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Working with children in emergency
Child protection, psychosocial support and structured recreational activities

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Key documents quoted are:

- *Keeping Children Safe – Toolkit of Child Safeguarding 2011*
- *Child Protection Working Group - Minimum Standards on Child Protection*
- *Terre des Hommes Lausanne – Child Protection Manual 2008; Laugh, run and move 2007;*
- *Terre des Hommes Lausanne - Working with children in their environment 2010*
- *Terre des Hommes Lausanne - Manual of psychosocial skills 2011*
- *IASC Guidelines on Mental Health and Psychosocial Support in emergency contexts 2007*

In addition to this, the toolkit includes practical examples of how general principles and activities are transformed into practice in the TdH It experience in Lebanon.

The toolkit is organised into three sections. The first section summarises the TdH It principles and approach to working with children and summarises the basic concepts needed for child protection and psychosocial programming.

The second section illustrates how to design activities with children and includes practical examples of games and exercises for children of different age groups.

The third section describes key features of the child protection monitoring and impact monitoring and includes example of monitoring tools.

Developing this toolkit was only possible thanks to the invaluable contribution and dedication of Arz Stephan - Community Empowerment and Child Protection Expert in Lebanon, and to the commitment and hard work of Terre des Hommes Italy staff working with children in Lebanon.

*Edited by Francesca Ballarin
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1. Framework for working with children in emergency

1.1 Using a developmental perspective in working with children

1.1.1 What is child development?

Child development refers to the process of growth and maturation of the human individual from conception to adulthood. Development is the gaining of skills in all aspects of the child's life.

Areas of development are the following:

1. *Physical development:* this refers to the body increasing in skill and performance and includes:

- a. Gross motor development (using large muscles), for example legs and arms
- b. Fine motor development (precise use of muscles), for example hands and fingers.
- c. Brain development (progressive development of the brain and establishment of neural connection), for example pre-frontal brain development in adolescence.

2. *Social and emotional development:* this is the development of a child's identity and self-image, feelings about him or herself, the development of relationships with others and learning the skills to live in society with other people.

3. *Cognitive:* this refers to the increase of mental abilities and includes:

- a. Intellectual development: this is learning the skills of understanding, memory and concentration.
- b. Communication and speech development: this is learning to communicate with friends, family and all others.

BOX 1 Key developmental terminology

Developmental milestones refer to the major changes or accomplishments in physical, socio-emotional, and cognitive development. They evolve according to an orderly sequence of steps and appear within a fairly predictable age range. For example, almost every child begins to smile socially at between four and ten weeks and the first words usually appear around twelve months.

Sequence of development refers to the predictable steps along the path of development. This pattern is common to the majority of children. The normal sequence of steps in each area of development indicates that a child is moving forward along the developmental continuum. For example, in observing language development, it is important that a child progress from babbling to being able to produce syllables, from using simple words to producing full sentences. This sequence, rather than the age at which these skills appear, is the critical factor in evaluating a child's progress.

Age-level expectations represent the average or typical age at which the majority of children in a given culture acquire developmental skills. The average age is called the norm. A child's development can be described as at, above, or below the norm. It must be stressed, however, that age-level norms define a range, not an exact point in time, when certain skills are achieved. Age-levels for a given skill must always be understood as approximate midpoints over a range of time (i.e. walking appears from eight to twenty months with the midpoint at fourteen months).

Regression. Progress along the developmental continuum is rarely smooth. Rather, development is often uneven and irregular and occurs in a series of stops and starts. spurts of rapid development are often followed by periods of disorganisation or regression. Then, the child seems to reorganize, following this with periods of calm and consolidation. During periods of stress or change, children often regress to earlier forms of behaviour. This is a normal characteristic of development especially in the early years.

Temperament. This concept helps to make sense of some of the widely varying behaviours exhibited by children, even within the same family. The notion of individual temperament – a blend of activity level, physical sensitivity, adaptability, tempo, mood persistence and similar factors – is one way of conceptualising differences that influence how young children behave and how parents react to them. Temperamental differences also affect babies' fundamental emotional, perceptual and cognitive responses to their own bodies, to their caregivers, and to the wider world.

Coping. Like adults, children are constantly coping. Daily living means managing opportunities, demands and frustrations. Children cope by drawing on internal resources – their beliefs about how the world works, their physical and emotional states, their developmental skills and their characteristic ways of dealing with threatening situations. They also draw on external resources, such as parents and other caregivers. Parents and other caregivers can encourage a good fit between a child's coping skills and the demands on the child by:

- Modifying their demands to be in line with the child's capabilities
- Enhancing the child's coping resources
- Providing appropriate feedback to the child to reinforce the desired coping strategies

Adolescence. It is a vital stage of growth and development; it marks the period of transition from childhood to adulthood. It is characterized by rapid physiological changes and psychosocial maturation. Adolescence is also the stage when young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world in general. As adolescents mature cognitively, their mental process becomes more analytical. They become capable of abstract thinking, better articulation and developing an independent ideology. These are truly the years of creativity, idealism, buoyancy and a spirit of adventure. But these are also the years of experimentation and risk-taking, succumbing to negative peer pressure, taking uninformed decisions on crucial issues, especially with regards to their bodies and their sexuality. Adolescence is thus a turning point in one's life, a period of increased potential but also greater vulnerability.

Children show different capacities at different developmental stages. The table below summarises the main children's capacities in the three developmental domains at different developmental stages

	0-1/2 years	2-5/6 years	5/6-11 years	12/18 years
Social capacities	<ul style="list-style-type: none"> • Smiles at others • Gradual socialisation with others • Dependency 	<ul style="list-style-type: none"> • More curious/ independent • Interaction increases - more able to respond due to physical changes 	<ul style="list-style-type: none"> • Increasing independence • Identity among peers, choice over social relationships • Influenced by adults outside family (e.g. teachers) • Conscious of surroundings 	<ul style="list-style-type: none"> • Less interaction between males & females (context dependent) • Autonomy/ independence, chooses social interactions • Starting 'adulthood' at different ages across cultures • Development of individual and cultural identity
Emotional capacities	<ul style="list-style-type: none"> • Emotions part of the brain (limbic system) develops significantly • Forms attachments (e.g. recognises mother's voice). (Loss or separation is the most challenging to a child's development at this stage). 	<ul style="list-style-type: none"> • Self-awareness: develops likes/ dislikes/ fears • Able to leave mother • Emotion regulation developing • Time when loss & separation most difficult. 	<ul style="list-style-type: none"> • Increasing ability to express feelings • Starting to be able to control emotions 	<ul style="list-style-type: none"> • Values participation and wants control over own life • Impressionable / influenced by peer pressure • Acute sense of identity • Looking for a role model
Cognitive	<ul style="list-style-type: none"> • Most rapid period of intellectual growth: • Language development • Rapid brain development • Laughs 	<ul style="list-style-type: none"> • Language development • Curiosity and increased understanding of the environment, themselves, morals, and what others expect of them. • Questions around time. 	<ul style="list-style-type: none"> • Begins logical thought • Can see things in 'relational' terms; Can see the reverse of things; can put self in place of others. • Interest in certain topics (universe, sport, collecting things etc.) 	<ul style="list-style-type: none"> • Think in abstract terms • Reason by hypothesis and generalize • More and more able to take decisions • Interested in ideas, the future, political, religious and social problems.
Physical capacities	<ul style="list-style-type: none"> • Most rapid period of physical growth, development of sense • Sound production (varies) • Supporting head, crawling, grip, walking • Reliance on caregiver for survival 	<ul style="list-style-type: none"> • Most significant physical growth, running, jumping • Exploring the world (due to greater freedom of movement / physical development) • Can dress/undress alone 	<ul style="list-style-type: none"> • Developing balance • More sophisticated use of hands: creativity, dance, sport, carrying water, can sort objects, dominant right/left hand • Varied facial expressions 	<ul style="list-style-type: none"> • Physical and sexual maturation (e.g. voice changes, appearance of beard for the boys, hips becoming larger for the girls, beginning of periods , etc.)

1.1.2 Basic concepts in child development

• ***The child's development is holistic***

Three areas of development -physical, socio-emotional and cognitive- all link together. Problems or delays in one of these areas will result in problems and delays across the other areas. For example, the child who has difficulties in learning (writing and/or reading) will have difficulties with his or her self-esteem and confidence when comparing him/herself to others, which consequently will disturb his or her capacity to socialize and to build relationships with peers. A delay in one area of development will influence the whole functioning of the child.

• **Child development is ecological**

Child development is the result of the mutual influence of the child's nature and nurture. Nurture is a crucial determinant in allowing the child to achieve their full potential regardless of their genetic inheritance. Successful development of the child is therefore embedded in the systems of relationships which constitute their surrounding environment.

The ecological model identifies 4 levels of interaction between the child and the environment in which (s)he lives.

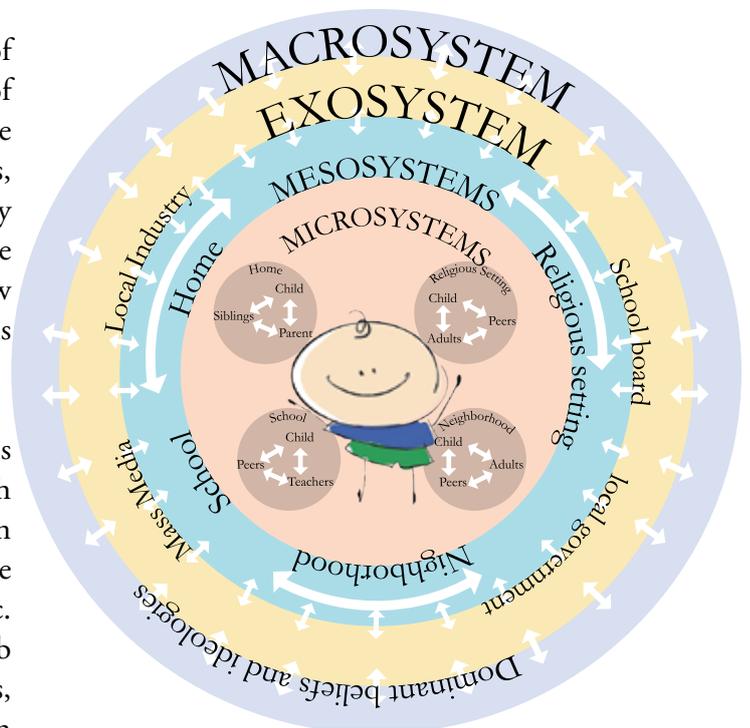
The **microsystem** is the small, immediate environment which the child lives in. A child's microsystem includes any immediate relationships or organisations he or she interacts with, such as parents, siblings, extended family, other caregivers, neighbours, day-care providers, kindergartens and schools. The way these individuals, groups or organisations interact with the child in the first instance, the way the child behaves and reacts to them, and finally the way these adults are able to shape their reactions to the child's needs, all deeply influence the way in which the child grows and develops. The more encouraging and nurturing the key players in the microsystem, the better the child is able to grow and develop.

