brought us to the IDP [internally displaced persons] camp.

The moment my mother died is when things went wrong and I had to take things into my own hands. I joined an armed group to avenge the death of my mother and my brother.

[MINUSCA disarmed the armed group, and as part of the Disarmament, Demobilisation and Reintegration process, UNICEF provided support to children through NGOs].

I am happy to come to the War Child Centre here and participate in the activities. While I am doing that I can forget my troubles for a while. The only thing that can help me now is if I can set up a business to make my own money and survive. One day I would like to have a family and a house but first I need to start my business. ”

**Frederique, 15, former child associated with an armed group**

27 Child Soldiers International, <https://www.child-soldiers.org/central-african-republic>

28 Theresa Betancourt et al. (2012) 'Research Review: Psychosocial adjustment and mental health in former child soldiers – a systematic review of the literature and recommendations for future research', *The Journal of Child Psychology and Psychiatry*

29 Ibid

Reintegration of children associated with armed forces and groups is especially difficult. Ongoing stressors in a community heavily impact children's ability to leave an armed group. In a country where there is chronic poverty, lack of education and even fewer job prospects, the pull to return to an armed group is strong. The constant threat and reality of violence can exacerbate these stressors in a community and sustain the stigma that children associated with armed forces and groups face, impeding their reintegration.

“ Love still exists in a lot of families, but there are also families where there are divisions. Some kinds of behaviour are not good. For example, my mother's brother joined a militant group during the war and his shoulder was injured. Now his way of thinking and acting has changed. He says that he is not afraid of death anymore, so if somebody tries to annoy him, he'll become dangerous. In the family, everybody avoids him because of this. ”

Stephanie, 16, Bangui



Upon returning to their communities post-conflict, children associated with armed forces and groups often face intense community stigma. This plays out in discrimination and exclusion, bullying and shouldering the blame for community ills. In Uganda and Sierra Leone, the spirits of those that the child has killed (locally termed *cen*) are thought to harass the child, and sometimes their family, upon returning to their community, in the form of nightmares or distress. This can exacerbate the stigma that children face, affecting their health outcomes and shaping their psychosocial adjustment over time. It can cause mental health problems for individual children (anxiety, depression, traumatic stress reactions) or lead to a cycle of aggression and disunity with the community.<sup>30</sup> In post-conflict settings where armed violence is normalised, reported rates of sexual violence and male aggression are significantly higher.<sup>31</sup>

**GENDER DIMENSIONS SHAPE THE STIGMA THAT CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS ARE EXPOSED TO**

Gender dimensions shape the stigma that children associated with armed forces and groups are exposed to. Girls will usually have experienced greater levels of sexual violence than boys in armed groups,<sup>32</sup> although boys are less likely to report sexual violence; once reintegrated girls face greater stigma because they are seen as sexually promiscuous or defiled. Girls subjected to sexual violence in an armed group were found to adjust differently to boys once reintegrated into their community, and the experience of rape in particular was found to have a sustained impact on their mental health and psychosocial wellbeing.<sup>33</sup>

This level of stigma reduces children's access to those very protective resources – their support networks – that can improve their psychosocial outcomes.<sup>34</sup>

30 Betancourt et al. (2010) 'Past Horrors, Present Struggles: The Role of Stigma in the Association between War Experiences and Psychosocial Adjustment among Former Child Soldiers in Sierra Leone', *Social Science and Medicine*, 70: 17-26; Kohrt et al. (2008) 'Comparison of Mental Health between Former Child Soldiers and Children Never Conscripted by Armed Groups in Nepal', *JAMA*, 300(6)

31 ODI (2015) *Rebuilding Adolescent Girls' Lives in Fragile and Post-Conflict Contexts*, p3

32 In Uganda one study found that boys had experienced more sexual violence than girls: K Amone P'Olak, N Garnefski, V Kraaij (2007) 'The impact of war experiences and physical abuse on formerly abducted boys in northern Uganda' *South African Psychiatry Review*, 10: 76–82

33 Betancourt et al. (n30)

34 *Ibid*

Disarmament, Demobilisation and Reintegration (DDR) programmes support children associated with armed forces and groups to leave armed groups safely and to reintegrate into their communities.

The economic and political rationale for DDR programmes is well established: DDR programmes that include economic opportunities for ex-combatants provide a realistic alternative to armed violence. This can begin to embed peace in tandem with the reintegration of children into schools or vocational training, which is equally important for a community's economic development.

The social value of DDR programmes, however, is less well examined. Addressing social aspects and community relationships is as valuable as providing economic opportunity to ensure that the stigma of children associated with armed forces and groups is reduced. In Sierra Leone, both economic factors and interpersonal stressors were found to have a significant impact on the mental health and psychosocial wellbeing of children formerly associated with armed forces and groups.<sup>35</sup>

## WAR CHILD'S DDR PROGRAMME

“ We see some kids becoming violent ... and for those who don't understand, they will think the child is being violent on purpose, but in fact kids are violent because this is their only way of communicating and showing how much they are suffering inside...

*Despite the work that we do, sometimes we feel like we are constantly starting all over again.* ”

Staff member, non-governmental organisation, Bambari

“ Usually when [children associated with armed forces and groups] arrive here, they tell us their stories and we try to protect them accordingly. [PSS] activities help them a lot. That is why you can see kids who were involved in rebel groups and other kids living together here. ”

Staff member, non-governmental organisation, Bambari

The conflict in Central African Republic, originally characterised by two rebel militias, is also now compounded by conflicts between armed communities, often along religious lines.<sup>36</sup> The communal element to the conflict requires DDR programmes to take account of the community's needs if they are to be effective. This includes working to eliminate the stigma that children face, and supporting them, their families and communities to rebuild. Interventions implemented with community and religious leaders ensure that religious and cultural practices are respected and that the community has ownership of the whole intervention.

<sup>35</sup> Newnham et al. (2014) 'Young mental health after the civil war: the importance of daily stressors' *The British Journal of Psychiatry*, p3

<sup>36</sup> International Crisis Group (2015) *Central African Republic: The Roots of Violence*

The holistic, multi-faceted approach to DDR developed and used by War Child in Central African Republic, includes the provision of psychosocial support to children, their families and communities, alongside support for improvements to the local education system, and the creation of economic opportunities to reduce the likelihood of re-recruitment and promote social cohesion. Support is provided to improve the quality of teaching and environments in schools where children associated with armed forces and groups attend. Peace-building and recreational activities are carried out in community areas and peer support groups are created across the community. Emphasis across the programme is placed on creating a more conducive environment for lasting reintegration and acceptance of children associated with armed forces and groups.

PSS is a core component of War Child's DDR work and is embedded in the community through work with local civil society actors. Children and young people who are returning home following displacement, and who are either unaccompanied or separated from their families or have recently left armed groups, are identified following an in-depth needs assessment.

The life skills and PSS sessions are run in child-friendly spaces within the community and are open to all children needing that support, whether involved with an armed group or not. This supports reintegration and reduces instances in which community tensions rise as a result of perceptions that children formerly associated with armed groups are given preferential treatment by NGOs.

**REINTEGRATION  
THROUGH  
EDUCATION,  
RECREATIONAL  
AND STRUCTURED  
ACTIVITIES IS  
CARRIED OUT IN  
THE COMMUNITY  
WITH PEER  
SUPPORT GROUPS  
CREATED ACROSS  
THE ENTIRE  
COMMUNITY**

Where appropriate, children are supported to reintegrate into the education system through the payment of school fees, while teachers and school management are provided with extra support and resources to improve the quality of education. Older children have access to accelerated learning opportunities or livelihoods support, promoting economic autonomy for communities. The same young people receive continued mentoring and refresher training on small business management to support them in running their own income-generating activities.

