

ARC resource pack

Study material

Foundation module 1

Understanding childhoods



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Training material for this module

Exercises and handouts are also listed at the end of each section.

When referred to in the text, exercises and handouts are always from the list of training material at the end of the section where the reference appears, unless the reference specifically points to other sections.

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This module is one of the following series of **ARC resource pack** modules.

Foundation modules

- 1 Understanding childhoods
- 2 Child rights-based approaches
- 3 Programme design
- 4 Participation and inclusion
- 5 Advocacy
- 6 Community mobilisation
- 7 Psychosocial support

Critical issue modules

- 1 Abuse and exploitation
- 2 Education
- 3 Children with disabilities
- 4 Sexual and reproductive health
- 5 Landmine awareness
- 6 Separated children
- 7 Children associated with armed forces or armed groups

All modules include:

- **study material** giving detailed information on the module's subject and a list of further reading
- **slides** giving key learning points and extracts from the study material, offering a useful resource when introducing training events and exercises
- **training material** for participatory workshops that comprises **exercises** giving practical guidance for facilitators and **handouts** for participants.

The following documents are also included in the ARC resource pack CD-ROM to ensure you can make the most of these modules.

- User guide
An introduction to the ARC resource pack and the relationships between modules.
- Training manual
Advice and ideas for training with ARC resource pack materials.
- Facilitator's toolkit
General guidance on how to be an effective facilitator, with step-by-step introductions to a wide range of training methods.
- Definitions of terms
- Acronyms

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Introduction

This module aims to equip those responding in emergencies with an introduction to the theory and practice of working with children and of children's rights. It illustrates how the experience of childhood is not the same for all children and highlights the diversity of beliefs about raising children. It demonstrates that children themselves are active agents in their growth and development. Yet, their capacities are often underestimated by adults, leaving them powerless and without a voice in those decisions that affect them.

The module places emphasis on the need for humanitarian workers to understand the local reality of childhood, and the role of the family and community if interventions are to be successful. It also stresses that a child rights-based approach to working with children provides humanitarian workers with four guiding principles that can inform the development of effective emergency responses:

- **best interests**
- **survival and development**
- **participation**
- **non-discrimination**

A rights-based programming approach places an obligation on all agencies to consider the long-term as well as short-term impacts of any intervention, and provides an opportunity to **build back better** to promote and strengthen the rights of all children.

Section 1 Defining children and childhood Looks at the different ways that childhood is understood in different social and cultural contexts, emphasising that despite differences in beliefs, children's rights are universal.

Section 2 Child development Provides information on what is meant by children's development and what children need in order to develop.

Section 3 The impact of emergencies on children and families Discusses how emergencies impact on children and their development.

Section 4 Programming for resilience Explains the concept of resilience and gives guidance on strategies for enhancing children's resilience in emergency responses.

Definitions of terms

- **Development** refers to the process by which children grow, develop, and learn throughout their lives from birth and infancy to adulthood and it can be measured through social, physical, and cognitive developmental milestones.
- **Resilience** has been defined (Gordon 2005) as the ability to thrive, mature, and increase competence in the face of adverse circumstances.
- **Child-friendly spaces** are places that can help reduce a range of distressing effects of a crisis on children and can provide a child-focused and child-friendly environment in which children continue their cognitive development and can give them opportunities to learn on a variety of levels.



Section 1

Defining children and childhood

Key learning points

- There is no universal definition of childhood; rather childhood is understood as a social and cultural concept.
- The UN Convention on the rights of the child (CRC) and other international instruments provide a normative framework which sets out basic standards and legally binding rights applicable to all children.
- Children and adolescents are not mini adults. They can be especially vulnerable because of their immaturity and dependence, but it is important also to recognise their potential and resilience. A child-centred situation analysis may be important in identifying and assessing the particular needs of children in particular situations.
- In many situations, it may be more useful to think of children in terms of their evolving capacities rather than by age.
- It is essential to understand one's own personal experiences and beliefs about childhood, as these will influence what is considered **normal** and desirable.