The **mesosystem** describes how the different actors of the microsystem work together for the wellbeing of the child. For example, if parents take an active role at school, such as attending parent-teacher meetings, the interaction between these two actors will positively affect the child's life. Conversely, if the parents and the extended family (e.g. grandparents) disagree over how to raise the child and give them conflicting lessons, this will hinder the child's development

The **exosystem** includes people, groups, organisations and institutions that the child may not interact with frequently, but that still have a substantial effect on them, such as parents' workplaces, associations in the neighbourhood, local government, mass media, etc. For example, if one of the child's parents loses their job and they are unable to pay the rent or to buy groceries, this may have negative consequences for the child. On the other hand, if a parent receives a promotion, this may have a positive effect on the child, because their parents will be better able to meet their physical needs.

The **macrosystem**, is the largest and most remote set of structures and people, but it still has a great influence on the child. The macrosystem includes cultural values, laws, customs, relative freedoms permitted by the government, political stability/instability, the economy, wars, etc. These aspects can also affect a child either positively or negatively.

In this system of relations the child is not seen as a passive recipient but as an active agent, increasingly able to shape their relations with the environment at different levels as (s)he grows.



BOX 2 Ecological perspective in Lebanon

In the context of the humanitarian response to the Syrian Crisis, Terre des Hommes Italy works to ensure a safe development to all children through consistent actions at all levels of the ecological model.

At the microsystem level, Child Friendly Spaces provide children with safe opportunities to interact with each other and guided opportunities for a positive interaction with their parents.

At the mesosystem level, Terre des Hommes Italy works with parents and caregivers to strengthen parenting skills. For example mothers were involved in activities with children and material was provided to make jumpers for their kids.

At the exosystem level, participation in the Child Friendly Space was encouraged not only for parents and caregivers but also for any interested community members. The Child Friendly Space also facilitated interaction between families and other entities such as Local NGOs, INGOs, Municipalities, Youth Clubs or Women's clubs through a referral system for the most vulnerable families, joint training opportunities and monthly meetings. Particularly important was the role played by the Child Friendly Space in fostering dialogue and exchange between the Syrian refugee community and the Lebanese host community. The extremely harsh living conditions and difficult access to basic services posed a serious challenge for social cohesion. Child Friendly Spaces served therefore as Community Centres where people can meet and vulnerable families are put in contact with organisations that can provide support.

At the macrosystem level, the Child Friendly Space model has been shared with the Lebanese Ministry of Social Affairs and replicated within 5 Social Development Centres of the Ministry of Social Affairs in different localities in Lebanon.

Successful child development promotes resilience

The concept of resilience is based on the observation that under adverse circumstances some people cope and develop relatively well, while others fail to do so. The term resilience describes the characteristics of those who cope relatively well. It is important to emphasize that resilience does not merely concern personal qualities, but also deals with the way in which these qualities interact with external factors within the family and the wider environment. A resilient person utilises all the resources available to him, whether at a psychological (personal characteristics) or environmental (family, society) level. Research suggests that younger children are often more resilient than older children.

The concept of resilience or the capacity of adaptation is important for Terre des Hommes because it is mostly based on the recognition that children and adults have the means to cope with their emotional and social problems. The main target of a project with a psychosocial aim is to respond to fundamental needs, to increase protective factors which are the basis of everyone's internal and external resources, in order to get through crisis situations and regain a harmonious development. The concept of resilience reflects the developmental notion that there will necessarily be variation in functioning according to adversity or disadvantage, and it is therefore important to identify risk and protective factors that can influence children's resilience

- **Protective factors** are psychological or social factors that help child's optimal development. These factors also protect children exposed to difficult situations from harm. Example: strong family ties.
- **Risk factors** are the elements which hinder or prevent a child's development to their full potential. These factors increase the chance of developmental problems occurring. Example: extreme poverty.

1.2 Basic principles of working with children

Principle 1: Children's rights

Tdh IT is committed to the realisation of the Convention on the Rights of the Child at all levels of the ecological model. It also commits to assist children in claiming their own rights and support families and caregivers to claim children's rights on their behalf.

Principle 2: Protecting children

TdH Italy is committed to protecting children from violence, from being forced or induced to act against their will and from fear of such abuse.

BOX 3

Helping Syrian children to claim their rights in Lebanon

One of the most fundamental challenges posed by the Convention on the Rights of the Child is the need to balance children's rights to adequate and appropriate protection with their right to participate in and take responsibility for the exercise of those decisions and actions they are competent to take for themselves.

The questions that were always asked by TdH Italy in Lebanon are: How can we make children aware of their own rights in the middle of a crisis in which basic needs are not met? To what extent is the children's understanding of their own rights causing more frustration and harm? How can we achieve these goals?

In Lebanon, Child Friendly Spaces provide an adequate setting to promote either directly (through the rules and regulations of the centres, the program of activities, or the active participation of the beneficiaries in the happenings of the centres) or indirectly (through the networking with the hosting community or other NGOs) a basic understanding of child's rights.

A child rights based approach takes appropriate account of children's evolving capacities when building opportunities for their participation. TdH Italy in Lebanon implements different levels of interventions that respect the DO NO HARM principle: it works to respect and empower the children's abilities to make choices and take decisions. It is very common, especially in Lebanon and Syria, to consider a child as being unable to take decisions for him/herself. Adult lack of understanding of the children's needs tends to be related to the fact that children express their ideas and emotions in other ways.

The uniqueness of each child because of his or her cultural background, history, personality, religious beliefs, strength and capabilities, family constellations, social norms and acceptance, and social support, play a very important role in the nurturing of the children, and their unique competencies. Children's rights better facilitate the growth of children's capabilities.

For example, the program of activities in the centre for the children and their caregivers tackles the same topics. Each child attends the centre twice a week for a total of 6 hours, whereas caregivers are seen for one session for 2 hours per week. Each child is seen for a minimum of 72 hours. Through structured recreational activities, games, discussion and creative tools, an example of the topics can be seen below:

1. Introduction: knowing the centre, its activities and objectives
2. Introduction: knowing the beneficiaries and the group
3. Child Protection Policy: rules and regulations of everyone in the centre
4. Child's rights: the rights of each child in this world
5. The different types of abuse: Physical abuse
6. The different types of abuse: Emotional abuse
7. The different types of abuse: Sexual abuse
8. The different types of abuse: Exploitation
9. The different types of abuse: Neglect
10. Asking for help: child-caregiver relation is a trust relation
11. Asking for help: laws and regulations in Lebanon
12. Asking for help: connecting with peers
13. Wrap-up and conclusion

Principle 3: Do no harm

It is important to note that humanitarian interventions, because they deal with highly sensitive issues, have the potential to cause harm. Staff may reduce the risk of such harm in various ways. Prior to undertaking any interventions involving children, staff should be well trained in the relevant knowledge, attitudes and skills, and should have sufficient experience to be able to follow up on cases that may prove to be serious. Every staff member that intervenes must take responsibility for the impact of his or her words and interventions.

Principle 4: Child Participation

Children have the right to express their opinions freely in all matters affecting them and to have that opinion taken into account. TdH Italy interventions should work to enable children to become active agents in planning their futures. Even in emergency situations where time may be short or pressurized, children benefit from participating actively in decision-making, and their participation can positively reinforce feelings of self-esteem and confidence, thus contributing to their psychosocial wellbeing. Children can also develop new skills as a result of their involvement in a participatory process.

Principle 5: Working with families and communities

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

Principle 6: Contextual approach

All interventions should be sensitive to the prevailing culture, traditions, and socioeconomic and political context. Programme decisions and priorities must be derived from a thorough, field-based situational analysis. In addition, it is important that the monitoring and evaluation system is based on context-relevant indicator development by the members of the communities that the projects are designed to serve. TdH Italy workers should have appropriate competencies in the areas in which they intervene.

Principle 7: Access to available resources and capacities

Key principles include building local capacities, supporting self-help, and strengthening resources already present. Every single country, community, family and child has its own resources. Before setting up any intervention, an in-depth analysis has to be undertaken that includes a thorough assessment of such resources. In the case of an intervention within a community, this may involve a socio-anthropological analysis. TdH Italy is also committed to capacity development of staff and partners.

BOX 4

Child participation and community participatory approach in Lebanon

Different mechanisms have been created in order to ensure the participation of children, families and communities in the intervention process and strategy:

- The Child Protection Community Committees (CPCC) are committees made up of influential members of the hosting (Lebanese) and the refugee (Syrian) community who are active in different locations. The role of the members is to monitor Child Protection concerns and disseminate child protection messages in their own area of residence. The members should be representative of all communities (ethnic, religious, nationalities, etc). In addition, they must have a minimum level of leadership skills and motivation to represent their own community. Each month, they meet with the social worker of the community centre, and raise the main concerns of the children; for example: transportation to schools, cases of violence and physical abuse, sexual abuse, etc.
- The Child Protection Unit is formed by members of governmental or nongovernmental organizations dealing directly or indirectly with children. These agencies can offer services and respond to the demands of the CPCC. Also, the members of the CPU meet monthly together with the social worker of the community centre.
- Focus Group Discussions with children, adolescents and their caregivers are periodically organised to assess the expectations of the beneficiaries about the services that are offered and to collect their feedback on the activities. This is done in groups of 8 participants, and genders are equally represented.

In Aarsal, the Child Friendly Space seeks to actively engage children in a dialogue with their community. One of the key activities in this regard is the production of a magazine by children and adolescents. The magazine includes drawings, poems, writings, and games developed by the children as a result of their activities in the centre. Magazines are then distributed by children and animators to community leaders, representatives of the municipality, other influential people in the community and to the children's families.

In Fekha-Jdeideh, the adolescents were encouraged to work on social topics through the creation of a theatre. Different sketches were prepared over the course of 3 months, together with logistical and behind the scenes preparations. Sexual harassment, child labour, marriage and love were the main topics that were chosen by the teenagers. The project was entirely prepared by the adolescents, under the close supervision of a team of field staff. The final product was delivered as a theatrical performance to the community, in which both Syrian refugees and Lebanese communities were represented.