PSS for children, including children associated with armed forces and groups, is delivered alongside targeted support for adults in the community. Streamlining programmes and opening them to the entire community has better results: in Democratic Republic of Congo, combining a mental health intervention with livelihoods support and direct work with caregivers had much better results for the reintegration of girls exposed to sexual exploitation.<sup>37</sup>

<sup>37</sup> PS O'Callaghan, J McMullen, C Shannon, H Rafferty, A Black (2013) 'A randomized controlled trial of trauma-focused cognitive behavioural therapy for sexually exploited, war-affected Congolese girls', *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(4): 359–69

**KEY POINTS:**

- With tens of thousands of children estimated to be associated with armed forces and groups around the world – including many in countries such as Central African Republic where there is a significant shortfall in humanitarian funding – there is a clear and urgent need for donor and NGO action to address the mental wellbeing and psychosocial needs of these children, and to support their reintegration into peaceful society. The recent trend of NGO withdrawal from Central African Republic needs to be reversed.
- Mental health and psychosocial support must be integrated into DDR programmes for the comprehensive and sustained reintegration of children associated with armed forces and groups.
- The active involvement of communities (from families and peers to community leaders) is key for successful PSS interventions, to ensure reduction in stigma and exclusion of children associated with armed forces and groups.
- When local capacity is severely limited, Psychological First Aid and appropriate referral mechanisms must be ensured as a minimum.
- The effectiveness of DDR programmes is improved when the integration of PSS components is accompanied by improvements to the local education system, and the creation of local economic opportunities.
- The level of support outlined above should be open to all children, to reduce perceptions that children formerly associated with armed groups receive preferential treatment from NGOs.



## B. MHPSS IN REFUGEE SETTINGS: JORDAN

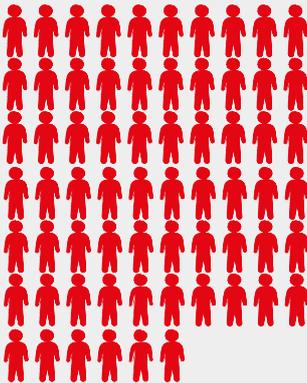


Jordan borders conflict zones in Syria, Iraq and occupied Palestinian territory and currently hosts 660,000 Syrian refugees<sup>38</sup> and more than 2 million people from occupied Palestinian territory.<sup>39</sup> With a population of 9.5 million, these figures represent one of the highest citizen to refugee ratios in the world.<sup>40</sup>

The huge influx of Syrian refugees into Jordan has meant that resources are stretched. Camps have been established, but 80% of refugees live outside these camps in urban communities.<sup>41</sup> Around 93% of Syrians living outside the camps are existing below the Jordanian poverty line.<sup>42</sup>

In both camps and urban communities, living conditions for refugees are difficult. Families report difficulties finding sufficient food and water and in winter, heating is a problem. Living conditions are cramped, with multiple family members in two or three rooms or a caravan. There is limited personal space and with few job opportunities, refugees exist on financial support from humanitarian agencies. Research shows that 80% of refugees identified cash for rent as their family's first priority, followed by food (74%).<sup>43</sup> Access to health care is limited.

**660,000**  
SYRIAN REFUGEES



Around 100,000 children remain outside formal education.<sup>44</sup> Reasons for this include:

- An inability to pay for materials.
- A need to work instead to supplement their family's income.
- A dislike for the schooling system.
- Inaccessibility of educational pathways, making formal education de-motivating to continue.

In the camps it is often younger and/or smaller children who work, as it is easier for them to leave and re-enter the camp without being seen by camp authorities. Left without income and having exhausted their savings, families are increasingly unable to meet their children's basic needs, including regular food, transport to school and access to healthcare. War Child's research in 2015 found that financial constraints represent the most significant barrier hindering children's enrolment in schools and the major determinant for school drop-outs.<sup>45</sup>

Physical hardships and vulnerabilities are exacerbated by community tensions with Jordanians. The Syrian refugee crisis has 'increased competition over public and social services provided by the Jordanian Government, raised the prices of "finite goods, like housing" and resulted in the "depression of wages and worsened situations for the poorest Jordanians".<sup>46</sup>

38 UNHCR (2017) Global Focus: Jordan, <http://reporting.unhcr.org/node/2549>

39 UNRWA, Jordan: <https://www.unrwa.org/where-we-work/jordan>

40 UNHCR (2017) 'Poorer countries host most of the forcibly displaced, report shows', <http://www.unhcr.org/uk/news/latest/2017/2/58b001ab4/poorer-countries-host-forcibly-displaced-report-shows.html>

41 UNHCR (2017) Jordan Factsheet January 2017, <https://data2.unhcr.org/en/documents/download/53294>

42 *Ibid*

43 Care International (2016) Six Years into Exile: *The Challenges and Coping Strategies of Non-Camp Syrian Refugees in Jordan and their Host Communities*, p42

44 Brussels Conference Education Report (2017) *Preparing for the Future of Children and Youth in Syria and the Region through Education: London One Year On*, pp18-19

45 Data on file: War Child needs assessment, 2015

46 Care (2016) (n43) p21

These community tensions shame refugees and affect their sense of honour, not only impacting community integration but also individuals' mental wellbeing.<sup>47</sup>

This is supported by War Child research showing greater levels of distress in urban host communities than camps.<sup>48</sup>

“ *When you live in a country that is not yours, you live under pressure and humiliation. Adolescent Syrian boy, refugee camp, Jordan* ”

“ *People are always angry and upset and that's because of poverty and because of the surrounding circumstances. After the war people became very worried and afraid of the unknown, they felt disappointed and depressed and isolated – all these feelings are caused by the war. When people came to the camp they chose to isolate themselves from each other.* ”

Adolescent Syrian boy, refugee camp, Jordan

“ *There is a little girl called Farah and she's five years old ... I asked her what do you remember about Syria and she said that she remembers her little teddy bear that she used to play with, and that was one of the nice memories she had about Syria. But she also said that when someone throws a stone at their caravan by mistake it reminds her of the shells thrown at houses and the sound it made, she also remembers how the table in their house melted, she remembers how the military men used to walk in the houses with their boots on without permission and the sound of their footsteps.* ”

Adolescent Syrian boy, refugee camp, Jordan

## **PSS NORMALISES THE FEELINGS THAT CHILDREN HAVE**

Children are psychologically, socially and materially impacted by their status as refugees. Their mental wellbeing is affected by a mixture of their emotions, interpersonal relationships and physical environment. War Child research in 2015 found that refugee children were angry, sad, worried and felt hopeless and isolated. Many of their parents were stressed and had trouble communicating with their children and demonstrated a lack of awareness of their children's problems.<sup>49</sup> All of these challenges place children at greater risk of developing mental health problems.

At a minimum, PSS normalises the feelings that children have and provides them with space to develop coping mechanisms and vent their frustration.

<sup>47</sup> *Ibid* pp 69-70

<sup>48</sup> Data on file: War Child needs assessment, 2015

<sup>49</sup> *Ibid*



**SCHOOL-BASED INTERVENTIONS PROVIDE A SAFE SPACE FOR CHILDREN TO LEARN, DEVELOP PEER RELATIONSHIPS AND HELP TO BUILD POSITIVE ADULT RELATIONSHIPS WITH TEACHERS**

The opportunity for PSS to be integrated into education programmes is increasingly being explored in humanitarian settings.<sup>50</sup> School-based interventions provide a safe space for children to learn, develop peer relationships and help to build positive adult relationships with teachers. Schools provide space for staff to identify children needing specialised support, make assessments and referrals, and continue to observe their progress. By integrating PSS into existing education structures, schools provide a space where interventions can be sustained, helping to normalise children's situations, providing routine and giving parents their own space.<sup>51</sup> This integrated approach enhances children's mental health and psychosocial wellbeing.