Who is a child?

Although it is common to define children by reference to age and the level of children's biological and psychological development, definitions of children and of childhood are much more complex than this.

CRC Article 1 establishes a child as **every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier**.

While this definition provides a point of common reference for international organisations, NGOs and governments, the operational definitions experienced in the field may still differ. For example, the International Committee of the Red Cross has considered an unaccompanied minor to be a child below 15 years of age and not being accompanied by an adult.

In many situations of conflict and displacement, the accuracy of children's ages may be in question. Lack of official birth records can combine with the fact that, in many societies, exact dates of birth are of little importance. In others, children are considered to be aged one at birth. In the context of very high infant mortality, newborns may not be formally named or even recognised until they have passed a full year, when it becomes more certain that they will survive. In many cultures there is a distinction between different stages of childhood, especially between stages of the **innocence** or **ignorance** of childhood and a later stage of **reason** and **responsibility**. Many legal codes define the age at which children are legally deemed to be responsible for their actions.

Childhood as a social and cultural concept

Childhood is neither timeless nor universal; it is not determined only by age, nor by biological and psychological factors. Rather childhood is understood by reference to particular cultural and social contexts and to particular periods in history.



Childhood in Mexico is not the same as childhood in Madras or Madrid; childhood at the beginning of the third millennium in London is not the same as it was 200 years ago. In the more developed countries of the north, for example, childhood is now seen as an extended period of economic dependency and protected innocence during which play and schooling are seen as central components: but this is far removed from childhood in many other cultures, where work (whether paid, or work within the household) must take precedence over both schooling and play. In many countries of the south, the child rearing environment is characterised by large families and high infant mortality. A heavy emphasis on parents' efforts to ensure the physical survival of their children means that parents must devote much of their time to economic and domestic activity, with many parenting tasks delegated to other people, often older children. Western notions of childhood often place an emphasis on children's vulnerability and innocence, but again in other contexts this may be much less appropriate.

Similarly, factors such as social roles, gender, marital status and the capacity to contribute economically may be more important than chronological age in shaping expectations of children. Rituals of religion or custom may also confer social status, clearly marking points of transition in rights and obligations in the eyes of the wider community. These may be indirectly linked to age, notably the onset of puberty. In many cultures, adolescents, both boys and girls, go through rites of passage that, once successfully completed, confer adult rights and responsibilities. The ability to maintain such customs is often difficult in the context of displacement, where lack of income and access to important resources may delay or dilute these practices. An assessment of the way universal principles, national laws, local regulations and customs shape expectations of children at various ages should be the starting point for intervention. In the context of displacement and other circumstances of severe adversity, children may find themselves assuming roles that have not been traditionally prescribed, including in some instances becoming the head of a household.

The family (normally an extensive web of relationships) is key to the child's development of identity. The **family's imprint**¹ impacts on the child. Similarly wider social, cultural, political and religious structures will imprint on the family and thus the child. An understanding of children and childhood in any given setting therefore cannot be divorced from the families, communities and State structures within which children live. It is important to be aware that children will respond to expectations about what is appropriate or valued behaviour. Clearly, individual traits and capacities will mediate how children respond to family and community expectation, but there is no denying the impact of community values and State provision on the developing child.

In some contexts, being a boy, or a girl, may be more significant than the fact of being a child. Different societies have contrasting ideas about both children's vulnerabilities and their capacities, about how they best learn, about what is good for them and what is bad for them. Within a given context, childhood is often highly differentiated not only according to gender, but also according to social class or caste. Approaches to discipline and punishment will also vary greatly between cultures: severe corporal punishment may be the norm in some societies but be regarded as abusive in others. Despite differences in how cultures conceive of childhood, it is important to note that all children are the subject of rights that are universal and whose application is a legal obligation, not a moral imperative.