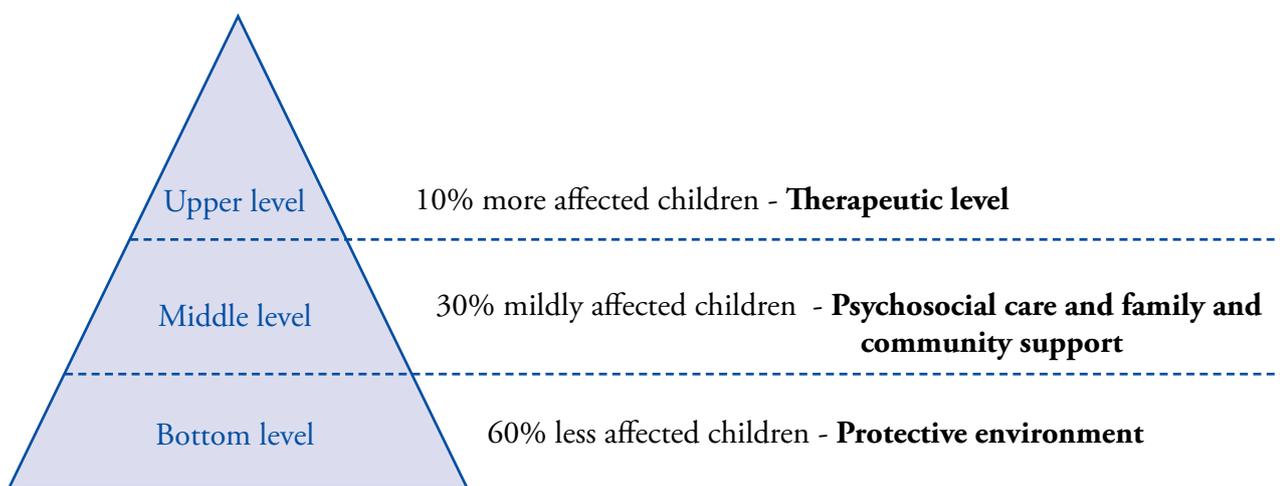
1.3 Effects of emergency on children

1.3.1 How emergencies impact on children

The impact of conflict and natural disasters on children is substantial and has important repercussions on the well-being of a child. In addition to deaths and injuries, they cause a disruption to all daily activities and the connections they entail. People are often relocated to temporary housing, away from social supports such as schools, religious premises (churches, mosques, etc.), clinics or recreation programs, and jobs are disrupted due to lack of transportation, loss of tools, or workers' inability to concentrate. Besides losing family, friends, furniture, and clothes, victims also lose geographical references (eg. streets) and symbolic possessions (eg. photographs), both of which serve as important reminders of their life, identity and culture.

While it is clear that disaster and war have enormous impacts, research has proven that not all children will be affected in the same way. Individual children exhibit differences in temperament, sources of social support, age and cognitive ability, coping responses, pre-existing stresses, and histories of dealing with adversity. Whereas some children are highly resilient, others may be more vulnerable.

Children's sensitivity and the need for intervention can be illustrated by the pyramid below.



The bottom layer, the largest group (they represent approximately 60%), consists of children who have responded to the impact with shock, grief, and other forms of emotional stress, but who are relatively resilient, function normally, and will benefit from activities that restore normalcy to their lives, develop life skills and enable communities to meet their basic needs.

The middle level of the pyramid consists of a smaller group of children (they represent approximately 30%) who remain relatively functional but who have been affected; they are at risk of worsening if they do not receive support and they will benefit from community-based interventions. This middle layer frequently includes vulnerable children, such as children who have been separated from their parents, children with disabilities, survivors of sexual violence, and those who have engaged in or are at risk of being engaged in trafficking or child labour.

The top level of the pyramid consists of the minority of children (they represent approximately 10%) who have been severely affected. They exhibit trauma, depression, or other forms of mental illness.

They are dysfunctional and may need psychiatric or other more targeted interventions. This group requires intensive attention because they are unable to manage on their own; one on one attention is needed in order to address the more severe disorders. PTSD (Post Traumatic Stress Disorder) and trauma can be diagnosed and treated by qualified psychologists or psychiatrists only.

1.3.1 Children's common reactions to stressful events

Although reactions may vary from one child to the other, they differ from one age group to another. For example, Bed Wetting could be considered normal for a child under the age of 4, but a possible sign of distress at 7. It is important to be sensitive to the child's behaviour and to his or her perception and ways of expressing what is going on. Any additional input from caregivers or siblings will help to paint a broader picture of the child's situation.

COMMON REACTIONS FOR 0-3 YEARS OLD CHILDREN:

- Clinging to parents
- Worries that something bad will happen to you whenever you leave the room
- Changes in sleeping patterns: fear of the dark or sleeping alone
- Changes in eating pattern (eats too much or too little)
- Increase in crying and irritability: toddlers may have temper tantrums
- May have no interest in playing and become listless
- Afraid of things that did not frighten them before
- Hyperactivity and poor concentration
- Plays aggressively and in a violent way: fixated on disaster
- Stubborn and demanding in a controlling way
- Older ages in the range might regress to younger behaviour or forget how to do things they were previously able to do: e.g. bed-wetting, thumb sucking, stop talking, etc.

COMMON REACTIONS FOR 4-6 YEAR OLD CHILDREN (PRE-SCHOOL CHILDREN)

- Inactive: unable to follow usual routines: helpless and submissive
- Does not play or plays repetitive games that re-enact the disaster
- Anxiety; fear of things and situations; afraid of losing or breaking objects
- Stops talking
- Sleeping problems (including nightmares)
- Eating problems
- Clinging behaviour or over-independence
- Confusion or impaired concentration (may ask the same questions repetitively) and thinks that danger is not over and will return
- Regression to younger behaviour or forgetting how to do things they previously were able to do: resumption of bed-wetting, thumb sucking, or stops talking, etc
- Tries to comfort the parents/ siblings sometimes taking an adult role
- Physical symptoms like stomach aches
- Irritability – blames her/himself
- Little to no understanding that death is permanent (might keep asking when someone will return)
- “Magical thinking” - may believe that what they wish for will come true.

COMMON REACTIONS FOR 6-12 YEAR OLD CHILDREN

- Swinging level of activity sometimes from passive to overactive,
- Confused with what happened,
- Withdraws from social contact with family or friends,
- Talks about the event in a repetitive way (keeps returning to details),
- Reluctant to go to school or underachieves,
- Fear, especially when he/she is reminded of the shocking events; maybe unwilling to recall the event (triggered by sounds, smells, etc),
- Fear of being overwhelmed by feelings; emotional confusion or mood swings,
- Impact on memory, concentration and attention,
- Sleep and appetite problems, aggression, irritability or restless,
- Self-blame and guilt feelings
- Somatic complaints: or complaints that have no apparent cause (headaches, muscles, stomach, etc.),
- Concerned about other survivors, concrete reasoning begins and may lead to abstract thinking for ages 9-11.

COMMON REACTIONS FOR 13-18 YEAR OLD CHILDREN (ADOLESCENTS)

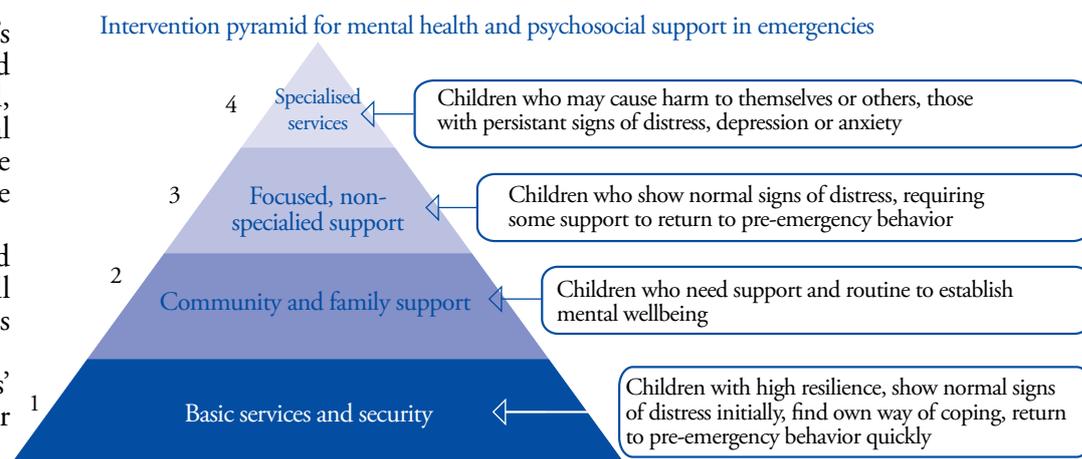
- Feels self-conscious, exposed, and different, guilt or shame,
- Sudden change in interpersonal relationships with family, friends,
- Major shift in view of world, philosophy, and attitude,
- Attempt to make major life changes to become an adult,
- Increase in risk-taking behavior (feeling invincible or self destructive),
- Substance abuse or other self destructive behavior,
- Avoids people, places or situations that remind him/her of the shocking events, fears reoccurrence,
- Aggression,
- Intense grief (understands the consequences of loss better than that of a younger child),
- Feeling hopeless,
- Defiant of authorities/parents,
- Concerned about other survivors; tries to be involved; re-establish a sense of mastery and control over his/her life to be useful,
- May become self-absorbed and focus on how death has affected them with self-pity,
- Often rely quite heavily on peer groups in socializing, constructing views of the world and learning new coping skills to deal with their needs.

