

*Draft*

# Community based Psychosocial Support – A Response Strategy

## Background

UNICEF's commitment to providing psychosocial support (PSS) is explicitly addressed in the Core Corporate Commitments for Children in Emergencies, in both the child protection and the education sectors.

The experience of an emergency can significantly impact the psychosocial wellbeing and development of a child. Exposure to violence, accumulation of stress, loss of, or separation from family

According to the IASC Guidelines on Mental Health and Psychosocial Support which guides UNICEF programmes 'the composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder'.

Activities intended to provide PSS, whether directly or indirectly, should aim to:

- **Reconnect children** with family members, friends and neighbours,
- **Foster social connections and interactions**, including through using existing community networks of children, youth and women.
- **Normalize daily life**
- Promote a **sense of competence and restoration of control** over one's life
- Build on and encourage children's and community's innate **resilience to crisis**
- **Provide for identifying, referring and treating children with severe mental disorders.**

members and friends, deterioration in living conditions, inability to provide for one's self and family, increased militarization and divisions in societies, and lack of access to services can all have immediate, as well as long-term consequences for children, families and communities.

Over the past few years, Safe Spaces or Child Friendly Spaces have come to be an important vehicle to address issues of child protection, gender based violence and psychosocial support, during emergencies. There is considerable variation across agencies in the set-up, design, mode of operation and quality of child friendly spaces. While variation itself is welcomed, some agreement on basic principles and practice is essential. Also, while considered

to be a community based intervention, Safe Spaces/CFS can often end up being a place for play and recreation or a vehicle for service delivery in isolation. There is an acknowledgement that Safe Spaces should be grounded in a more community based psychosocial support strategy. This note is intended to help country offices think towards putting in place a more robust and comprehensive community based psychosocial support in responses to emergencies.

## Towards a community based child protection and psychosocial support programme framework.

For UNICEF, psychosocial support is intrinsically linked to child protection programming, especially in emergencies. Protection of children from violence is a foundation of psychosocial wellbeing; and thus

psychosocial wellbeing is an essential element of any protection response. A number of interventions can be labeled as psychosocial response depending the context and provided they are part of a more strategic psychosocial programming approach e.g. child friendly spaces or family tracing and reunification. Our experience also shows that in many complex emergencies, MHPSS can also serve as an entry point for access to other services, including health, nutrition, WASH and educational or vocational training, as well as referral for other child protection care and services.

UNICEF also promotes a community based approach to psychosocial support. While centre-based activities, such as Safe Spaces/CFS are important, interventions should have community participation and mobilization essential components. Community mobilization and participation is important not only as a matter of principle, but also to ensure sustainability and scalability.

### Community-based approach

A community based psychosocial support implies that our interventions seek to build on individual and community resources and capacities and their resilience.

In India, in response to the Tsunami, the psychosocial support programme, including CFS, were run and managed by a government mandated Youth network, Nehru Yuva Kendra Sangathan (NYKS), with a strong volunteer base at community level. NGOs were mobilized to address specific issues such as sexual abuse.  
[http://www.unicef.org/infobycountry/index\\_27486.html](http://www.unicef.org/infobycountry/index_27486.html)

In concrete terms, it can mean the following:

- Mapping and building on local resources – resources in terms of local community networks and community practices, processes and mechanisms (For ex: networks of youth, children, women and men, religious associations, government mandated local government mechanisms). Organizing

community level meetings and consultations as an add-on to a package of services do not constitute community based interventions. On the other hand, using organic community networks or networks mandated by the states as partners for programme delivery ensure that UNICEF support contributes to sustainable outcomes. Tapping into community networks, processes and practices in a systematic manner not only makes interventions cost-effective, but they also enable scalable programming and sustainability. For example, a local community process such as ‘Shobeyah’ (breakfast meeting) in Lebanon has been identified as an ideal platform for messaging on GBV in Lebanon. Community mapping and analysis should take into account local power structures and ensure that our work do not contribute to conflicts at community level.