The legal framework for defining childhood

It has sometimes been suggested that the CRC and other international instruments reflect a **globalised** concept of the child and of childhood, which do not always sit comfortably with the reality of many countries of the south. The CRC, for example, tends to emphasise schooling and play rather than acknowledging developing work experiences as a legitimate aspect of growing up. On the other hand, almost all countries of the world have ratified the CRC, thereby agreeing to the standards it sets out. Furthermore, the African charter on the rights and welfare of the child, which came into force in 1999, also states in Article 2 'a child means every human being below the age of 18 years'. In many countries this definition provides a benchmark against existing, often contradictory legislation about what children can and cannot do at different ages. In the UK for instance, people of the age of 16 can be recruited into the armed forces but are not eligible to vote. In Tanzania, a girl of 15 can be married with parental consent. Hence, although the understanding of children and childhoods will vary depending on social and cultural contexts, relevant legal instruments, which have been widely accepted, clearly state that anyone below the age of 18 is entitled to the rights afforded to children.

Different and sometimes contradictory legislative definitions of age and entitlements, coupled with the reality experienced by many children reflect wider debates about when childhood ends, and consequently what protection children should be afforded as they grow. In many communities, young children take on caring and economic roles (and responsibilities) that in other parts of the world would be deemed to require high levels of competence and skill. At the same time, children elsewhere of the same age are denied opportunities to exercise responsibility as they are perceived to lack capacity and competence. Such wide variations in the experiences of children, in addition to contradictions in expectations about childhood responsibility, highlight the complexity of defining who and what is a child.

The framework of rights set out in the CRC provides a set of standards that accommodates disparate beliefs and assumptions about children, and clearly defines a child as set out above. Additionally, the following points are evident.

- Children's rights are universal; they apply to all children.
- Children's rights are inalienable; the rights exist and can't be sacrificed by children or their parents.
- Children's rights are indivisible; all rights have equal status, and should be regarded as an interrelated whole.

Different societies hold diverse and sometimes contrasting ideas about children's vulnerabilities, their capacities, how best they learn, and about what is good or bad for them. Clearly, for families who seek refuge in countries where norms are very different from those to which they are used, there is considerable potential for confusion or even conflict. The increased understanding of children's rights that has taken place through the CRC now provides a clear framework, and a set of standards and principles to guide decisions about actions that are in children's best interests.

Although the realisation of rights will vary from country to country, depending on political will and resources, rights themselves exist as a set of standards applicable to every child. Care must be taken to avoid introducing expectations and norms of childhood derived from one situation into another, different cultural context. The ARC



resource pack contains many examples of situations where it is essential to have a comprehensive grasp of the culture in order to understand and make sense of what children experience whether in respect to separation from the family or other carers, exploitation, disability and so on. Without an informed cultural lens, and the capacity to communicate with children, negotiations around different childrearing practices and norms are likely to produce conflicts that do not serve the best, long-term interests of the child.

Avoiding assumptions about vulnerability in children

Children may be especially vulnerable because of their immaturity and reliance on adults for their care and protection. But it is also important to remember that resilience as well as vulnerability is a characteristic of a growing human being. Many different factors, relating to the individual child, the family, the immediate social situation and the wider cultural context may combine to place children in a position of risk of threats to their wellbeing, development and rights. The capacity to anticipate, acknowledge and assess such factors is fundamental to the effective protection of children.

In many emergency contexts, programme responses emphasise children of primary school age, who are frequently the most visible group of children. However, the relative invisibility of other groups of children (preschool children and adolescents for example) sometimes leads to their relative neglect in programming. Limited visibility of children with disabilities could mean that there are relatively few within the particular population, or alternatively that they are shut away out of sight and possibly away from human contact and stimulation. Many of the typically identified sub-groups of vulnerable children may interact and overlap, for example, separated children, street children, children who have been recruited by armed groups or forces, child-headed households and so on. While it may be vital to identify particular groups of children whose development and wellbeing is threatened, the targeting of special assistance to these groups of children may have negative, unintended consequence if the long-term goals of social and economic integration are not fully appreciated. A child-centred situation analysis is an important tool for assessing the particular needs of various categories of children and adolescents who may require special attention if their assistance and protection needs are to be met adequately. The views of the children themselves, the opinions of adult community members and the insights of local leaders are all essential in determining the extent to which particular children may be at risk. Reference may be made to **Foundation module 3** Programme design for further information on this subject.