1.4 Psychosocial Support

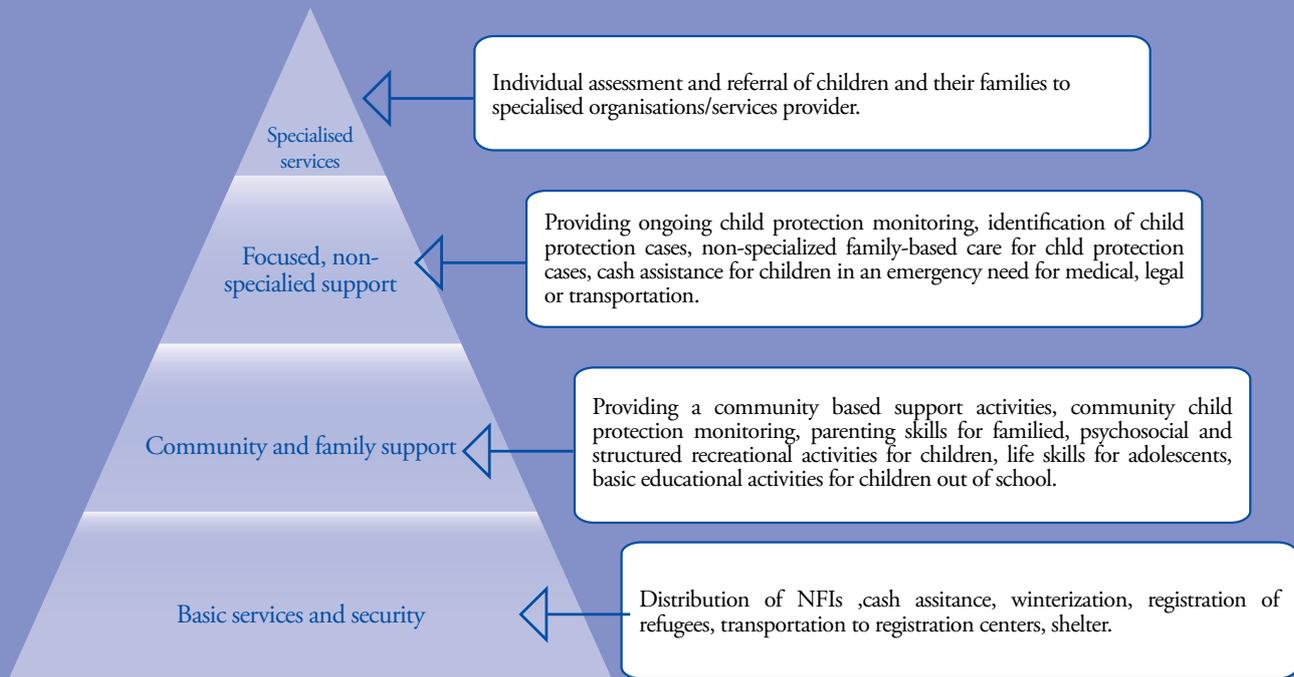
Terre des Hommes Italy considers psychosocial support activities as one of the key means to protect children. The aim of these activities is to strengthen resilience and coping mechanisms for children, their families and their communities. In accordance with IASC Mental Health and Psychosocial Support Guidelines, TdH Italy addresses psychosocial distress of children by consolidating protective factors and minimising risk factors.

Example of this are:

- Strengthen family and community care-giving structures for children
- Strengthen local networks that enable child protection, care, and wellbeing, such as women’s groups or religious networks
- Promote children’s holistic development and age-appropriate physical, cognitive, and emotional competencies - Reduce long-term negative psychological effects
- Support children’s and youth’s voice and full participation in all phases of programming
- Improve individuals’ abilities to function under stress
- Foster a secure and stable environment for children - Reducing risks to children’s safety and emotional well-being while promoting an environment conducive to positive development, effective coping, and resilience
- Carry out sessions with adults (parents, teachers, other adults in contact with children) to raise their awareness of child protection risks and how to prevent them.



BOX 5 Psychosocial support in Lebanon



1.5 Child Protection

In its commitment to protecting children, TdH Italy considers Child Protection to be the prevention of and response to abuse, neglect, exploitation and violence against children, and child abuse to be any deliberate act of ill treatment/an omission that can harm/is likely to cause harm to a child's safety, well-being, dignity and development.

Critical issues in protecting children in emergencies are:

- Dangers and injuries
- Physical violence and harmful practices (including early marriage)
- Sexual violence
- Psychosocial distress and mental disorders
- Children associated with armed forces or armed groups
- Child labour
- Unaccompanied and separated children
- Justice for children
- Early marriage

Child abuse can exist in different forms:

1. Physical abuse: actual or potential physical harm perpetrated by another person, adult or child. It may involve hitting, shaking, poisoning, drowning and burning. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

2. Sexual abuse: forcing or enticing a child to take part in sexual activities that he or she does not fully understand and has little choice in consenting to. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching. It may also include involving children in looking at, or producing sexual images, watching sexual activities and encouraging children to behave in sexually inappropriate ways.

3. **Child sexual exploitation:** a form of sexual abuse that involves children being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family may need. It usually involves a child being manipulated or coerced, which may involve befriending children, gaining their trust, and subjecting them to drugs and alcohol. The abusive relationship between victim and perpetrator involves an imbalance of power where the victim's options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual. Child sexual exploitation manifests in different ways. It can involve an older perpetrator exercising financial, emotional or physical control over a young person. It can involve peers manipulating or forcing victims into sexual activity, sometimes within gangs and in gang-affected neighbourhoods. It may also involve opportunistic or organised networks of perpetrators who profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men.
4. **Neglect and negligent treatment:** allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child's basic physical and /or psychological needs, which is likely to result in serious impairment of a child's healthy physical, spiritual, moral and mental development. It includes the failure to properly supervise and protect children from harm and provide for nutrition, shelter and safe living/working conditions. It may also involve maternal neglect during pregnancy as a result of drug or alcohol misuse and the neglect and ill treatment of a disabled child.
5. **Emotional abuse:** persistent emotional maltreatment that impacts on a child's emotional development. Emotionally abusive acts include restriction of movement, degrading, humiliating, bullying (including cyber bullying), and threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.
6. **Commercial exploitation:** exploiting a child in work or other activities for the benefit of others and to the detriment of the child's physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labour.
7. **Engagement in armed groups:** Adolescents and pre-adolescents are prone to be used by armed groups and are trained with a view to recruiting them for such groups.

BOX 6 Child Protection Concerns in Lebanon

Syrian children are enduring profound instability which is affecting their daily life and growth. Experiences of violence, war and concerns about the situation in Syria are exacerbated by the daily hassles of displacement: poverty, lack of basic needs and services, on-going risks of violence and exploitation, isolation and discrimination, loss of family and community supports, and uncertainty about the future.

Unaccompanied and separated children

Separation from the family occurs either at the border during the displacement, or when children are left in Lebanon when parents return to Syria for medical, legal, or survival reasons. The most common reasons for separation were due to legal documents, parents returning to Syria while leaving the children in Lebanon, parents being arrested for not having regularized their stay in Lebanon, population movement, the need for children to work, a lack of space in accommodation and family tension.

The main risks for separated and unaccompanied children in Lebanon include psychosocial distress and trauma, abuse and rape, exploitation, child labour, drug use and begging.

During the period of January to June 2015, 5 cases of unaccompanied children were discovered. These children were referred to NGOs working in case management and closely followed up by the PSS staff. There was the case of Asma (15 years old) and her brother Ahmad (13 years old), both of whom attended the theatre workshop. Ahmad was very shy, and could not easily express himself. The team suspected an autism case. It was discovered later that both children were living in Lebanon with neighbours because their parents had had to return to Syria for a medical condition and were subsequently unable to return to Lebanon. In order to help them, the social worker referred them, after consent was given by the children, to an NGO who took charge of them.

Physical violence and verbal harassment

Many cases of physical violence and verbal harassment of children were reported by the caregivers, the host community, and in schools. Boys were also prone bullying by the host community, specifically towards Syrian boys and girls in schools (by teachers and students), as well as in the street.

During the period of January to June 2015, children and caregivers reported during the PSS intervention some cases of physical abuse perpetrated by the school staff. Several focus group discussions were organized in order to monitor and report the violence in schools. One of the caregivers gave details of physical and psychological abuse perpetrated by a school director on her son. The complaint was then reported and communicated to the NGO responsible for the Syrian refugees' education in that school. A very close collaboration was established between TDH IT and this NGO in order to raise awareness of Child Protection in the area, including the director of the school.

Sexual violence

Syrian refugees in Lebanon often report of sexual violence and exploitation against girls and women. Due to fears of girls being subjected to sexual violence, families keep girls at home to protect them from kidnap and rape. Although less frequently mentioned, sexual violence exists for boys as well; key informants repeatedly confirmed that there are cases of boys who have experienced sexual violence and exploitation.

Types of sexual violence occurring in Lebanon were reported to include sexual harassment, rape, transactional sex and verbal harassment. Reasons given for the increase in incidents of sexual violence and exploitation amongst informants included socio-economic difficulties, crowding and cheaper prices of sex. Forms of prostitutions practiced by teenage girls and/or their mothers were very common; trading sex for food, a place to sleep, to pay the rent, or to keep the "good harmony" with the Lebanese neighbours.

Early Marriage

There are 17 official religions in Lebanon. Each community has its own family law and its own religious courts which adjudicate cases. The civil registry is kept by the religious communities. Matters related to civil status are therefore regulated by the various denominations. In the Sunni community in Lebanon legal age for marriage is stated at 18 years for men and 17 for women, though religious courts may consider waivers in cases where the girl is as young as 9 years old. As for the Shia' community, the legal age for marriage for girls is defined as puberty, though similarly, community waivers may be considered. In addition, a sort of "a temporary marriage for pleasure" (zawaj al-muta'a) is admitted. As for the various Christian communities, minimal age for marriage varies from 16 to 18 for young men and from 14 to 16 for girls. Also in these communities waivers may be considered.

In Syria marriages are regulated by the Syrian Personal Status Law (law n° 59 de 1953 modified by law 34 of 1975). The Legal Age of Marriage for males is 18, and for females it is 16.

Much has been written about early marriages amongst the Syrian Refugee community in Lebanon and the region. Nevertheless, it was only recently (2015) that a study on the subject was published by the Saint Joseph University of Beirut, entitled: "Mariage précoce: Illusion où réalité? Enquete sur les taux de mariage précoce parmi les Libanais et le Réfugiés Syriens au Liban ", by Carole al Sharabati and Hala Soubra Itani. The study was based on three main sources of information: the electoral lists provided by the Lebanese Ministry of Interior (in relation to Lebanese), UNHCR data including all Syrian Refugees registered in Lebanon with UNHCR and a Field Survey: 675 respondents both Lebanese and Syrian conducted in Beirut, North Bekaa, North Mount Lebanon and South Lebanon.

The main findings were the following: the rate of Lebanese early marriages stands at 13% based on the electoral lists and 10% based on the survey findings; Early marriage amongst Syrian Refugees stands at 22% based on UNHCR data and 24% based on the field Survey.

The study gives evidence, attesting to the facts that:

- 1) there is a large difference between women and men with regards to early marriage;
- 2) there is no confessional impact on the phenomenon
- 3) the child level of education, as well as the mother's level of education is a key variable.

No similar studies were done in Syria in the years prior to the crisis, though a high rate of early marriages among the Syrian Community seems to be a phenomenon that was present in the Syrian society before the crisis. Nevertheless the issue is becoming increasingly important within the Syrian refugee population.

The increase in Child Marriages is attributed to poverty, security and stability and the lack of work. Marriages were most commonly reported to be facilitated largely by known contacts, followed by religious leaders, people

approaching refugee households and matchmakers. There are reports of Syrian children marrying non-Syrians – predominantly Lebanese, but Saudi Arabian, Kuwaiti, Palestinian and Iraqi nationals were also identified.