Education programmes do not usually address the ongoing stressors in a child's home environment. The family's socio-economic situation, access to health and other services, and community integration and cohesion, are all important predictors of mental health and psychosocial adjustment in refugee settings. The hardship that families face in Jordan increases the likelihood of physical and emotional abuse in the family home, clear triggers for children developing mental health and psychosocial problems:

*“ People here because of the war isolated themselves and it seems like they forgot about each other and stopped caring for each other ... and that's why parents' behaviour with their kids changed, some parents are becoming angry and sometimes hitting their kids. ”*

Adolescent Syrian boy, refugee camp, Jordan

*“ I take it out on my children. I become very nervous that I can't provide for their needs; I start yelling and I sometimes beat them. ”*<sup>52</sup>

Parent, Jordan

50 INEE Roundtable on PSS and Social Emotional Learning: <http://www.ineesite.org/en/round-table-psychosocial-support-and-socio-emotional-learning> INEE Guidance Notes will be published in 2018

51 INEE (2016) *Background Paper on Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings*

52 Care (n43) 75



“ I often take it out on my son; I beat him. He’s three years old and he now has issues because of how I hit him. He has a bad temper and he’s violent.<sup>53</sup> ”

Parent, Jordan

## WAR CHILD’S PROGRAMMATIC RESPONSE

“ Coming to War Child’s [positive parenting] programme, I learnt how to listen, accept and deal with my children. I realised hearing them and their needs creates a different life at home. ”

Enas, 42, Syrian mother of five

In 2015, War Child UK conducted an in-depth needs assessment. Findings demonstrated that while there was a plethora of organisations providing formal and non-formal education for displaced Syrian children, there were fewer organisations working in Early Childhood Care and Development in Emergencies.

In response, War Child developed the *Time to be a Child* programme, integrating family PSS into early childhood education in six urban and camp settings in Jordan for children aged between three and six years old who were affected by the Syrian crisis.

The programme provides integrated PSS, life skills, recreational activities and early childhood care and development through a series of safe spaces. PSS is also delivered to parents, caregivers and older siblings (who often have caregiving responsibilities), supporting the maintenance and creation of safe and nurturing home environments, the reinforcement of learning at home and the strengthening of parent–child relationships.

The programme, which aims to provide more than 4,000 children with education and nearly 2,000 parents/caregivers with complementary Positive Parenting and PSS interventions by 2019, is delivered alongside wider PSS programmes for children and young people in Jordan, namely I DEALS and structured recreational activities.

**87% OF PARENTS REPORTED IMPROVED ABILITY TO COPE WITH STRESS AFTER PARTICIPATING IN WAR CHILD'S PROGRAMME**

In the first year (2016), *Time to be a Child* reached 2,018 boys, 1,966 girls, 206 men and 1,274 women. The lower participation of men is assumed to be due to cultural norms and stigma around men coming to local community-based organisations for 'assistance' and difficulty in setting a time that did not interfere with work schedules. It has been particularly difficult to attract Jordanian men to the programme. From the first-year survey of children and parents/caregivers enrolled in the programme, 65% of children reported improved psychosocial wellbeing and 85% of parents reported the improved psychosocial wellbeing of their children. In addition, 87% of parents reported an improved ability to cope with their own stress and 65% parents use positive parenting techniques, including positive discipline, at home. Delivered holistically, these different interventions complement and reinforce each other to ensure a structured family and community-based intervention.

**KEY POINTS:**

- The combination of poor living conditions, uncertain futures, broken communities and distressed populations in refugee camps mean that addressing the mental health and psychosocial needs of inhabitants ought to constitute a key element of the aid provided in these settings.
- PSS should be routinely integrated into children's recreation and education, to ensure that interventions can be sustained, and to help normalise their situation through the provision of routine.
- Parents/caregivers and older siblings should also be provided with PSS support, to reinforce educational learning, address the daily stressors in children's home environments, and help re-establish household routine.
- Evidence suggests that particular efforts are required to encourage fathers and male caregivers to engage in such programmes.

## FAMILY STRESS AND STRENGTHENING, AHMAD'S EXPERIENCE IN ZA'ATARI CAMP

Ahmad, his wife and their two daughters fled from Syria in 2012. Since then they lived in Za'atari camp, northern Jordan. The first couple of years were very difficult for them says Ahmad. At the beginning they lived in tents, which didn't protect them from the harsh desert climate, from the heat in the summer and the bitter cold in winter. The overcrowded conditions in the camp and having only access to public bathrooms caused further stress to him and his family. They had lost everything, and with no work, were solely dependent on aid deliveries from international NGOs.

Ahmad says that the simple, small daily consequences had a very big impact on him and his family. No electricity meant the children couldn't watch TV, or read after dark. The dust in the camp made the walk to school difficult during summer, but the mud in winter made the trip near impossible. Ahmad asks: *"With my daughters thinking about HOW to get to school, how can I expect them to focus on being good AT school?"* He says that every stone that got accidentally flicked against metal caused a little panic, the trauma of the war in Syria, the sounds of shooting still being present on his daughters' minds. While Ahmad talks, his older daughter (14) awkwardly wrings her hands, every few moments her left eye twitches.

For him the loss of income and loss of his social network were the biggest causes of stress. Before, in Syria, the children and parents both had a big social life, meeting with extended family members, neighbours and friends. After fleeing from Syria all of that was gone. *"We never imagined ending up in a life like this – in a camp. The moment we arrived we were total strangers. I took long to build a new community to replace the one we lost."*

Some things slowly changed. The camp was further developed and the family moved from tents into more stable caravans. Ahmad's parents and four brothers with their families are also in Za'atari and together they formed a little compound out of the caravans. Three years ago, his son, Rami, was born, and since last year Ahmad finally started working as a teacher again.

However, his difficulties and stress were deeply engrained and have been hard to overcome. He signed

up to War Child's positive parenting sessions in Za'atari and says it was clear that he would learn tools to be a better parent again. He and his wife signed up and attended the course that runs over three months. The Positive Parenting methodology takes participants through several sessions and teaches children's development, effects of trauma, coping and healing strategies and practical tips on setting rules and recreating a safe and nurturing environment.

**“The course gave us space to deal with our children again and see what is happening with them – without anger”**

*"We remembered again what it meant to be a parent. We started to focus on our children's mental development and deal with issues in a more productive way. We started with little things, like spending some money we have to buy them toys and games,"* said Ahmad.

*"The course gave us space to deal with our children again and see what is happening with them – without anger,"* adds his wife, Yasmin.

The family's daughters are also enrolled in War Child courses. The 14 year old is attending one of War Child's life skills courses, and the younger daughter takes part in theatre workshops.

*"For Rami, I built a swing in our house."* When he hears his name, Rami's eyes light up. He sits gleefully in the swing waiting patiently for his dad to give him a soft push.

*"We need more of this",* says Ahmad. *"More information, more activities for our children, more space to deal with everything and be a family again."*



## C. THE INTERGENERATIONAL IMPACT OF LIVING THROUGH PROTRACTED CONFLICTS: occupied PALESTINIAN territory



Protracted crises create fragile environments in which state institutions severely lack capacity. Such situations are typically characterised by limited access to education, healthcare or economic opportunities. In conflicts as diverse as those in South Sudan, Democratic Republic of Congo, Iraq and Afghanistan, generations of families and communities have been affected by ongoing cycles of violence and poor State infrastructure. This inevitably has an impact on people’s mental health, psychosocial wellbeing and the ability to support children born into conflict.

Occupied Palestinian territory is experiencing a crisis in which multiple generations of Palestinians have experienced protracted occupation, armed violence, displacement and chronic lack of access to services exacerbated by the day-to-day reality of poverty brought about by the stifling impact of the occupation on the Palestinian economy.<sup>54</sup>

Since the lead-up to the first Arab–Israeli war of 1947–48, there has been little respite from chronic conflict and tension for the residents of occupied Palestinian territory. Multiple large-scale armed conflicts have led to the current situation, in which the remaining Palestinian population live under blockade in Gaza, annexation in East Jerusalem, or military occupation in the West Bank.