- Focus on mobilizing and training community level volunteers and promoting peer support. Apart from often paid volunteers mobilized as facilitators for CFS or other center based activities, attempts should be made to create a cadre of trained volunteers at the community level linked to existing community networks and a referral system. Youth networks often can be a powerful platform for mobilizing youth volunteers in many contexts.

The way Safe Spaces/CFS is run in emergencies can signal whether its community based or a service created in isolation. Have we explored the possibility of running Safe Spaces by community networks/associations? Do the Safe spaces have a strong component of community engagement?

- Meaningful participation at all stages of engagement, drawing from local knowledge, values and practices. It's important to remember that participation begins much before an intervention is in place. Consulting local actors and community members gives you a clear picture of what the networks are that has general acceptability and processes and practices that have maximum reach.

- Coming up with messages that are locally relevant and meaningful on psychosocial well-being and child protection. Messages to be developed should resonate with local community realities and make effective

links to community networks and processes. An overdose of messages often loses its impact; messages should be centered on some of the most critical messages facing children. On psychosocial support, the messages should center on the distress that children experience and the resources at the community level that children or care-givers can turn to.

## Key Strategies

Key strategies for a community-based child protection and psychosocial programming could include the following:

### 1) Centre based Psychosocial Support Activities

Restoring normalcy in the lives of children includes providing boys and girls with culturally and age appropriate activities, such as sports, play and perceptual, memory and creative games that are

structured, safe and stimulating. Such activities develop children's life skills and coping mechanisms, as well as promoting children's participation in daily family and community life through cultural or media activities or community service. Structured group activities in a calm and safe environment enable boys and girls to help and support one another. In some emergencies, these projects are increasingly being linked to community-based child protection activities such as child friendly spaces/centres through which children learn self-protective strategies and advocate for better protection. It can also mean using existing entry points such as community centres, social development centres and other community based platforms for conducting psychosocial activities for children. Activities may include cultural and artistic performances or networks, creating opportunities for youth to engage with younger boys and girls, and encouraging peer to peer support.

Safe spaces, child friendly spaces and sports activities, which focus on play and recreation in isolation, do not constitute psychosocial support unless they include a strong focus on and psychosocial wellbeing of children and are accompanied by a strong community mobilization process and a referral system.

The PLACES "Protective Learning and Community Emergency Services" model was introduced during UNICEF Pakistan's emergency response to the floods in Sindh in September 2011. PLACES seek to promote a protective and stimulating environment for girls and boys, adolescents, and women through community-organized, structured, age- and gender-appropriate services all in one location. While the concept is not altogether new, and builds on the basic principles already followed in Child Friendly Spaces and Women Safe Spaces, the co-location in all cases of a private space for women and adolescent girls requires that careful attention is given to planning services for adolescent girls and women. PLACES must also integrate key activities to promote prevention and response to Gender Based Violence (recognising that identification and response mechanisms for boy survivors will also be required) with a particular approach to child survivor needs, through identification and referral of cases, provision of psychosocial support to survivors, awareness raising and community mobilisation, and support of coordination mechanisms for GBV.

Guidance Note on PLACES. UNICEF Pakistan

### 2) Mobilization of family and community support networks

Mobilization of community support networks is an essential element of a sustainable psychosocial response. In some contexts mobilization may take the form of child protection committees; however efforts should be made to also revitalize or use existing networks of religious leaders, youth, children and women. It is not sufficient to only mobilize such groups, they should also be equipped with the right skills through training on psychosocial support/Psychological First Aid (PFA) and how to care, manage and support a distressed child. Mobilizing child and youth groups and networks can be a key strategy for promoting peer-support. Collective community activities such as cleaning up schools and after-school groups, parent-teacher committees and parent-child groups can promote a sense of togetherness. Community-based activities can also take the form of culturally appropriate psychosocial support for families, including

in relation to burial ceremonies and mourning. Involvement of community volunteers in psychological first aid should be encouraged. Strengthening the role of parents/caregivers in time of distress is critical. UNICEF has experience on this in various settings, particularly in terms of promoting protective factors - attachment, parenting skills, social connections and concrete support.