Child Labour

Child labour is also widespread in Lebanon and it is a way for refugee children to contribute to household income during displacement. Young boys and girls are being recruited to do the worst kinds of work: working more than 12 hours under the sun, cleaning the roads of the highway, being subject to poisonous and hazardous material, and unsafe working conditions.

The income earned by children is predominantly used to buy food and pay for rent, medical bills, pay transportation, pay back debts or to send money to family members abroad. Men and boys (above the age 10 mostly) report to us that at times children are beaten and insulted in the workplace, while positing that difficulties were endured because the pay was needed.

During the reporting period from January to June 2015, the data analysis of the Household Vulnerability Assessment in North Bekaa showed that 260 children in the Bekaa Valley alone were out of school and contributing to the financial situation of their family.

Further specific concerns for adolescents:

The de facto exclusion of Syrian adolescents from attending formal education opportunities puts refugee children particularly at risk. For example:

- Lack of information and skills prevent them from effectively exploring their potential and establishing a positive image and sound career perspective.
- They do not have a supportive environment in order to share their concerns with others. Counseling facilities are not available.
- Adolescent boys and girls may be prone to be engaged in armed groups.
- Adolescents need social skills for building positive and healthy relationships with others, including peers of the opposite sex. They need to understand the importance of mutual respect and socially defined boundaries in every relationship.
- Aggressive self-conduct; irresponsible behavior and substance use involve greater risks with regard to physical and mental health. Experimentation with smoking and milder drugs can lead to switching over to hard drugs and addiction at a later stage.
- The widening gap in communication between adolescents and parents is a matter of great concern. Adolescents seek information from their peer group who are also ill-informed and some may fall prey to parties offering false information.
- Sexually active adolescents face greater health risks. Girls may also face mental and emotional problems related to early sexual initiation. They must be given the tools overcome vulnerability to drug abuse, violence and conflict with law or society.

Birth Registration :

- Birth registration is a process to record the birth of a baby, specifying date of birth, names of parents, and nationality. Once concluded, this process provides a legal identity for the child, a legal right protected under international law. If the birth registration process of a child is not completed, the child runs the risk of being stateless; that is, not having the nationality of any state, which could deprive him or her from basic rights (such as education, for instance) and protection. Based on the Lebanese law, refugee parents should register any children born in Lebanese territory with the Lebanese authorities.

- Many Refugee parents from Syria are not able to complete all the steps needed to register their children, which include:

- 1) Obtaining a Birth notification, signed by a certified midwife
- 2) Obtaining a birth Certificate from the Mukhtar (this implies that the parents have identity documents, or at least a copy of them)
- 3) Registering the Birth certificate at the Lebanese Personal Status Department.

This requires: a) Registration at the Local government registry office (Nofous)

b) Registration at the Foreigners' Register – this can be done only if the parents have a legal permit of stay in Lebanon .

- Reasons which prevent Refugee parents from registering children born in Lebanon are several, they include the following:

1. Financial or other reasons which mean that the child is delivered at home (without the assistance of a midwife who is the person entitled to sign a birth notification)

2. The parents do not have the necessary legal documents because they lost them, or left them in Syria;
3. The parents have legal documents but do not have a residence permit in Lebanon, and therefore are afraid to move or to contact Lebanese government offices, for fear of being arrested and/or deported back to Syria.

Based on the Survey conducted in 2014 by NRC on a sample of refugee families *only 22% of the babies born in Lebanon could fully complete the birth registration process.*

Registration of the Refugee Family with UNHCR is not directly linked to the birth registration process, and a non-registered family with UNHCR does not have access to the assistance and the services provided to a registered family (such as facilitated access to a hospital or to the assistance of a certified midwife for delivery who can provide a birth notification) which leaves the families and their children in a far more vulnerable position.

This is why the *Humanitarian community looks with great concern at the process of deregistration* (from UNHCR lists) which started in July based on a Ministry of Social Affairs (MOSA) decree issued on April the 24th 2015

See: Norwegian Refugee Council: Birth registration Update, Lebanon January 2015

2. Setting up/ implementing activities

2.1 Linking child protection and psychosocial support

The psychosocial well-being of a child develops by stimulating his or her capacity to realise his full potential through the three fundamental needs: individual, social and existential. Both these “invisible” needs, as well as material needs for food and shelter, must be regularly met. It is important that they are not forgotten, especially in situations which can sometimes prevent the individual from developing his potential for a long or short period of time (natural disaster, poverty, famine, war, trauma, etc.)

Psychosocial intervention seeks to stimulate the child’s development:

- The desire **to be** (identity) by meeting individual needs. These are linked to their need for love, recognition, security and protection. Stimulation of this emotional axis (unconditional) helps to build the child’s confidence and self-esteem.
- The desire **to do** by meeting social needs. These are the needs for limits, rules, requirements, order, authority, etc. Stimulation of this normative axis (conditional) helps to bring out social skills such as cooperating, developing knowledge, managing frustration, understanding the law and learning a job.
- The desire **to live** by meeting existential needs. These are linked to the need for recognition of a project in life, understanding the meaning of life, and their role in the world. Stimulation of this axis of meaning (belief) helps to develop a feeling of belonging and their responsibility to transmit universal values.

These three dimensions form the essential psychosocial nutrients for resilience and for the development of a child’s well-being. Projects must be built on the basis of these needs. Consolidating them as quickly as possible after a disaster will facilitate the child’s return to normal development. It is a question of giving back to the children their desire to live, to do and to be in spite of the crises they encounter.

Based on the ideas of the humanist A. Maslow, who considers each person as actor of his own life capable of making choices and taking initiative, we believe that a child is capable of developing resources and therefore his own well-being, if he is accompanied by adults who know how to give the appropriate psychosocial support. Caring for the psychosocial well-being of children is a key investment in human capital. It reinforces all other processes for the development and stability of societies.

BOX 7 Structured recreational activities in Lebanon

In Lebanon, structured recreational activities were organised around four main psychosocial needs:

1. the need for recognition - **I AM** - Identity, being known/being considered/ being there, making a difference.
2. the need for achievement - **I CAN** - Being confident/ being satisfied / being successful.
3. the need to belong somewhere – **I SHARE** - Feeling part of a group, of a community, to make something together, to receive and ask for help.
4. the need to play a leading role - **I CARE**- Feeling responsible for each other, become an active agent of change.

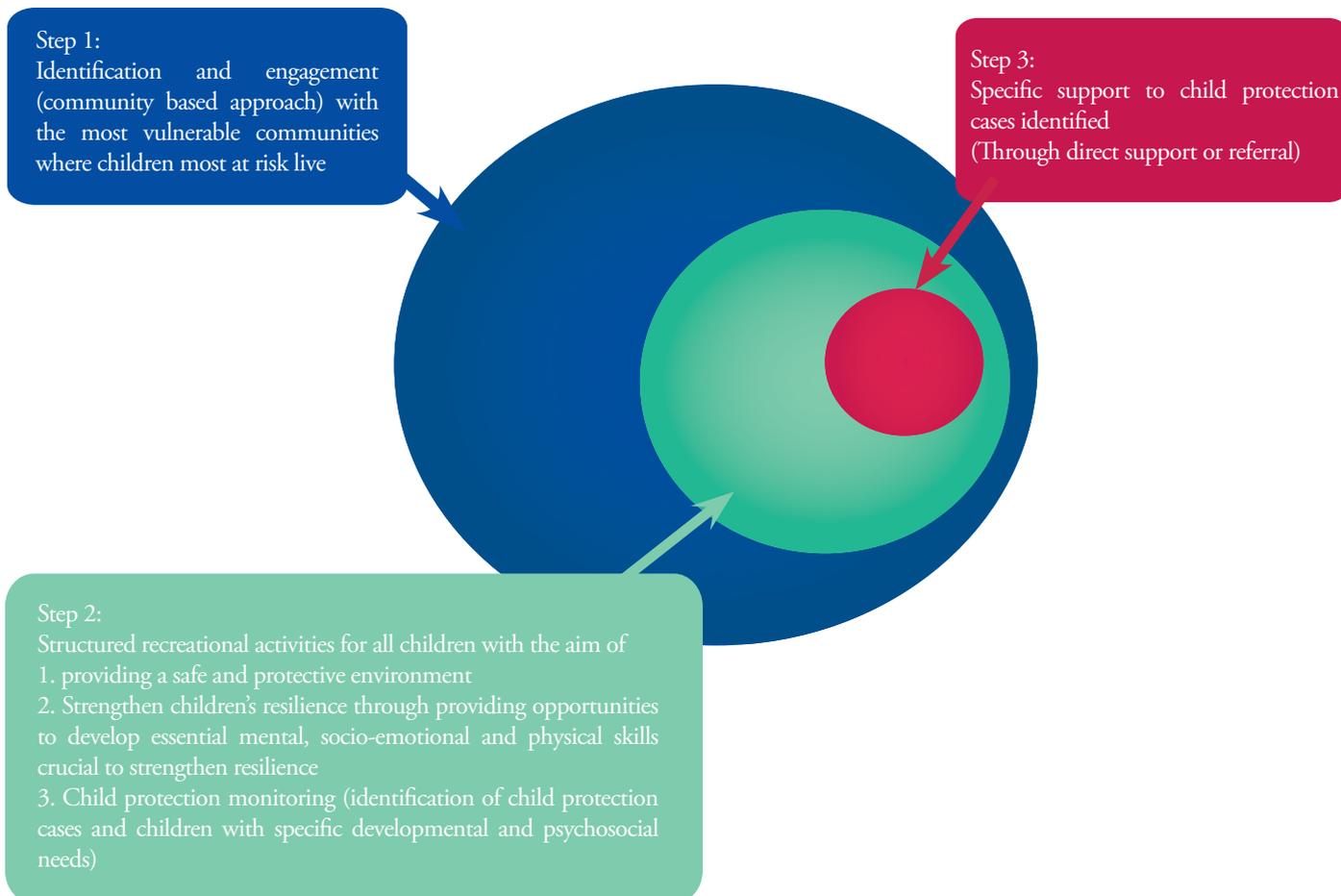
The following is a program of activity that was used in the CFS of Bakaata (Chouf, Lebanon):

PSS Needs	THEME	OBJECTIVE
I AM	Who am I?	1. Able to introduce myself, the group and I 2. Able to recognize and identify others in the group
I AM	Hygiene	1. Recognize the daily routine of a child: washing hands, brushing teeth, bathing, etc. 2. Identify basic child illnesses such as lice, scabies, etc.
	Nutrition	Acquire nutrition fundamentals knowledge: my plate
I AM	Children's Rights	Awareness on the Convention on the Rights of the Child
I AM	Gender	1. Recognize stereotypes of gender figures in the society 2. Recognize acquired gender roles
I CAN	Abuse	Recognize the five types of abuse (physical, emotional, neglect, sexual and verbal)
	Sexual Abuse	Increase children's awareness of the sexual abuse
I CAN	Self-esteem	Build a positive reflection of oneself
I SHARE	Living together	Establish rules and regulations
	Group Identity	Establish a name for each group that reflects their identity as a group
	Development of Environmental Awareness	We and the environment (Recycling week for better management of available resources)
I SHARE	Trust & Cooperation	Establish collaboration among the group and built trust among group members
I SHARE	Similarity and Differences	To be able to accept and respect others, whether the other is similar to us or different from us
I CARE	Positive Communication	Establish tools and methods for an active communication with the group and the surrounding
I CARE	Conflict management	Acquire nonviolent techniques for conflict resolution

2.2 Organising structured recreational activities

Terre des Hommes Italy uses structured recreational activities as a key means for child protection monitoring and psychosocial support. As shown in the figure below, the aim of the structured recreational activities with children - either centre-based, community based or mobile - is to create a protective environment for children while strengthening their resilience and psychosocial wellbeing.