Armed violence characterises much of daily life for many in occupied Palestinian territory. Following Hamas’ takeover of authority in Gaza in 2007, a blockade on Gaza was enforced by Israel and Egypt that restricted access to food, medicine and materials ‘not deemed essential for civilian life’.<sup>55</sup>



### 3 WARS

Children over the age of 9 in Gaza have lived through 3 wars

54 OCHA (2016) *The Gaza Strip: The Humanitarian Impact of the Blockade*, <https://www.ochaopt.org/content/gaza-strip-humanitarian-impact-blockade-november-2016>  
 55 D Poort (2011) ‘History of Israeli blockade on Gaza’, *Al Jazeera*, 2 November 2011, <http://www.aljazeera.com/indepth/features/2011/10/20111030172356990380.html>

Children over the age of nine in Gaza have lived through three wars (2008, 2012 and 2014) which, along with the blockade, have crippled the economy and infrastructure,<sup>56</sup> particularly the health and sanitation systems.<sup>57</sup> The UN Special Rapporteur on the situation of human rights in the Palestinian territory since 1967 has repeatedly highlighted the devastating impact of the blockade on Gaza due to its economic and social repercussions and the deteriorating emergency for the people living there.<sup>58</sup>

Children in occupied Palestinian territory live under a constant threat of violence. In Gaza there is a desperate housing crisis, with families living in dilapidated buildings and caravans. Scarce job opportunities and restrictions on goods mean families are kept in poverty, their livelihoods destroyed. Each renewed outbreak of violence leads to the physical destruction of homes, schools and hospitals. After the military assault in 2014, 64 schools, 52 nurseries, 6 universities and more than 8,000 homes were destroyed.<sup>59</sup>

The impact on the mental wellbeing of families is not as easily measured, but it is likely that the mental, psychological and social impact on individuals has been considerable and with little respite. Generations of families in Gaza have lived and continue to live under intense stress. With the UN acknowledging that physical deterioration in Gaza has accelerated over recent years,<sup>60</sup> it is reasonable to assume that this is reflected in the mental wellbeing of its population.

The compounded effects of the blockade have also had a less visible, but yet profound and palpable psychological impact on the people in Gaza. Whatever resilience people have left, it is being eroded every day the blockade continues. The UNRWA Community Mental Health Programme has found that Palestinian refugees in Gaza are experiencing increasingly higher levels of stress and distress. The reporting of suicide cases across the Gaza strip, once unheard of but now becoming a regular occurrence, clearly suggest that the coping capacity of Palestinians is being exhausted.<sup>61</sup>

In such a tense environment stress levels are high. Daily stressors include lack of access to food, clean water, medicines and electricity. An estimated 40% of the population in Gaza live in poverty<sup>62</sup> and unemployment is high, at 43%.<sup>63</sup> These mental impacts are now being linked to death by non-communicable diseases, such as heart disease, caused by lifestyle and stress, replacing infectious disease as the main cause of death.<sup>64</sup>

Dysfunctional family relationships have been highlighted as one consequence of this chronic stress. Domestic violence is high in Gaza, with 51% of women suffering physical violence and 76% suffering psychological violence perpetrated by their husbands.<sup>65</sup> Children are also affected by physical and psychological maltreatment by their fathers.<sup>66</sup>

**76%**  
**OF WOMEN**  
suffering  
**PSYCHOLOGICAL**  
**VIOLENCE**

56 United Nations Development Programme, *Programme of Assistance to the Palestinian People (2012) Development for Freedom: Consolidated Plan of Assistance 2012 – 2014*, 8, [http://www.ps.undp.org/content/papp/en/home/library/human\\_development/development-for-freedom](http://www.ps.undp.org/content/papp/en/home/library/human_development/development-for-freedom)

57 H Kennedy (2015) 'The 2014 conflict left Gaza's healthcare shattered. When will justice be done?' *The Guardian*, 29 June 2015, <https://www.theguardian.com/commentisfree/2015/jun/29/2014-conflict-gaza-healthcare-hospitals-war-crime-israel-hamas>

58 UN Human Rights Council (2014) Report of the Special Rapporteur on the situation of human rights in the Palestinian territory occupied since 1967, Richard Falk, (A/HRC/25/67) 13 January 2014

59 Palestinian Centre for Human Rights (date needed) *Gaza Strip: Actual Strangulation and Deceptive Facilitation (New Report Documenting the 8th Year of Israeli Closure's Impact on Economic, Social and Cultural Rights)*

60 UN Country Team in occupied Palestinian territory (2017) *Gaza Ten Years Later*

61 B. Schack (2016) 'Denied a human standard of living: The Gaza blockade has entered its tenth year,' UNRWA news feature, 21 October 2016, <https://www.unrwa.org/newsroom/features/denied-human-standard-living-gaza-blockade-has-entered-its-tenth-year>

62 UN *Gaza Ten Years Later* (n59) p13

63 *Ibid* p3

64 ODI (n 32) p22

65 *Ibid*

66 E Palosaari, RL Punamäki, S Qouta, M Diab (2013) 'Intergenerational effects of war trauma among Palestinian families mediated via psychological maltreatment' *Child Abuse Negl*, 37(11): 955–68

Poor maternal mental health also contributes to poor mental health for children.<sup>67</sup> Parental feelings of helplessness and inability to control their family's economic situation, with no end to the conflict in sight, can seep into children's own feelings of helplessness.

In a conflict that has been sustained over generations, with small clashes impacting individuals and families and bigger outbreaks affecting entire communities, children's support networks have diminished. Parents, grandparents, aunts and uncles, having experienced successive fighting, displacement and poverty need to address their own mental wellbeing to be able to protect and strengthen their children's wellbeing. Provision of mental health services is poor.

Many organisations deliver some form of PSS in occupied Palestinian territory. However, much of this exists at the far ends of the pyramid of interventions: either light PSS with basic life skills taught to children or intensive clinical interventions. There is a gap in the provision of focused PSS interventions at Level 3 of the IASC pyramid, namely tailored support for children experiencing heightened levels of distress, delivered in community settings by trained and trusted community members. Given the long-term nature of the conflict, more specialised support to individuals, families and communities is needed.

In the Gaza Strip, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has recognised the intense MHPSS need after years of conflict and protracted humanitarian crisis. Based on UNRWA's MHPSS Framework, which outlines better practice principles and guidelines, MHPSS is now being embedded into UNRWA schools and health centres. In schools, PSS is combined with life skills lessons, including sessions on stress management and relationship-building. Through this process, children who need more structured support are identified and can take part in peer counselling groups with other children or one-on-one counselling. Every UNRWA school in Gaza currently has a counsellor available. The counsellors also provide support to children, parents and teachers. A similar model operates in UNRWA health centres where counsellors provide psycho-education, group counselling and individual support to adults. Mindful of the protracted nature of the conflict in occupied Palestinian territory, UNRWA has built in specific support, mentoring and review for its staff – teachers, health workers and counsellors – as a priority.