Evolving capacities

A helpful notion when considering childhood is that of children's developing or evolving capacities. This requires (CRC Article 5) adults to recognise the diverse capacities of each individual child and tailor their interactions with them in a way that neither overestimates nor underestimates their capacity. For some this may be a fundamental shift from the way they view children, by not seeing age as a barrier. Clearly, young children and some children with disabilities cannot do certain things; size and capacity to cope with an adult and non-disabilities oriented world being a barrier. This does not mean that children lack capacities and abilities. Instead, adults have a responsibility to facilitate their inclusion, so that children can exercise their full potential.



Essentially, children's capacities are often not recognised because they lack physical power and status to exercise their rights, not because they lack understanding or capacity. Research consistently reveals that children can make or contribute to complex cognitive decisions if they know the context of such decision making. Research also reveals that adults frequently underestimate children's capacities and deny them these opportunities. Even in communities where children take on high levels of responsibilities through work or in the family, their capacities are often not fully recognised, as they are unable to negotiate such activity. In other communities children are subject to long periods of economic and social dependency but appear to be given considerable personal autonomy in some arenas, such as their opportunities for leisure.

In conclusion, care must be taken not to deny children opportunities for involvement in decision making in line with their evolving capacities, opportunities that should be valued as a contribution to their agency and development. Children have a right (CRC Article 5), to have their evolving capacities taken into consideration.

The influence of personal experience

For the humanitarian worker faced with the task of making decisions that will affect children's lives it is essential to be aware of one's own beliefs and assumptions about children, childhood and the role of the family. Personal values may be so unconscious that it is only when they are questioned that they become apparent. For example, situations that might provoke a response (depending on one's beliefs) include witnessing a six-year-old girl having sole caring responsibility for younger siblings while parents are away working for a day; or a 14-year-old child caring for a sick parent, and as a result missing school; or an 18-year-old still living in the family home making no economic contribution to the household.

An understanding of cross-cultural differences in childhood is essential for working with children in emergency contexts. Accommodating the differing expectations that communities hold about children, and the appropriate means of rearing children will determine those interventions that work and those that are more likely to fail. Interventions to sensitise populations to children's rights may be an important component of a response in such contexts.

It is important to reflect on and challenge common assumptions about being a child and about how children can best be heard and respected. These may include:

- children must be highly regulated and controlled
- children are legitimate targets of marketing and can be seen as consumers (of specialised foods, toys)
- childhood is universal; expectations and norms are fixed
- children should be seen and not heard.

Training material for this section

Exercise 1 Powerwalk

Exercise 2 What do children do?

Exercise 3 Exploring children's evolving capacities



Foundation module 1 Understanding childhoods

Section 1 Defining children and childhood

Handout 1 Powerwalk identities

Handout 2 Table of children's capacities

Handout 3 Task description list



Section 2

Child development

Key learning points

- Although development is a biological process, culture has a significant impact on how children's development is understood.
- Children's development is influenced by a range of factors including gender, disability, race, religion, poverty or wealth and family circumstance but also by factors beyond the family such as political, economic and social institutions.
- Childhood is a continuous, interlinked process marked by phases such as the transition to puberty.

What is child development?

Child development concerns the process of growth and maturation of the human individual from conception to adulthood. Development is best understood within a lifespan perspective, with growth and change beginning at conception and throughout the foetal stage, continuing throughout childhood and adolescence and, in some respects, during adulthood and old age. During the whole period of his or her development, the individual child will develop a mature body, brain and nervous system and progressively acquire competence in a wide range of functions and skills which enable him or her to adapt and survive in many different types of environments.