TdH Italy standard approach



Structured recreational activities should have clear objectives and engage the child as a whole:

- the head is in command because they need to think, reflect, consider strategies and make decisions;
- the body is moving, the senses are stimulated;
- the heart is central in controlling emotions, interactions and in applying fundamental values.

Mental	Physical	Socio-emotional
<p>CONCENTRATION and OBSERVATION: paying attention, not dividing one's attention, seeing what's going on around oneself, etc.</p>	<p>COORDINATION, AGILITY: having well-coordinated body movements, alone or with someone else, etc.</p>	<p>EXPRESSION OF EMOTIONS: managing one's sadness or anger when difficult situations arise, sharing the joy of others, being a 'good loser', expressing one's feelings, etc.</p>
<p>LEARNING and MEMORY: integrating new knowledge, understanding instructions, applying what has been learned, etc.</p>	<p>SPEED: moving fast, running fast, etc.</p>	<p>COOPERATION: acting, playing, creating together, integrating everybody, showing solidarity, negotiating, making group decisions, etc.</p>
<p>CREATIVE THINKING and IMAGINATION: being inventive, having ideas, going into an imaginary world, etc.</p>	<p>STRENGTH: moving, carrying heavy loads, etc.</p>	<p>ADAPTATION and FLEXIBILITY: being receptive, showing curiosity, not remaining stuck with an idea or an action, adapting to what is new, etc</p>
<p>ANALYSIS and STRATEGIC THINKING: reasoning in a logical way, questioning things, thinking before acting, finding solutions and strategic ways to act, etc.</p>	<p>RESISTANCE and ENDURANCE: keeping a steady intense effort during a relatively short time; keeping a steady effort of low or medium intensity for a long time, etc.</p>	<p>RESPECT: making sure my own and the other people's security, and physical and psychological wellbeing are protected; not being brutal or violent verbally or physically towards oneself and the others, etc.</p>
<p>SELF-KNOWLEDGE: knowing oneself, what is liked or not, ones' values, strong points, and resources, etc.</p>	<p>BODY AWARENESS: knowing one's body, its possibilities and weaknesses, knowing how to have a tense or relaxed body when needed, etc</p>	<p>COMMUNICATION: saying things</p>
	<p>FLEXIBILITY: having a flexible body, etc.</p>	<p>FAIR PLAY: respecting the rules, no cheating, being honest, etc</p>
	<p>RHYTHM: following a tempo that is given by an external rhythm with one's body, etc.</p>	<p>RESPONSIBILITY: being disciplined, committing oneself, being accountable, doing things alone, etc.</p>
	<p>BALANCE: keeping a stable position while staying still or moving, etc.</p>	<p>MANAGING PROBLEMS AND CONFLICTS: knowing how to talk rather than shout or hit others, look for solutions together, etc.</p>
	<p>PRECISION: being precise in one's gestures, developing fine motor skills, etc.</p>	<p>TRUST: daring to do things with others, counting on them, etc.</p>
	<p>REACTION: responding immediately to a stimuli/ situation, etc.</p>	<p>EMPATHY: listening and understanding, helping the other person, putting oneself in the shoes of others, etc</p>

Structured recreational activities are also to be considered as a learning process. Learning can only take place through experience followed by reflection. Therefore, for learning to take place, children need to make a concrete experience, followed by verbal reflection which takes place in a moment of discussion or correction.

In practice, the activity is broken up into four key stages:

- 1. First experimentation:** after giving instructions (clear and concise), the children discover and try out the activity or the game.
- 2. Discussion and corrections:** after enough time playing, the animator stops the game, brings the children together in a circle and asks them what they found difficult and how they can improve the quality of the game. Suggestions are given for precise corrections and improvements. The animator highlights important points corresponding to the objectives (such as honesty, better communication, etc.) and starts the game again.
- 3. Second experimentation:** the children try out the game a second time, more consciously this time because they have been made aware of certain important elements. This is when the learning takes place and the quality of the activity or game improves.
- 4. Feedback:** the children talk about this second experience and their learning falls into place. The animator pays attention to what happened during the game in terms of relationships and discusses what he saw through questions and answers.

These pauses for feedback can take place as often as is necessary or over the course of several days, until the set objective is achieved and the sought after behaviour is obtained. Repetition of the same activity or game is never boring for children; it is in fact a key part of the learning process. The objective must be precise and the activity or game must be adapted to the children's level (progress and variation of the game).

The following box describes an example of an activity used in Lebanon. Additional examples of activities for different age groups are illustrated in the annex.

BOX 8

Example of games psychosocial aims for children from 6 to 8 in Lebanon

My personal luggage

DURATION : 60 min

AGE GROUP: 6-8 years

N. OF PARTICIPANTS: 25 Maximum

PSS NEED: I SHARE

OBJECTIVES OF THE GAME/ACTIVITY

Socio-emotional: Respect, Cooperation, Communication

Mental: Self-Knowledge, concentration, Memory and learning

HOW THE GAME/ACTIVITY REACHES THE OBJECTIVES

Socio emotional: to develop the capacity to understand others with their differences, and that a group functions with a diversity of individuals.

Mental: to know one in order to draw the most intimate objects and persons and learn to draw within the limits of the instructions, while choosing elements from his or her own history.

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 15 min

Welcome Ball: all children standing in circle, the animator hold the ball says his or her name and three things that he liked doing in the previous activity that he or she remembers. Then the ball is thrown to another child who does the same and throws it to another. The game stops when all the children said their names and rehearsed what was done previously.

Main part – duration 30 min including instructions, first experimentation, discussion and corrections, second experimentation

Each child is on a chair and sharing the table with 4 other children. Small groups are constituted in order to share the materials of drawing (paintings, color pens, papers), and later on draw one common drawing. The objective is that each child draws on a paper on which there is a luggage drawing, the objects or persons that are important for him or her in order to grow. Then each child should select one drawing and one symbol that represents all the other drawings so that he or she can place it in the luggage of the group. Each group should produce one luggage for the children who shared the same table and put on their valuable object and symbol. The luggage is then placed in a corner for the class: the growth corner.

Feedback (guiding reflection to learn)- duration 15 min

Have the children sitting in circle and discuss the game using the following questions:

Which objects did you choose and why?

What is your favorite object?

How does it feel to share it with others? Are there common objects? What does this mean to share common objects?

NOTE: Don't forget to remind the kids about the importance of cleaning afterwards (respect and taking responsibility for the place)

EQUIPMENT AND PREPARATION: A4 paper for each child, A3 paper for each group. Water colors, brushes, cartoons.

2.3 Working with families and the community: experience in Lebanon

Recognizing that parents and families are their child's first and most important models, family support is a component of TdH Italy's holistic approach, reflected in the psychosocial programming. Within family support, a continuum of strategies exists. These range from meeting the universal needs of all families, to the targeted needs of families who may be at risk, such as war survivors, displaced parents, and very low income families. Information gaps exist that have implications for how adults interact with and raise young children. Providing specific knowledge, specifically targeting the caregivers of the children benefiting from the PSS activities, and tools which facilitate the interactions for healthy brain development is the first step in assisting parents in making choices that will support and optimize their child's development. Parent PSS, outreach and awareness strategies strive to increase all families' awareness of non-violent parenting and knowledge of services, supports and information on child development, child health and learning to support their child's overall development. In other words, the goal of this strategy is to change parent behaviour through a variety of complementary tactics so that their child is ready for school entry.

BOX 9

Example of awareness session with parents in Lebanon

"Child Protection through Parenting"

Duration 30 min

Contents

- Defining a child and Child Protection in general
- Definition of a parents and caregivers
- Parents are key actors in protecting children

Methodology: demonstration, games, and discussion

Preparation and material: paper with lines, pens, slide projector, laptop and ppt presentation

Description of the learning activities:

5' – who is a child?

Ask the participants who they think "a child" is? Write the ideas on a flip chart.

Give the definition of a child: The Convention on the Rights of the Child was the first legally binding international instrument to incorporate the complete range of human rights for children, including civil, cultural, economic, political and social rights. The Convention defines a child as anyone below the age of 18 years and spells out the basic human rights that children everywhere should have.

Explain that childhood – defined as the period from conception to seventeen years – is a fundamental stage in building the adult's personality. Each child is also defined by his or her uniqueness. Child personality is developed in the interaction between the child and the environment: family, kindergarten and community. Children are in need of constant care and adequate attention, especially now during the times of crisis in which their social interaction is limited. It is important for them to communicate with the children and let them play in a safe setting.

15' Who is a parent?

First, let the participants brainstorm who the parents could be. Divide the participants in accordance with the responses given (father group, mother group, sisters, brothers, grandparents, aunts and uncles, other family members). Ask for each group to write how one parent group can help the child in developing his personality. Let the groups take turns and add other comments.

25' How can the parents protect the child?

Do a protection game with the balloons. Divide the beneficiaries into 3 groups. Group 1 is the child protecting their own balloons. Group 2 are the parents defending the child group. Group 3 are the perpetrators.

Following the game, discuss with the parents how they can effectively protect their children.