### 3) Creation of a strong referral system

Some children and families experience problems that cannot be managed only by their existing social support networks. This can include moderate to severe behavioral disorders in children, family disputes and/or violence, or drug or alcohol abuse. UNICEF supports social workers and counselors to provide case management, counseling and support groups for children and families facing these problems. For specialized mental health issues, linkages should be made with existing health services or programmes put in place by WHO or agencies like IMC and others, who have a good track record of providing specialized mental health services. It also needs to be noted that a referral system does not necessarily require formal systems such as government appointed specialists. Informal community-based mechanisms can constitute a referral system, provided community members are trained and equipped.

### 4) Integration of psychosocial support in education

Community based psychosocial support should complement psychosocial support through schools. In

Experience from the past and from some of on-going emergencies show that Safe Spaces are community based vehicle for integrated programming. In the absence of other delivery systems, a wide range of services can come together at the community level through Safe Spaces.

schools, PSS may take the form of teacher training and in many cases training school counselors. Efforts are needed to link referral systems, whether formal or informal, to schools. Support networks of trained teachers and school counselors should be facilitated. Formation of school clubs to encourage peer support may also

be explored.

### 5) Psychosocial support across other sectors, especially WASH and Nutrition

Psychosocial considerations should be integrated in all the sectors of emergency response. This can be facilitated using the checklists available in IASC Guidelines. The IASC Guidelines, for example, recommend orienting general health staff and mental health staff in psychological components of emergency health care. The health sector will also play an important role in establishing referral systems for specialized mental health services. In the provision of shelter, food, water and sanitation services, the importance of social considerations – safe, dignified and culturally appropriate assistance – is paramount.

In addition to the above strategies, UNICEF also plays a key role in providing leadership in coordination on MHPSS in the field.

## Key Considerations

- PSS interventions should ideally be informed by well-defined impact indicators, following either the three domains recommended by the Inter-agency tools mentioned below or any other locally available tools. A strong M&E framework is needed, with well-being indicators adapted from existing guidelines and tools adapted for the region.
- Emphasis should be placed on creating a multi-layered, formal care system and multi-sectoral interagency MHPSS response plan in emergencies; hence the importance of coordination. Avoid stand-alone projects of limited scale.
- Activities such as counselling may be supported, provided the limitations of counselling outside a specialized care setting are clear and that the counsellors are properly trained and there is long-term commitment.
- Information campaigns, awareness campaigns and assistance in effective coping mechanisms aimed at strengthening community participation should be encouraged.

- The IASC Guidelines on MHPSS and other key standards should inform the approach to all psychosocial response, providing a set of well-tested tools, e.g. the matrix of interventions and the Do's and Don'ts.
- Key strategic areas covered above need to be further elaborated with locally relevant activities, for example mobilizing local artists/theatre groups and systematic engagement with religious leaders and groups.

The IASC Guide to the Evaluation of Psychosocial Programming identifies 3 main domains for measuring well-being:

- 1) **Skills and knowledge** - life skills, using culturally appropriate coping mechanisms, vocational skills, conflict management etc.
- 2) **Emotional well-being** - feeling safe, trust in others, self-worth, hopeful for the future etc.
- 3) **Social well-being** - attachment with caregivers, relationships with peers, sense of belonging to a community, access to assume socially appropriate roles, etc. resuming cultural activities and traditions

For an intervention to be called psychosocial support, it should explicitly address these or similarly articulated definitions of well-being, which are adapted to the local context.

for example mobilizing local artists/theatre groups and systematic engagement with religious leaders and groups.