**PARENTAL FEELINGS OF HELPLESSNESS AND INABILITY TO CONTROL THEIR FAMILY'S ECONOMIC SITUATION ... CAN SEEP INTO CHILDREN'S OWN FEELINGS OF HELPLESSNESS**

*“The challenge in Gaza, where UNRWA supports over 1.2 million Palestine refugees, is to reach as many children and adults while still maintaining effective interventions. This is particularly important after a decade of conflict and a protracted humanitarian crisis that has, expectedly, eroded individual, family and community coping mechanisms. The Community Mental Health Programme (CMHP) has attempted to achieve this through a balanced and integrated programming approach, emphasising structured life skills and psycho-education while also targeting the more vulnerable adults and children for group and individual interventions. Equally important is an emphasis on parental and family involvement, not only in terms of MHPSS-related education such as positive parenting but enlisting them in their children's interventions in order that they can assist and support them at home, for example, involving them in guidance sessions. The CMHP also recognises teachers as having an immense influence on children and works closely with them to support children who might be having difficulties, thereby having coordinated 'care plans' that are in the best interests of a child. This 'wrap around' approach means that children are supported not only by a counsellor but by their teacher in the classroom and their parents when at home.”*

**Dave Hutton, Head, Community Mental Health Programme, UNRWA Gaza**

## **WAR CHILD'S CAREGIVERS SUPPORT PROGRAMME**

War Child operates in Gaza and the West Bank of occupied Palestinian territory. In Gaza, War Child's work has involved the piloting of a caregivers' support intervention. The programme, created in 2016 by War Child's Research and Development department, has a dual focus on providing psychosocial support to parents (and other caregivers) and strengthening parenting through increasing knowledge and skills related to positive parenting. Results from the initial pilot implementation in Gaza have informed the further development and adaptation of the intervention, which is now being tested with Syrian refugees in Lebanon. Pending positive results of a planned randomised control trial, the intervention will be scaled up globally in the countries where War Child is active.<sup>68</sup>

The programme enables parents and caregivers to strengthen their own mental health and psychosocial wellbeing. Over a series of eight sessions parents and caregivers address their anger, frustration and sadness and learn strategies to better cope with negative feelings and manage stress. This is supplemented with relaxation techniques. The second half of the intervention focuses directly on strengthening parenting under conditions of adversity, with a particular emphasis on knowledge and skills related to positive parenting. If, after the course, parents/caregivers still display signs of distress, War Child refers them to the Gaza Community Mental Health Program.

The intervention is open to all parents and caregivers. This makes it an inclusive space and, by not restricting it to parents identified as struggling, reduces the stigma commonly associated with such sessions. Relationship-building among parents and caregivers is encouraged so that after the course, friendships and peer support networks are established within the community. Furthermore, the programme is generalised, with no specific diagnoses or experiences focused on. This non-diagnostic approach embeds inclusivity and is a direct acknowledgement that exposure to conflict and occupation leads to stress that everyone, at some point, experiences in different forms. Activities carried out in the sessions are selected to be relevant across different cultures. The unique and careful design of this programme is already demonstrating promising results that show parents do not feel stigmatised by the intervention and are responding well.

Although a subtle difference, the design of this programme as a way for caregivers to manage their own stress, provides them with space to reflect on their own challenges and ensures that they feel valued as individuals. The intervention puts the parent/caregiver at the centre and focuses on their own wellbeing. It is a subtle but important distinction from other parenting programmes available in that it emphasises the parent/caregiver as an individual person rather than primarily their role as a parent/caregiver.

Separate sessions are run for men and women to enhance the feeling of a safe space. Gendered roles in occupied Palestinian territory inform daily life and affect power dynamics within the family home. This again enhances the focus on caregivers as individuals – not as a husband or wife. In early sessions, staff found that fathers would place the emphasis on mothers to support their children's wellbeing, but over time they understood their own impact on their wives and children. Staff have seen meaningful changes in male caregivers in focus group discussions and signs of improved relationships between husbands and wives, and parents and children.

**CAREGIVERS  
HAVE SPACE TO  
REFLECT ON THEIR  
OWN CHALLENGES  
AND FEEL VALUED  
AS INDIVIDUALS**

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<sup>68</sup> In the intermediate term, the efficacy of this programme is being tested via a randomised control trial conducted by War Child, the results of which will be published in 2018, prior to scale-up

“ Moneer told us that before participating in the Caregiver Support Pilot, he used to be harsh and tough with his children and he never tried to give them attention or to spend time with them. He also claimed that he used to hit, shout and humiliate his children if they did something he didn't like. But after attending some sessions of the Caregiver Support Pilot on how to deal with anger, positive parenting and parenting in difficult times, he said that he started to feel more empathetic and caring with his children, and so he decided to start trying some of the techniques that he learned during the sessions in real life and with his children. He introduced a day where all the family gather and sit with him to talk and spend some time together. Moneer added that in the past his children used to wait for the day that he allows them to go to their cousins and friends to play with them and spend time with them, but now they wait for the day they spend with the family and the father to have fun and enjoy their time with him. ”

War Child staff member in Gaza

The pilot is delivered through five community-based organisations in Gaza. Locating the intervention directly in the community means that the staff who deliver the sessions are also part of the local community. They have experienced the same challenges and frustrations as the parents/caregivers in the pilot and can themselves also benefit from the knock-on increased resilience of their community.

“ The last war on Gaza, caused trauma for me and my children, we felt disappointed, hopeless and very frightened for the possibility of being killed by a random air strike. Before participating in caregiver support sessions, I did not know anything about my feelings, how to deal with my children during [a] crisis or how to react when we face together problems. I was really pressed, frustrated and angry, but after participating in caregiver support sessions, I feel now better and less nervous. ”

Nafissa, mother of three in Gaza

“ I remember one time in the past where I fall asleep at night after being very angry and upset over a specific incident, and when I woke up in the morning I found that I lost my ability to speak. Caregiver support sessions were useful for me as I learned not to repress my feelings but to use other positive ways to debrief my feelings. ”

Mother in Gaza

**KEY POINTS:**

- In areas of ongoing conflict, such as occupied Palestinian territory, support for mental wellbeing can exist at the far ends of the scale, leaving a gap that needs to be addressed in the provision of focused PSS interventions at Level 3 of the IASC pyramid (tailored support for children experiencing heightened levels of distress, delivered in community settings by trained and trusted community members).
- In regions of protracted conflict, where multiple generations have mental health and psychosocial needs and poor mental wellbeing can be transmitted between generations, a holistic response must be adopted in which parents/caregivers, teachers and social workers are enabled to improve their own mental health and psychosocial wellbeing as well as that of children. Given that family functioning is a lead determinant of children's psychosocial wellbeing, this approach is the most direct way to improve children's wellbeing.
- Separate support provided to male parents and caregivers can increase their engagement in programmes, to the benefit of their children.



## 5. DELIVERING PSYCHOSOCIAL SUPPORT: A SYSTEMS-BASED APPROACH

Ensuring that the mental health and psychosocial wellbeing of children and their support networks are strengthened is inevitably challenging in a climate where global humanitarian funding commitments are not met and the complexity of responding to very different individual needs, even in the same setting, demands adaptive responses.

Ideally, in resource-poor environments, mental health services should be embedded into primary health care. However, in many conflict zones, there is only a severely limited or non-existent health service let alone any mental health provision. In Central African Republic there is one psychiatrist for a population of 4.5 million,<sup>69</sup> in Iraq there are four psychiatrists/psychologists per 37 million.<sup>70</sup> By comparison, in the United Kingdom there are 6,464 psychiatrists<sup>71</sup> and 21,500 psychologists<sup>72</sup> for 65 million.

The scarcity of mental health professionals in conflict settings places greater importance on the ability of I/NGOs to deliver psychosocial support. It can be more harmful to begin a medical or therapeutic intervention without a guaranteed level of clinical supervision and access to medication. In conflict settings, it is often ill advised to deliver mental health interventions for these reasons.<sup>73</sup> As the International Federation of the Red Cross and Red Crescent notes:

**PSS is a process of facilitating resilience within individuals, families and communities ... by respecting the independence, dignity and coping mechanisms of individuals and communities, PSS promotes the restoration of social cohesion and infrastructure.<sup>74</sup>**

69 International Medical Corps UK, *Providing mental health services to vulnerable communities in Central African Republic* <https://www.internationalmedicalcorps.org.uk/providing-mental-health-services-vulnerable-communities-central-african-republic>

70 Radio 4 (2017) iPM, *Fighting for Psychiatry* 5 August, <http://www.bbc.co.uk/programmes/b08zdrf5> (Accessed 12 October 2017)

71 Royal College of Psychiatrists, *Census 2015: Workforce Figures for Consultant and Staff and Associate Specialist Grade Psychiatrists*, 4. The next census is due in 2017

72 H Farndon (2016) *HCPC registered Psychologists in the UK*, The British Psychological Society, p2

73 IASC Guidelines (n6)

74 International Federation of the Red Cross and Red Crescent (2009) *Psychosocial Interventions: A Handbook*, p25

War Child is currently developing a Care System Approach to guide the comprehensive integration of PSS into all War Child programmes, thereby addressing individual children's and community needs. This represents a paradigm shift from single intervention responses, with research studies feeding directly into programme development, evaluation and assessment of scalability.<sup>75</sup> The Care System Approach is:

- 1. Integrated** – it combines interventions, ensuring that they are interconnected and mutually strengthening, and that a range of different interventions are offered to respond to the varying needs of children and their caregivers.

