UNICEF Programming for Psychosocial Support

Frequently Asked Questions

1. What do we mean by 'psychosocial support (PSS)?

Psychosocial well-being is important for all children. Accordingly, psychosocial *care* should be an integral part of all programming efforts. For children who have experienced some level of crisis, however, more directed efforts may be needed.

Psychosocial *support* refers to **those programme components which assist children, families and communities to cope with crisis, and to reinforce or regain healthy psycho-social development and resilience in the face of challenging circumstances**. Material and social needs, along with safety and security, are key factors in ensuring psychosocial wellbeing and should be recognised as part of effective PSS. Activities to address the needs of children – education, protection measures, health care - should be provided in a way which enhances rather than further disrupts psycho-social well-being; keeping in mind the PSS programming principles listed below. In some contexts, PSS may also include specific activities aimed at rebuilding psychosocial well-being, which should also be based on these principles.

In the longer-term aftermath of a crisis, in addition to continued PSS, a small minority of children may require professional psychological interventions. This level of care is beyond psychosocial support.

2. What are the basic principles of psychosocial support for UNICEF?

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 in situations where children are separated from their family or community of origin
- **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**
- **Respect the dignity** of children, their caregivers and communities

In order to achieve these aims, PSS activities should:

- Take account of the child's environment, and build on existing positive practices of the culture of the child's community.
- Be linked to protection activities aimed at ending the situation of violence, exploitation and abuse which have led to the need for PSS in the first place
- Recognise that the psychosocial well-being of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed as part of any PSS programming
- Target affected children through their community, rather than on an individual basis, by strengthening supportive community networks where these exist

- Promote the participation of children, caregivers and community members in the full range of activities aimed at restoring normalcy

Interventions that intend to build on children's natural resilience should be gender and age appropriate. It is important to obtain social, cultural and situational information about affected children so that we are aware of the level of resilience they had before the crisis. For example, children who lacked family support from a very young age are likely to have lower resilience compared with those with a stable, caring upbringing in early childhood.

3. In what types of situations does UNICEF address psychosocial support?

Psycho-social support is an appropriate component of UNICEF work when addressing crises that are either long or short term, whether experienced by individual children and families or the community as a whole. While approaches will vary in different contexts, UNICEF programming is likely to include elements of PSS when addressing or responding to:

- ***Complex emergencies***, including reintegration of children associated with fighting forces and other separated children
- ***Natural disasters***, where displacement, loss of life or separation may have resulted
- ***HIV and AIDS***, both in the context of the support needed as part of the testing process, as well as for children, families and communities coping with grief, loss, increased poverty and stigma.
- ***The impact of abuse, violence and separation on children***, outside the contexts described above. This may include children who have been trafficked, sexually assaulted or raped, tortured or physically abused, or subjected to long-term institutionalisation.
- ***Children experiencing long-term illness or recovering from severe injuries***

UNICEF's commitment to PSS is referred to explicitly in our Core Corporate Commitments for Children in Emergencies, as well as in the 2006-2009 Medium Term Strategic Plan.

4. Are there certain psychosocial interventions in which UNICEF should not normally seek to invest?

UNICEF in principle should not support clinical mental health interventions. While we recognise that such interventions may be appropriate for a small percentage of children and caregivers affected by crisis, other partners, including WHO, have greater technical expertise in this area and are better placed to provide support. Where there is recognition that such activities are needed as part of a broader PSS response, UNICEF offices should advocate with other partners to take on this role.

5. Are there any types of interventions we should discourage?

UNICEF has a responsibility to discourage any practices or interventions which rob the dignity or are known to be potentially harmful to children, their families and communities. These include:

- 'Debriefing' programmes, which aim to get children to recount their experiences, without any appropriate support mechanism in place
- Use of the post-traumatic stress disorder (PTSD) framework as a universal assessment tool, particularly in the immediate aftermath of a crisis.
- Activities which cast children as victims
- Activities aimed exclusively at individual children in isolation from their community or environment
- Direct work with children by foreign professionals with no prior experience in the affected community
- Activities under the guise of PSS whose primary aim is research or information gathering

6. Should UNICEF support one-to-one counselling? In what situations might this be appropriate?

Counselling can refer to a specific mental health intervention provided by professionals trained in medicine or psychology. It may also refer to non-medical interventions, such as those provided by a social worker, peer educator, or other professional or paraprofessional trained to provide social support to individuals. Non-medical counselling approaches may be appropriate for example when provided as an integrated part of special interventions for individual children who have been the direct victims of sexual abuse, exploitation, or trafficking, or those suffering from long-term illnesses or injury. Non-medical counselling is also an integral part of HIV/AIDS testing. Such counselling can help a child to understand underlying stressors and ways to cope with difficulties as well as empowering them to make choices to rebuild and strengthen their resilience. All counselling should be proactive in linking with efforts to address external obstacles to children's psychosocial well-being, and should be age and gender sensitive.

7. When should children be referred for professional mental health support?

Community members or local professionals such as teachers should be trained to recognise when referral for mental health support is required. In general, according to WHO, this is will be when the person has a mental disorder that causes severe ongoing distress or problems in daily functioning, or when a person - due to this distress - is at risk of harming her or himself or another.

8. Should we avoid using the term "traumatised" when referring to children?

Noting that the word "trauma" tends to have mental health associations, UNICEF prefers to avoid using this terminology to refer to children who have experienced crisis. In so doing, we can focus on the need for more holistic support for children while still ensuring that those children who do require further referral (clinical interventions) can receive them.

9. How do we assess the type or response needed a) for quick, short term action? b) for medium-long term interventions?

- For short term action following or during a crisis, assessment may not be needed, as there are a known set of actions which should be taken. These include: 1. Steps to reduce or eliminate instances of violence, exploitation and abuse. 2. Creation of safe spaces (both for children and adolescents); 3. Guaranteeing functioning of schools; 4. Involvement of older children/adolescents in project activities design, implementation and evaluation as a PSS and protective strategy.
- Assessment for medium- to long- term interventions, also appropriate for response to gradual onset crises such as HIV/AIDS, should include attention to the following issues:
    a. What coping mechanisms already exist or are in use by the community, and how might these be built upon?
    b. What positive support networks exist at community level and how might they be incorporated into actions aimed at enhancing psychosocial well-being?
    c. What are the types of effects that appear to be most common: depression/loss of hope; dependency, violence? How might these issues be addressed through existing activities, structures and networks?

10. How can caregivers and professionals who have themselves experienced the same crises or exposures provide psychosocial support to children?

Caregivers can play a crucial role in ensuring the psychosocial well-being of children. It is important, however, that those who are going to support children should first be supported themselves. A useful analogy is the announcement made on airplanes, advising adults that in the event of a drop in pressure, they should first put on their own oxygen masks, and then help children. Actions to support psychosocial well-being should ensure the availability of basic social as well as material support to children's primary caregivers, which will give them the possibility of being more responsive to the psychosocial needs of their children.

11. What materials and tools are recommended to support and monitor PSS interventions? Where can these be obtained?

- Inter-Agency Guidelines on Separated and Unaccompanied Children (UNICEF and ICRC websites)
- Psycho-social Care & Protection of Children in Emergencies – SCF-US
- Journey of Life - REPSSI website
- PSS bibliography prepared by Malia Robinson for Entebbe PSS consultation
- Lessons learned on PSS in Emergencies by Nancy Baron from CPS Section
- Handbook on assessment and psychosocial support during emergencies (draft)- UNICEF EAPRO- Focal Point Reiko Nishijima

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