- Acknowledging and working on the inter-sectoral nature of psychosocial response is crucial, particularly collaboration with the education sector. Working with other sectors such as WASH, health and early childhood development (ECD) is also important.

## Monitoring and Evaluation

One of the major challenges in relation to psychosocial support is how to measure the impact these programmes have on children's psychological and social wellbeing. Currently, attempts are being made with regards to developing tools for measuring the impact of psychosocial interventions through Child Protection Working Group (CPWG) and the

Mental Health and Psychosocial Support (MHPSS) Reference Group.

We recommend the use of Inter-agency Guide to the Evaluation of Psychosocial Programming in Emergencies as a basic guide; the three of domains of measure is a good starting point for measuring impact that goes beyond coverage. The guide can be found at <http://mhpss.net/wp-content/uploads/group-documents/67/1323249691-InteragencyPSSEvaluationGuidefinal.pdf> ). Other useful references are also available in the document on Minimum Standards for Child Protection in Humanitarian Action in its sections on psychosocial support and Child Friendly Spaces. (<http://cpwg.net/wp-content/uploads/2012/10/Minimum-standards-for-child-protection-in-humanitarian-action.pdf>). You may also refer to the Child Protection Rapid Assessment Toolkit. (<http://childprotection.wikischolars.columbia.edu/file/view/Annexes+to+UNICEF+Child+Protection+Toolkit.pdf>)

The indicators at the output level below mainly capture outreach and coverage. For impact as such at the outcome level, indicators may be developed using the tools available as referred to above.

## Draft Sample Indicators for coverage at the output level (developed as part of this guidance note and not through any inter-agency processes)

	Draft Sample Indicators
Child Protection	<ul style="list-style-type: none"> <li>• # of children with access to community spaces for socializing, play &amp; learning</li> <li>• # of children attending Safe Spaces/Child Friendly Spaces</li> <li>• % of surveyed camps with a safe zone/ safe haven.</li> <li>• Numbers of male &amp; female separated and unaccompanied children.</li> <li>• % of surveyed sites providing recreational/ cultural/ social programmes for male &amp; female: children, youth &amp; adults.</li> <li>• % of surveyed sites with functional child protection committees</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of safe case closures for separated and unaccompanied minors.</li> <li>• Number of community volunteers/members trained on PSS/CP/PFA</li> <li>• Number of community based groups and networks mobilized</li> </ul>
Education	<ul style="list-style-type: none"> <li>• % of schools/learning spaces with life skill-based education on crisis-related issues</li> <li>• % of schools with school clubs and the number of children participating in them.</li> <li>• #/% of teachers and school counselors trained on PSS</li> <li>• % of schools/learning spaces offering psychosocial support for male &amp; female (a) children and youth; (b) teachers;</li> <li>• % of schools open and functioning.</li> <li>• % of schools being used as temporary shelters.</li> <li>• % of schools/ learning spaces with mine risk education/ awareness on crisis-related issues.</li> </ul>
Health and Nutrition	<ul style="list-style-type: none"> <li>• % of sites with carers/ volunteers for all individuals with special assistance needs (e.g. parents with mental illness, disabled persons, older persons, child-headed households.)</li> <li>• % of nutritional and supplementary feeding programmes/ sites co-operating with child friendly spaces.</li> <li>• % of nutritional and supplementary feeding programmes/ sites that integrate early child care development initiatives.</li> <li>• # of health service providers trained/oriented on mental health and psychosocial support.</li> </ul>
Early Childhood Development	<ul style="list-style-type: none"> <li>• Number of volunteers/ caregivers trained on ECD, with a focus on psychosocial stimulation</li> <li>• Access to ECD kit</li> <li>• Number of parents/care-givers who have attended sessions on parenting.</li> </ul>
WASH	<ul style="list-style-type: none"> <li>• # of WASH service providers trained/oriented on psychosocial support</li> <li>• # of cases of children and women with special needs referred for specialized services.</li> </ul>