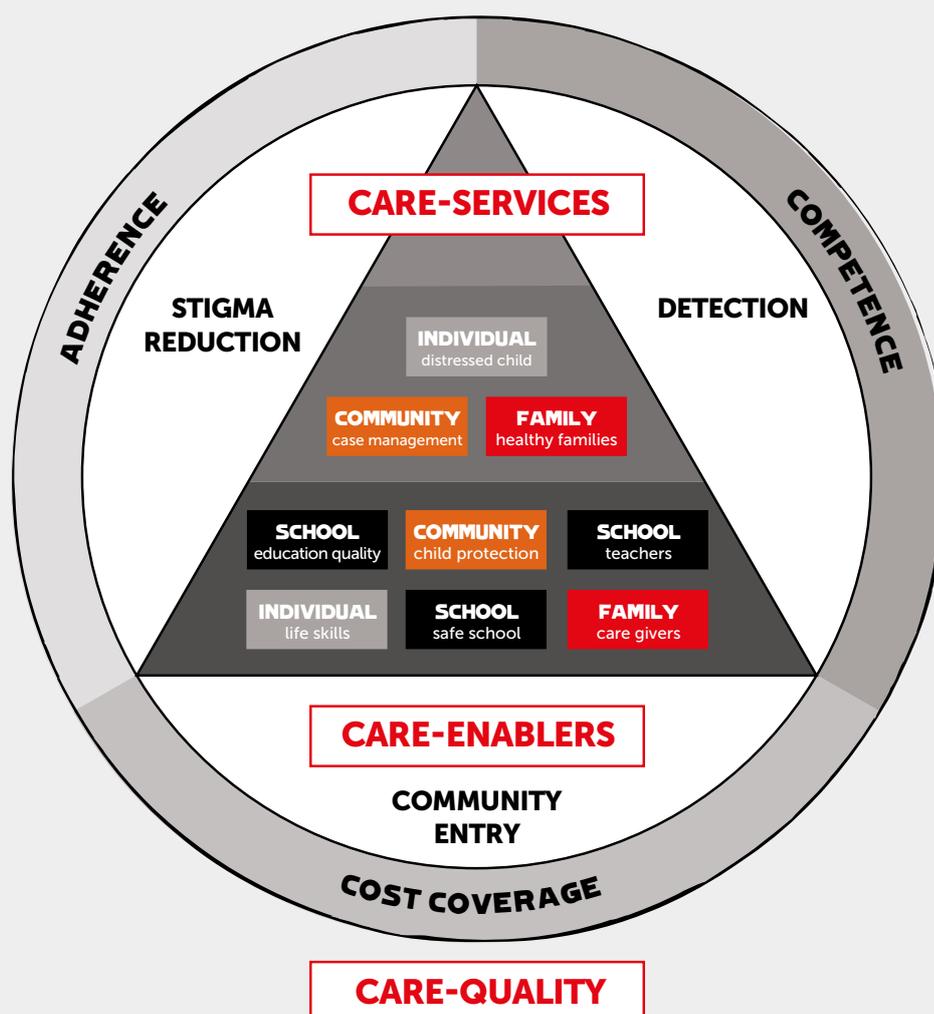
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- 2. Operating at multiple levels** – interventions range from low-intensity and open-to-all interventions aiming to promote wellbeing and prevent problems from arising, to high-intensity and more specialised interventions that target children experiencing significant and enduring distress.

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- 3. Targeted at different ecological levels** (individual children and peers, families, schools, communities, civil society and State authorities), recognising that children's development is inextricably linked to the families, communities, economic situation, social values and cultural influences that surround them and provide for their basic needs and protection.

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75 MJD Jordans, M van den Broek, F Brown, A Coetzee, REC Ellermeijer, K Hartog, HF Steen, KE Miller (In Press) 'Supporting Children Affected by War'. In: A Nickerson and N Morina (eds) *Mental Health in Refugee and Post Conflict Populations*. Amsterdam: Springer

War Child's core PSS intervention, DEALS, is a 19-session course that can be tailored to different needs: iDEALS for children aged 10-15, BigDEALS for older children and young people, SheDEALS specifically for girls, ParentsDEALS for parents and TeacherDEALS for teachers.<sup>76</sup> DEALS programmes are run in safe spaces, for instance, child-friendly spaces or women's groups.

In child-friendly spaces, communities create nurturing environments where children access structured activities for play, recreation and learning. Education and PSS delivered in child-friendly spaces helps to restore a sense of normality and routine to a child's life. Children build positive relationships with caring adults and peers, release their stress and express their feelings of fear, sadness and hope, and maintain their cultures and traditions.

In isolation, PSS will not strengthen a child's wellbeing. Evaluations of child-friendly spaces have found that simply attending child-friendly spaces had only a limited impact on children's mental health and psychosocial wellbeing,<sup>77</sup> indicating that PSS should be mainstreamed into all sectors.

Complementary interventions are embedded within War Child's Care System. Together interventions target community systems (formal and non-formal); the school as a place to enable children to reach their full potential; individual children for whom more focused support is needed (with regard to either significant psychosocial distress or severe protection issues); and families who may have been adversely affected by armed conflict. The Care System therefore addresses both causes and consequences of mental ill health by responding to the needs of individual children while also strengthening child protection and access to learning/education services and improved economic status, building the mechanisms and confidence necessary within communities to support their children.

Scalable programmes will ensure interventions:

- Are accessible, embedding them in pre-existing community spaces, meaning that there are fewer restrictions on access.

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- Adopt a community-based approach delivering interventions to children, parents/caregivers, wider family members, teachers, social workers and community leaders.

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- Build relationships between beneficiaries.

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- Adapt activities to local culture and understandings.

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- Include psycho-education to improve understanding of the longer-term health and wellbeing impacts if distress is not addressed.

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- Determine the minimally effective elements of the programme for the most impact.

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- Invest in non-specialist staff.

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- Measure long-term functioning as an outcome.<sup>78</sup>

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<sup>76</sup> For detail on the DEALS methodologies see: <https://www.warchildholland.org/deals>

<sup>77</sup> Colombia University, UNICEF and World Vision (2015) *Evaluation of Child Friendly Spaces: An Inter-Agency Series of Impact Evaluations in Emergencies*

<sup>78</sup> Jordans et al. (2016) 'Interventions for Children Affected by Armed Conflict: a Systematic Review of Mental Health and Psychosocial Support in Low- and Middle-Income Countries', *Curr Psychiatry Rep* 18(9); and Brown et al. (2016) 'Annual Research Review: Breaking cycles of violence – a systematic review and common practice elements analysis of psychosocial interventions for children and youth affected by armed conflict', *Journal of Child Psychology and Psychiatry*