There are significant cultural differences in children's developmental pathways, goals for development and the conditions under which children develop satisfactorily. For example, while in the West the ideal norm is often seen as child rearing within a small, two-parent family, in other cultural contexts, child rearing tasks are shared among a wider network of adults and, significantly, among older siblings. Within a particular culture, children of the same chronological age nevertheless differ in their level of development because of the complex interplay of genetic and environmental factors. So, for example, although it can be safely predicted that children will enter puberty at around the ages of 11 to 15, the onset of puberty will differ from individual to individual, between the genders (girls typically mature earlier than boys) and between contexts, for example, the onset of puberty may be delayed in situations in which there is chronically poor nutrition. Moreover there are marked cultural differences in the way that various changes which characterise the early adolescent period are understood, and in the expectations for young people's behaviour, especially in relation to their gender.

The process of child development can be usefully described as transactional ie. actions which pass between. This means that a child interacts with his or her physical and social environment over time, each having an effect on and shaping the other. It is now generally recognised that this is a more useful way of looking at the process of child development than through the lens of the child as a relatively passive actor in his or her development. For example, a baby smiles and babbles to her mother, causing the mother to respond by smiling and talking and in turn this causes the baby to again respond, hence a dialogue begins to take place. Not only does the mother shape the baby's development, the child actively shapes the mother's role as a parent, hence the interactional or transactional element in development.



Various physical, intellectual and sensory disabilities can have an obvious and possibly profound impact on the development of the child. Arguably, however, it is not so much the disability itself, but the way disability is viewed and children with disabilities are treated that has the greatest detrimental effect. Here the transactional nature of child development is clearly visible: the child who is slow to develop, for example, may be unrewarding to his or her caregiver and as a consequence may receive less attention and stimulation. In many cultures, disability confers a sense of shame on the family, while in others there is to be found a fatalistic attitude, which often results in an under-investment in the child. In some cases, ignorance about the nature of the child's disability can have adverse consequences, for example, the mistaken assumption that cerebral palsy inevitably leads to learning disability. In such situations, children may be deprived of stimulation and attention, of food and comfort, and of contact with other children, all of which can have a massively adverse impact on the child's development (see **Critical issue module 3** Children with disabilities for further information on this subject).

Factors affecting child development

What do children need in order to develop? Clearly there are some basic components:

- love
- security
- food
- shelter
- a family and community
- opportunities for play
- self expression and interactions
- healthcare and other social welfare support
- education in its broadest sense.