3. Monitoring

3.1 Child protection monitoring

Structured recreational activities with children offer the opportunity for a timely identification of child protection cases and for case management (directly or through referral)

Child protection monitoring implies the identification of signs of abuse as follows:

Possible signs of physical abuse

- Unexplained recurrent injuries or burns.
- Improbable excuses or refusal to explain injuries.
- Wearing clothes to cover injuries, even in hot weather.
- Refusal to undress for gym.
- Bald patches.
- Chronic running away.
- Fear of medical help or examination.
- Self-destructive tendencies.
- Aggression towards others.
- Fear of physical contact – shrinking back if touched.
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to “make him study”).
- Fear of suspected abuser being contacted

Possible signs of emotional abuse

- Physical, mental and emotional development lags.
- Sudden speech disorders.
- Continual self-depreciation (“I’m stupid, ugly, worthless, etc”).
- Overreaction to mistakes.
- Extreme fear of any new situation.
- Inappropriate response to pain (“I deserve this”).
- Neurotic behaviour (rocking, hair twisting, self-mutilation).
- Extremes of passivity or aggression.

Possible signs of neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Untreated medical problems.
- No social relationships.
- Compulsive scavenging.
- Destructive tendencies.

Possible signs of sexual abuse:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child’s age.
- Medical problems such as chronic itching, pain in the genitals, sexually transmitted infections (STIs), pregnancy.
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia.
- Personality changes such as becoming insecure or clinging.
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Sudden loss of appetite or compulsive eating.
- Being isolated or withdrawn.
- Inability to concentrate.
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder.
- Starting to wet the bed again, day or night/nightmares.
- Become worried about clothing being removed.
- Suddenly drawing sexually explicit pictures.
- Trying to be “ultra-good” or perfect; overreacting to criticism.

Possible signs of exploitation:

- Has money, gifts or expensive items not given by the parents
- Over confidence, sense of importance / maturity
- Very tired, sleeping in school, absenteeism
- Physical impacts: bent back, weaker, damage to hands etc.

3.2 Monitoring the impact of structured recreational activities and psychosocial support on the children

Impact monitoring implies evaluating the progress made by the children as a result of the activities. It is therefore related to the objectives of the structured recreational activities, through the identification of the skills and behaviours that the activity seeks to develop.

An example of that is:

In a cycle of activities aiming to develop cooperation, the child should increasingly

1. know how to play in groups in order to reach a common goal
2. help others and show solidarity

The following Child Progress Follow up Form illustrates a possible individual monitoring format. Individual child monitoring is crucial for the identification of child protection concerns, children with specific psychosocial needs and developmental needs and for a timely response or referral.

Complementary to the Child Progress Follow up Form are the guidance for Focus Group Discussion with children and their caregivers that ensure that children's and families' qualitative feedback are taken into account and listened to.

ANNEXES

GAMES AND EXERCISED WITH PSYCHOSOCIAL AIM IMPLEMENTED IN LEBANON

My safe triangle

DURATION: 60 min

AGE GROUP: 5-8 years

N. OF PARTICIPANTS: 25 Maximum

PSS NEED: I CAN

OBJECTIVES OF THE GAME/ACTIVITY

Socio-emotional: Respect, Responsibility, Empathy, Trust

Physical: Body awareness

Mental: Self-Knowledge, Analysis and strategic thinking, Memory and learning

HOW THE GAME/ACTIVITY REACHES THE OBJECTIVES

Socio emotional: to develop the capacity to be responsible of protecting the body, respecting other bodies, build trust and empathy with trusted persons

Mental: to acquire the capacity to think about our own body and to know how it functions, to think according to the context and adapt accordingly, to memorise how one should react.

Physical: to have the capacity to be aware of the limits of the body.

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 10 min

Singing a children's song (any song that is popular and known by children). Animators can also ask the children, what song they like to sing. Propose to do movements and/or a dance.

Main part – duration 30 min including instructions, first experimentation, discussion and corrections, second experimentation

One child volunteers to lay down on the floor on a big paper that is prepared by the animator. The child lays still. Each child has to come over and carefully draw the body following the body lines without touching the child. Each Child can do a small part. Or several drawing can be done.

After that, the drawing is hung on the wall and the children sit in circle. The animator indicates that the drawing needs to be clothed. The children have to color the drawings of the clothes prepared by the animator. Each group of 4 or 5 children are sharing one piece of cloth and given instruction on where exactly to color. After that, the children have to hang the pieces of cloth on the drawing of the person. Afterwards, discuss each layer by layer, explaining carefully, with help of the animator, who can see us wearing only this piece of cloth (ie the underwear), etc.

Finally draw one triangle on the drawing of the body. The triangle covers the intimate parts. Stress the idea that only mum, dad, or the doctor can sometimes touch us there. If we feel that is weird, always tell the adult person that you trust the most about it.

Feedback (guiding reflection to learn)- duration 15 min

Have the children sitting in circle and discuss the game using the following questions:

What part of the activity did you like the most?

What is your favorite piece of cloth/color?

How does it feel to protect his or her own body? If others cannot see us with the underwear, can they touch us there? Why not?

If this ever happens to you, what would you do?

If this happens to someone you know very much, your brother, your sister, what would you do?

NOTE: Don't forget to remind the kids about the importance of having a personal hygiene.

Promote the idea to always ask about help from a person that is trusted. Never keep secrets that we feel are weird.

EQUIPMENT AND PREPARATION: A5 paper. Water colors, brushes, and coloring pens.

My class and its rules

DURATION : 75 min

AGE GROUP: 8-11 years

N. OF PARTICIPANTS: 25 Maximum

PSS NEED: I SHARE

OBJECTIVES OF THE GAME/ACTIVITY (skills to be developed in the session)

Socio-emotional: Respect, Cooperation, Communication, Responsibility and Trust.

Mental: Self-Knowledge, creative thinking and imagination, strategic thinking

HOW THE GAME/ACTIVITY REACH THE OBJECTIVES

Socio emotional: to develop the capacity to control behavior and to understand that the group functions above all individual concerns.

Mental: to have the capacity to think of, write and capitalize the rules and regulations of the class and the center. To understand that rules apply to everyone in the center, not only to children but also to employees, visitors and directors - "Rules are equal for everyone".

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 15 min

What if game: a set of 25 questions are prepared and written each one on a paper. The group is standing around the set of papers. Individually, each participant has to come in the circle take a paper, reads it or get help to read it and answers it after saying his or her name.

The questions can be focusing on the now of the child, but also they can help the child build a dream. Questions can be: "If I could watch my favorite movie, what should I watch?" "If I was a planet which one should I BE?" "If I get lots of money, what can I do?" This activity allows each child to participate and say within his group his or her individual dream.

Main part – duration 45 min including instructions, first experimentation, discussion and corrections, second experimentation

Each child is on a chair and sharing the table with 4 other children. Each table has to think of the rules that can be specific to: the class, the teacher, the center, between a child and another, between a child and an adult. Each group is given the choice to draw, write or do a small sketch. One animator and one assistant animator are moving around the children in order to give them advice and to help them in the activity. The objective is that each group exposes his work in front of the other with the help of the animator. The animator is stimulating the other children in order to think of what the group has written, drawn or playing. Each group with his specificity establishes indirectly the rules of the class, which can be written/drawn on a big paper and hanged in the class.

Feedback (guiding reflection to learn)- duration 15 min

Have the children sit in circle and discuss the game using the following questions:

What did we do? What were the differences between the different groups and what were the common things?

Do you think that rules are only proper for one person and not to others?

Does a teacher have no rules? Why are the rules very important? Where are rules applied?

NOTE: Rules are a basic activity that should be done at the beginning of a program.

EQUIPMENT AND PREPARATION: A4 papers for each child, A3 papers for each group. Water colors, brushes, cartoons.

Gender

DURATION : 60 min

AGE GROUP: 8-11 or 12-17 years

N. OF PARTICIPANTS: 25 Maximum

PSS NEED: I AM

OBJECTIVES OF THE GAME/ACTIVITY (skills to be developed in the session)

Socio-emotional: Respect, Cooperation, Communication

Mental: Self-Knowledge, creative thinking and imagination

Physical: Body awareness

HOW THE GAME/ACTIVITY REACH THE OBJECTIVES

Socio emotional: to develop cooperate and communicate in body language.

Mental: to have the capacity to think of behavior of an animal beyond gender. Gender of the participants does not determine the overall behavior of an animal.

Physical: built the capacity of the body to be flexible enough in order to imitate the behavior of the animal.

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 20 min

What if game: kids have to stand up in a circle and do the physical movements that the animator is doing. This is a physical activity that aims at moving all the body parts. The animator on a later stage can add an exercise linking movement of the body with a sound. The animator then imitates the movement and the sound of an animal, while the children are doing their best to reproduce the same. This is done until most of the children fully participate in the exercise.

Main part – duration 30 min including instructions, first experimentation, discussion and corrections, second experimentation

The children are given a random piece of paper: on the first side there is the animal and on the second there is the gender. The animator gives few minutes for the participants to prepare their role. The participants are then asked to find their counterpart from the other gender. They need to imitate the behaviour and or the sound of the animal. This is happening all at once in the class room. After having found the counterpart, the participants are asked to stand in circle and then each couple have to repeat the behaviour in the center of the circle. All participants are participating. This usually a very fun activity.

Feedback (guiding reflection to learn)- duration 15 min

Have the children sitting in circle and discuss the game using the following questions:

What did you like the most in this activity?

What did we do? What were the animals that we all imitated?

Do you think the gender of a person allows us to imitate better an animal or not?

What do you think gender is? How can we deal with it in our society?

NOTE:

Genders are roles that are determined by the society in order to behave in a way or on another. It is important to stress on the idea that although there gender differences, humanity links us all together.

EQUIPMENT AND PREPARATION: Pieces of paper

Individual activity

DURATION : 60 minutes

AGE GROUP: 8-11 or 12-17 years

N. of participants: 20

PSS NEED: I CARE

OBJECTIVES OF THE GAME/ACTIVITY (skills to be developed in the session)

- Socio-emotional: communication, adaptation and flexibility, respect
- Mental: creative thinking,
- Physical: coordination

HOW THE GAME/ACTIVITY REACH THE OBJECTIVES

The activity allows the adolescents and pre-adolescents to learn how to relax and feel the movements in accordance with music. This could be done at the end of each activity, repeatedly over the cycle.

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 15 min

The adolescents are asked to be in circle and to hold hands. The animator explains the aim of relaxation and why it is important to concentrate on our own body. He asks the participants to close their eyes and to stay in silence for a while. After few minutes, if any of the adolescent would like to say something he or she is free. The animator can start by giving an example. Rules are that each one has to speak with the eyes closed and others have to listen.

Main part – duration 60 min including instructions, first experimentation, discussion and corrections, second experimentation

The activity is an individual activity. Soft music is put in the room giving an ambiance of relaxation: instrumental music are favoured. The adolescents are asked to follow while standing up the rhythm of the music. They are free to move around if they feel it.