### **FAMILY NETWORK INTERVENTION:**

focuses on supporting families with multiple problems



### **FOCUSED PSYCHOLOGICAL SUPPORT INTERVENTION:**

for more severely affected children



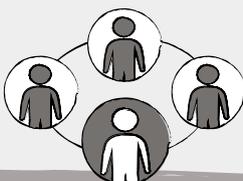
### **CASE MANAGEMENT:**

process of helping individual children and families



### **PARENT SUPPORT INTERVENTION:**

psychosocial support to parents through a group intervention



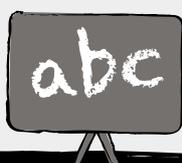
### **I-DEAL:**

psychosocial support to children and young people through a group intervention



### **COMMUNITY BASED CHILD PROTECTION:**

working in communities on violence, abuse, neglect and exploitation of children



### **TEACHER PROFESSIONAL DEVELOPMENT:**

capacity building of teachers



### **SAFE SCHOOLS:**

spaces for learning and healing where children can reach their full potential while exercising their rights



### **CAN'T WAIT TO LEARN:**

innovation approach to provide quality education for children affected by conflict

## **KEY POINTS:**

- MHPSS interventions that are delivered in isolation will not address the wider social issues that affect a child's mental health and psychosocial wellbeing.
- A systems-based approach in which PSS is embedded into education, protection, health care and wider community mechanisms should be adopted to provide sustained support to children, their families and communities. Such an approach addresses the daily stressors present in communities affected by conflict.
- MHPSS interventions need to be accessible, community-based and adapted to local understandings to be effective.
- War Child's Care System Approach, currently in development, utilises research to inform and analyse the functioning and effectiveness of such an integrated approach to MHPSS.

## 6. CURRENT INVESTMENT IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

The delivery of holistic responses like this at scale requires commitment from the humanitarian sector – I/NGOs, academia and donors – to rally behind promoting MHPSS as a priority for children affected by conflict worldwide and for increased funding to deliver this vital work.

Delivery of MHPSS in crises is driven through the humanitarian clusters, namely education, protection and health. Within the education and protection clusters, however, the biggest challenge is funding, with education receiving only 2% of humanitarian aid. Across UN humanitarian agencies – the Office for the Co-ordination of Humanitarian Affairs (OCHA), the High Commission for Refugees (UNHCR) and the International Children’s Emergency Fund (UNICEF) – information on MHPSS funding is minimal. War Child mapped these bodies’ funding to multiple conflicts and it was not clear what amount or percentage of funding went on MHPSS for children and their support networks.

In UNHCR’s 2015 annual report, PSS had the largest funding gap across all areas of their work, with only 33% of PSS interventions funded versus the scale of need.<sup>79</sup> Despite identifying this shortfall, in 2017, UNHCR only spent 3% of Jordan’s response on protection and education (i.e., on possible MHPSS interventions for children) and 9% in Central African Republic.<sup>80</sup> Although the possible MHPSS percentage spend in Central African Republic is higher, the overall budget (58 million USD), is drastically less than in Jordan (319 million USD). In occupied Palestinian territory funding is received from UNRWA rather than UNHCR. In 2017, 4.5 million USD was available for education in occupied Palestinian territory and for Palestinian refugees in Lebanon, Jordan and Syria.<sup>81</sup> The lack of MHPSS funding in Central African Republic, Jordan and occupied Palestinian territory, where children represent 50% of those impacted by conflict,<sup>82</sup> highlights a failing of UN agencies and donor governments in their responsibility to children affected by conflict. Given the realities of funding constraints, it is all the more important that MHPSS providers deliver evidence-based, scalable and therefore, low-cost, interventions.

Donor governments contribute to the budgets of these international bodies and fund MHPSS bilaterally. The UK’s Department for International Development has programmes explicitly supporting MHPSS, three of which have a specific focus on children in armed conflict, falling under child protection. Strategic funding for education in emergencies will likely also have beneficial MHPSS outcomes. Such integrated approaches to delivering MHPSS are welcome and research demonstrates the value in adopting this method. Until there is a clear demarcation of how funding is spent however, it is difficult to fully understand the impact that different approaches to MHPSS programming has because data is not captured systematically at global or national levels.

**77%**  
**FUNDING GAP FOR  
 PSS SUPPORT VS  
 SCALE OF NEED**  
 (as reported in UNHCR’s  
 2015 annual report)



79 UNHCR (2016) *UNHCR Global Appeal 2016-2017*, <http://www.unhcr.org/publications/fundraising/564da0e20/unhcr-global-appeal-2016-2017-needs-funding-requirements.html>, p11

80 UNCHR (2017) *UNHCR Financials*, <http://reporting.unhcr.org/financial#tabs-financial-budget>

81 UNRWA Programme Budget 2016-2017, [https://www.unrwa.org/sites/default/files/2016\\_2017\\_programme\\_budget\\_blue\\_book.pdf](https://www.unrwa.org/sites/default/files/2016_2017_programme_budget_blue_book.pdf)

82 UNICEF, *Situation Reports CAR and Syria Crisis*: [https://www.unicef.org/appeals/files/UNICEF\\_CAR\\_Humanitarian\\_SitRep\\_June\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_CAR_Humanitarian_SitRep_June_2017.pdf) and [https://www.unicef.org/appeals/files/UNICEF\\_Syria\\_Crisis\\_Humanitarian\\_Situation\\_Report\\_August\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_Syria_Crisis_Humanitarian_Situation_Report_August_2017.pdf)

**KEY POINTS:**

- Humanitarian funding for MHPSS is driven through the clusters on education, protection and health, all of which are significantly underfunded in conflicts around the world.
- Imbalances in funding between regions and types of conflicts need to be redressed to ensure that every child affected by conflict is supported.
- Currently, data on funding allocated specifically to MHPSS is not captured systematically and it is therefore difficult to know where the gaps are and what the impact of this funding on children's mental health and psychosocial wellbeing is.



## 7. RECOMMENDATIONS

Historically, research and practice have predominantly focused on children's exposure to war trauma as the key driver of children's mental health conditions. Over time however, both research and practice have evidenced the various social factors that also impact a child's mental wellbeing. Any intervention within research, policy or practice must address a child's social ecology to have a beneficial outcome on their mental health and psychosocial wellbeing.<sup>83</sup>

To deliver this, War Child makes the following recommendations for improving the mental wellbeing of children affected by war.

### POLICY

Governments and donors should take the following actions:

- Seek political solutions to end armed conflict. An end to violence will alleviate the stressors on children living through armed conflict and improve their mental health and psychosocial wellbeing.<sup>84</sup>

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- Prioritise MHPSS in humanitarian funding and crisis response. In a sector where funding is short-term (sometimes only six months), commitment to ring-fencing even 1% of aid for MHPSS would make a significant difference.

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- Redress the imbalance of MHPSS funding available for countries and protracted/immediate crises in the Middle East and in Africa.

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- Collect and systematise data on MHPSS funding: where is it allocated, through which programmatic interventions (commonly education, protection and health) and the longer-term impact of these interventions.

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<sup>83</sup> K. Miller and A. Rasmussen (2010) 'War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks' *Social Science & Medicine*, 70: 7-16

<sup>84</sup> Jones (2017) (n2)

## PRACTICE

I/NGOs, academia, governments and donors should take the following actions:

- Commit to working with community-based organisations and local actors who have better understandings of a community's natural coping mechanisms and who will in the long term enhance the resilience of a community.

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- Commit to listening to children, youth, their families and communities to understand their needs, resources and vulnerabilities.

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- Develop, implement and promote global minimum standards for IASC Levels 2 and 3 MHPSS interventions. These should clearly define what PSS is, resources that must be in place and methods of embedding local and cultural knowledge into interventions. This requires I/NGOs and academia to share evidence and resources to determine common practice elements and to ensure consistent quality of PSS globally.

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- Provide PSS to children's support networks (alongside children) to address the daily stressors in children's home and community lives that impact their mental health and psychosocial wellbeing.

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- Adapt and more widely implement PSS programming to strengthen parents' relationships with young children as parent-child attachment is a key predictor of wellbeing in later life.

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- Build in PSS booster sessions to programmes to provide sustained support to children and their support networks.

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- Embed research into programme design, implementation and evaluation to ensure robust evidence is generated from programmes to inform future evidence-based programmes. Weak evidence has led to a proliferation of PSS programming with limited or unknown impact.

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- Prioritise and invest in the training and ongoing support and supervision of local staff. In resource-poor contexts, this investment is paramount to deliver low-cost, scalable and quality interventions.

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## RESEARCH

I/NGOs, academia and donors should take the following actions:

- Prioritise and invest in longitudinal research on the effectiveness of MHPSS approaches and programmes. This is vital to understanding the long-term impacts of MHPSS for children affected by armed conflict that takes into account the multiple and interconnecting factors (violence, home environment, access to social services) that impact children's long-term wellbeing.

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- Study the mechanisms of MHPSS interventions to build evidence of which mechanisms specifically account for positive change in children's wellbeing.

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- Promote the use of consistent research methodologies across academic disciplines and contexts to provide stronger comparative evidence.

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- Incorporate cultural and local understandings of mental health and coping mechanisms into research.

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## WHERE WE WORK:

### **1 Afghanistan**

We are a specialised child protection organisation which supported the introduction of social work to the country by training government staff. We currently work on reunifying families, enhancing the protective justice system for children and women and providing quality and inclusive education.

### **2 Burundi**

Our projects are designed to deliver protection, psychosocial support and education to children inside Burundi. We work to rebuild and strengthen social and community child protection structures, create safe spaces for children to access support and develop their confidence.

### **3 Central African Republic**

The focus is on integrated psychosocial, child protection and education programming. The work supports vulnerable children in particular children associated with and affected by the activities of armed groups, unaccompanied children, separated children and survivors of gender-based violence.

### **4 Colombia**

We work to improve children's psychosocial wellbeing and strengthen their capacity to cope with the violence they experience. Together with caregivers, we boost protection mechanisms and prevent the recruitment and use of children by armed groups.

### **5 Democratic Republic of Congo**

We provide juvenile justice, child protection and livelihoods programmes. We established a child helpline providing information, reporting and referring cases of child abuse. We also support survivors of sexual and gender based violence through legal and child protection trainings, and we work with street girls, providing awareness raising and referrals to health and protection structures. We also work with host and refugee populations, primarily Burundian, to provide education programmes including elements of child protection, participation and psychosocial support.

### **6 Iraq**

We are working with children affected by instability and violence, including those escaping ISIS. We focus on child protection, education in emergencies and livelihoods, prioritising people with disabilities, minorities, unaccompanied and separated children.

### **7 Jordan**

We are working in camps and urban centres with Syrian refugees and host communities. We provide early childhood care and development, education, child protection and support children's rights. This includes creating child friendly spaces, book and art clubs and tablet based literacy and numeracy games.

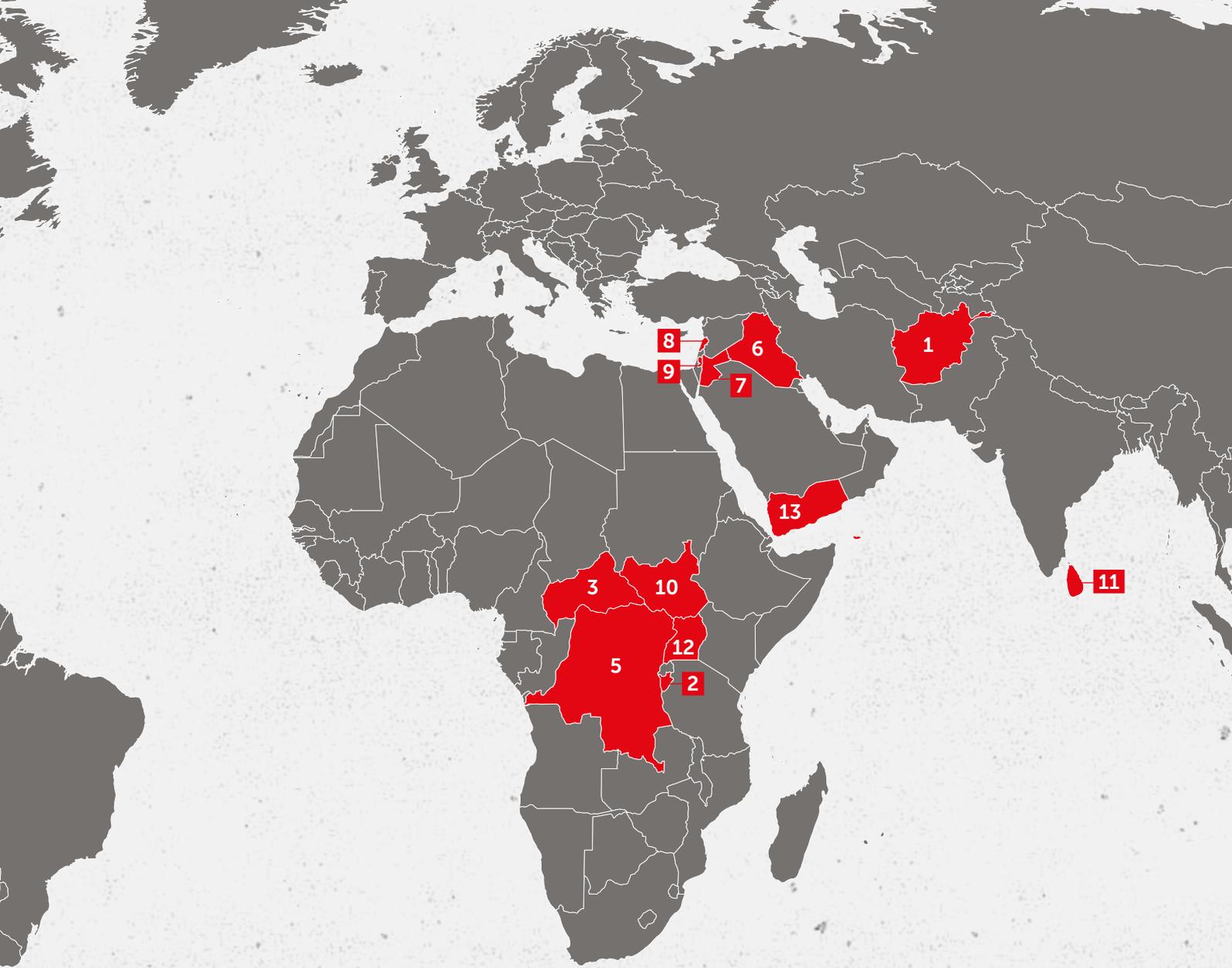
### **8 Lebanon**

We are providing education, protection and psychosocial support services to Syrian children. Our services are also accessed by Palestinian refugee and Lebanese host communities - contributing to peace-building efforts.

### **9 occupied Palestinian territory**

We work with local organisations, community groups and families to protect children from harm and support their psychosocial wellbeing and resilience. We create safe play spaces, train community members, provide support for caregivers and provide human rights education.





**10 South Sudan**

Our programmes help children to cope with the immediate and long-term consequences of conflict and build vital skills - both for themselves and their country's future. This includes programmes on child protection, psychosocial support, promoting education for girls and livelihoods.

**11 Sri Lanka**

We are working to promote child rights and support children and families affected by armed conflict by providing effective and child-friendly psychosocial support, education and participation mechanisms. This helps to protect children from abuse, violence and sexual exploitation.

**12 Uganda**

We support a youth social venture that helps young entrepreneurs in northern Uganda improve their prospects and income by starting their own businesses with training, mentoring and small loans. We provide non-formal education opportunities and life skills training to young people affected by the Ugandan conflict and continue to work with the increasing numbers of refugees living in Uganda.

**13 Yemen**

We are currently working to improve access to food for the most vulnerable people in Yemen. We will also train government staff and community members on child protection and provide programmes on school rehabilitation, recreational activities and Junior Farming Field Schools.

This report is a collaboration between War Child Holland and War Child UK.

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