The adolescents are asked to fade on the floor like a candle and to let go all the stress that they feel in their body. They have to listen carefully to the music and try to move while still laying down on the rhythm of the music, while taking care of their breathing.

After a while, the animator asks them to lie on their back and to feel each body part. The animator can name the body parts in relaxing voice.

After that he asks them to relax for few more minutes.

Feedback (guiding reflection to learn)- duration 40 min

This is given after each performs on the stage or in front of the group. Questions that can be asked by the animator to the audience:

- What did you feel today during this activity?
- Did you manage to relax?
- Did you feel the others as well? Or you were more concentrated on yourself?
- Do you think you can do this exercise alone?

NOTE: this activity can be used as a preparation for another theatre that can be performed to public.

Creating a theatre script

DURATION : 60 minutes

N. of participants: 20

AGE GROUP: 8-11 or 12-17 years

PSS NEED: I SHARE

OBJECTIVES OF THE GAME/ACTIVITY (skills to be developed in the session)

- Socio-emotional: adaptation, flexibility, managing problems and finding solution, cooperation, empathy, cooperation.
- Mental: creative thinking and imagination, strategic thinking and self-awareness
- Physical: coordination and flexibility

HOW THE GAME/ACTIVITY REACHES THE OBJECTIVES

The activity allows the adolescents to come up with a short story about their daily life or a dream. They are then asked to put it in scene and to let the others watch it.

DESCRIPTION OF THE ACTIVITY

Warm up (setting the atmosphere) – duration 20 min

The adolescents are asked to be in circle and to keep their arms open in a way that it creates distance between the participants. Instructions: each individual is given the opportunity to be the animal that he or she likes. The animator starts by moving inside the circle for 1 minute, imitating any animal. Then he has to choose another person who also has to do the same. The movement, but also the sound should be as much as possible plausible to reality, and it should be validated by the group.

Main part – duration 60 min including instructions, first experimentation, discussion and corrections, second experimentation

4 groups of each 5 individuals are formed. The animator asks each group to be divided into at least a mother figure, a father figure and a young adolescent. The two other individuals can be any other personage or help in acting out. First, each group should come up with a story inspired from their daily life (it could be a problem in their daily life, a dream or anything that they wish to express).

The story should be something factual, precise and short, highlighting an interaction of the adolescent with his or her parents. Afterwards each group will come up and try to act the story that they invented. The others are watching carefully. After the end of the show, the audience is asked if they would act the same as the teenager or not, however they will have to act it out i.e.: take the place of the other adolescent and propose the change. This allows the adolescents to express and to propose changes under the supervision of a trained animator.

Feedback (guiding reflection to learn)- duration 40 min

This is given after each group exposes on the theatre. Questions that can be asked by the animator to the audience:

- what did you see in the scene? Can you describe the scene? What did you like?
- How was the adolescent in the scene interacting with the other? Was there a problem?
- How would you try to change the problem? What do you think can be done? How can you help this adolescent in making the best out of this scene?

NOTE: this activity can be used as a preparation for another theatre that can be exposed to public.

CHILD PROGRESS FOLLOW-UP FORM

Name of the animator Child Code Age Nationality	Evaluation: 1= Never 2= Rarely 3= Sometimes 4= Often 5=Always Cycle Date of enrolment in the activities				
	WEEK 3 WEEK 6 WEEK 9 WEEK 12				
MENTAL SKILLS					
Learning and memory	The child understands instructions for activities and rules of the game, applies them and puts into practice what was told.				
Concentration and observation	The child is able to concentrate on the task and pays attention to what is said.				
Analysis and strategic thinking	The child knows how to analyze, search for solutions, and set up strategies to reach objectives.				
Creative thinking and imagination	The child is creative, likes imagining stories and has imagination.				
Self-knowledge	The child knows what he or she likes or dislikes, and can talk about it.				
PSYCHOSOCIAL SKILLS					
Adaptation and flexibility	The child is open to new activities and adapts to changes.				
Expression of emotions	The child expresses her/his feelings, wishes and fears and talks about it.				
	The child is able to handle her/his own strong emotions, and knows how to calm down.				
Responsibility	The child does the assigned tasks.				
	The child perseveres when facing difficulties.				
	The child involves him/herself in the proposed activities.				
Respect and fair play	The child respects others and is not physically or verbally aggressive.				
	The child respects equipment and tools, and does not damage them.				
	The child respects the ground rules of the group, and does not cheat in the games.				
Communication	The child can express her/himself clearly				

	The child can speak out in front of a group.				
Empathy	The child is able to show empathy to other children				
Cooperation	The child knows how to interact in groups in order to reach a common goal.				
	The child helps others and shows solidarity				
Managing problems and conflicts	The child can express their disagreements in a non-violent way and can accept a compromise in a dispute.				
PHYSICAL SKILLS					
Body awareness and coordination	The child feels at ease with her/his body and knows his or her physical capabilities.				
Precision	The child feels at ease when doing activities requiring precision and fine motor skills.				

SECTION 2: DIFFICULTIES FOLLOW-UP

Did the child show particularly difficult behaviour during the implementation of the activities?

No; Yes, **If yes, what?**

- Anxiety behaviour (fear of speaking in public, panic attacks, worrying too much, bedwetting etc..)
- Depressive behaviour (sadness, recurrent crying, extreme shyness, ...)
- Relation difficulties (constant difficulties communicating and playing with peers, ...)
- Aggressive behaviour (oppositional behaviour, antisocial behaviour)
- Difficulties to concentrate
- Other (specify)

Is the difficult behaviour associated with a difficult situation faced by the child?

- Neglect
- Physical abuse
- Sexual abuse
- Psychological abuse
- Exploitation
- Family problems
- Physical/ medical condition
- Family violence
- Critical accident
- Other (specify)

Is the involvement of the family needed in order to improve and/or solve the situation?

No Yes

General comments:

SECTION 3: PSS SUPPORTING PLAN

Actions to be taken at activities level in the CFS

Actions to be taken at family level

Improvement: Week 6

- o Solved
- o Improved but in need of further support
- o In need of special assistance

Improvement: Week 9

- o Solved
- o Improved but in need of further support
- o In need of special assistance

Improvement: Week 12

- o Solved
- o Improved but in need of further support
- o In need of special assistance

Focus Group Discussion (FGD) outline for monitoring the impact of structured recreational activities and psychosocial support activities for children and adolescents in Lebanon

General guidance for conducting FGDs:

1. Team composition should be a balance between CP team who have the skills to speak with children and M&E team who have the skills to capture information. Teams should have previously been trained on how to facilitate a focus group discussion.
2. Teams should explain they have come to the PSS activity to evaluate the quality of the work conducted by the NGO.
3. They should explain they would like the open and honest feedback of the community so that the NGO can improve the quality of work they provide to the communities.
4. They should inform the participants that they will not be in trouble for any answers they give and their answers will remain confidential. Their answers will help the NGO improve the quality of programs for children (consent form needs to be done).
5. This should be done half way through the program cycle to allow for lessons learned to be channelled into programming and at the end of the cycle.
6. Begin the discussion with open-ended questions, and make sure to cover the topics mentioned below.

FOCUS GROUP DISCUSSION with the children participating in PSS activities

Teams should be composed of 1 child protection team member who has been trained and one M&E team member who has been trained on recording data.

The group size should be between 8-15 children divided by age group. The discussion should last no longer than 1 hour.

- Discussion focusing on skills gained/changes perceived in children's daily lives
- What did you find difficult? What did you like? What would you change? Probe for each question regarding specific modules/activities.
- Did you know who you could go to for help if you had a problem in the CFS?
- Did you have an opportunity to tell the animators/facilitators what activities you liked and what activities you did not like?
- Did you have an opportunity to participate in making decisions regarding the activities?
- How did you find the space/equipment?
- How is your relationship with the staff at the CFS?
- Have your relations changed between you and your peers/parents?
- Were there any reasons why some children could not participate in the activities?

Statements for Participatory Ranking Activity (alternative to above FGD):

1. You feel happier since you have started participating in the CFS
2. As a result of attending the CFS you have learned new skills or information
3. You feel safe at the CFS
4. You know where to go if you have a problem in the CFS
5. You feel involved in the decisions made in the CFS (for example, choosing which activities)
6. You feel happy to talk openly with the animators
7. At the CFS you have made new friends

FOCUS GROUP DISCUSSION with Parents/Caregivers of children participating in PSS activities

Teams should be composed of 1 child protection team member who has been trained and one M&E team member who has been trained on recording data.

The group size should be between 8-15 adults. The discussion should last no longer than 1 hour.

- What did you think about the activities your child participated in?
- Have you noticed any challenges/problems?
- Were the activities accessible for your child?
- Were the activities culturally appropriate/age appropriate/gender appropriate?
- Did activities at CFS meet your expectations?
- Was the purpose of the activities clearly explained to you at the beginning?
- Was the timing/schedule of the activities suitable for you and your child?
- Did the CFS staff communicate with you regularly regarding your child's progress?
- Was it communicated clearly to you when the activities would end and other alternative activities that your child could participate in once the activities finished?
- Have you noticed any changes in child's behaviour (specify timeframe)
- Have you noticed any changes in relationship between child and parents/siblings
- Any recommendations on content of activities?
- Do you know how/to whom you can report feedback on [NGO's] activities?

FOCUS GROUP DISCUSSION with Facilitators/Animators

This group should be facilitated by a senior CP staff member such as the Manager, Coordinator or Advisor as well as an M&E team member.

- What did you think about the activities?
- What were your main challenges/problems? Do you have any suggestions for how to overcome these?
- Were you consulted in the planning for the activities?
- Did you understand the objective or the goal of the activities?
- Did you feel that the activities were culturally appropriate/age appropriate/gender appropriate?
- Do you feel like you received adequate capacity building/training? What additional topics do you require training on?
- Did you receive adequate support from the Assistants/Officers?
- Were you provided with adequate equipment and resources to implement the activities?
- Do you feel that the activities supported the improvement of children's psychosocial wellbeing? Why yes or why not?
- Do you feel capable of encouraging children's participation in activities, especially for those who may be reluctant to participate?
- Do you feel you are able to identify a child in need of additional PSS support? Do you know where to report such a concern?
- Did children speak openly with you regarding any problems/issues?
- Did children get along well with each other in the group activities? Why or why not?
- Did children participate and give feedback in the planning of the activities?
- Were caregivers/communities consulted in the planning and implementation of these activities?
- Did the organization keep individual records of relevant data regarding children and their caregivers? Were these stored confidentially/safely?
- What child protection concerns did you notice?
- Did your organization talk to you about self-care and provide resources/training for you in order to cope with work-related stress?