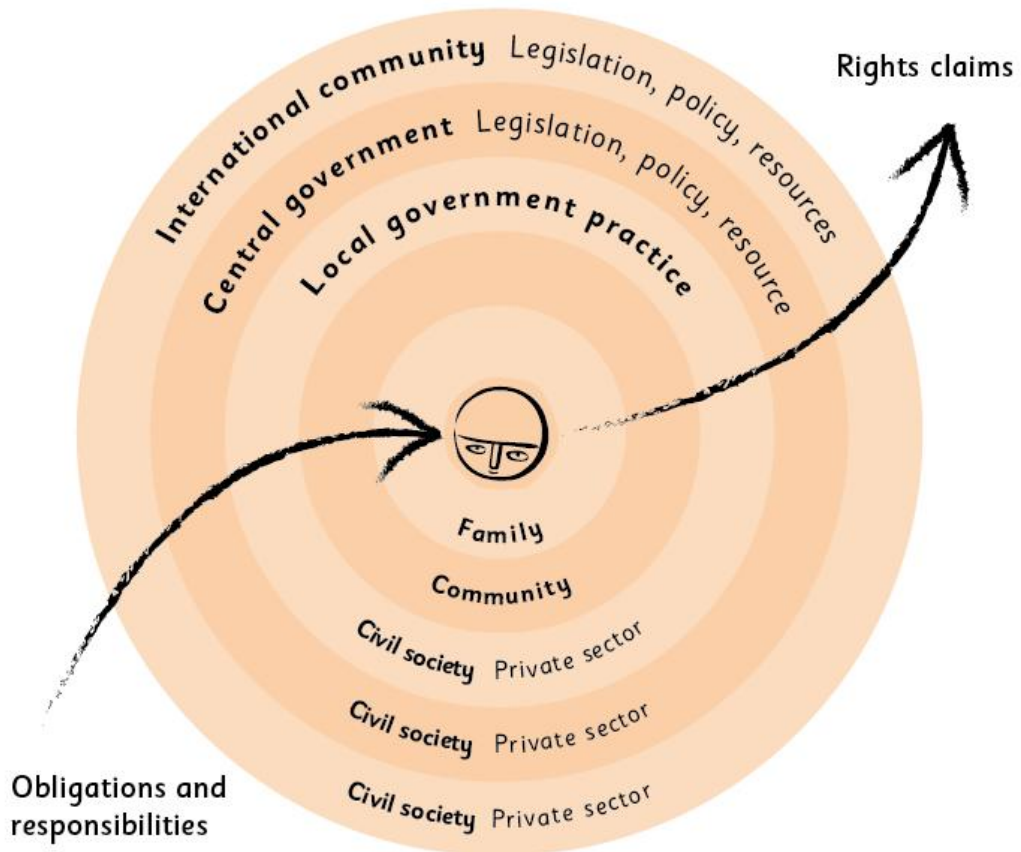
These are just some of the elements that contribute towards a positive childhood. All these elements are reinforced by the provisions of the CRC, which although not stipulating a child's right to love, does place obligations upon governments to provide the optimal conditions for growing up in a family support environment and to intervene when family ability to meet responsibilities are compromised .

Bronfennbrenner's model of **ecological development** (1979) sets out a model of development reflecting the wide variety of factors that impact on children. The model describes four layers or concentric circles of society all of which impact on the child, and within which the child is an active agent. These layers start with the child in the centre surrounded by immediate and extended family. Next there is the direct community, with friends and neighbours. Surrounding this are institutions such as schools or health services, religious and other local institutions, and at the outside are the larger national institutions and services, government and media, all reinforcing values and beliefs. More recently it is possible to add an additional layer of international institutions representing multinational businesses, institutions such as the UN promulgating international standards and also global communications.



Children are active participants in this model, caught in a dynamic process whereby their lives are shaped by all the influences around them and they in turn impact upon. Therefore while it is important to see how unusual and traumatic events affect the individual directly, it is also important to realise that much of the impact on the individual is due to the dismantling of wider relationships, social, economic and political networks and institutions.

The model (see diagram below²) reflects well the dynamics of a relationship between a rights holder and a duty bearer, and illustrates how wider societal forces impact on the realisation of children's rights.



There is no one objective and agreed pathway for child development; approaches vary and are culturally adaptive. Caution must be exercised about theories setting out developmental stages and milestones. These are culturally specific and are built upon notions of the **standard** or **normal** child, and do not reflect the reality of individual development in one community, let alone between communities.

Attitudes and behaviours towards children that may be out of the question in one community may be normal practice in others (and may vary between sub-communities in the same place at the same time). This includes expectations that include age, economic activity, independent activity, marriage, responsibility.

The main elements identified (by UNICEF and others) as key influences on children's development include the following.

- **Children's individual temperaments and dispositions** How individual traits are encouraged and emerge.
- **Children's physical and social environments** Their daily lives, homes and routines.
- **Cultural approach to child rearing** Attitudes towards children and how these are manifest in the practical areas of play or physical punishment.
- **Parental or caregivers perspectives** Attitudes about the purpose of childhood and child rearing.
- **Public policy towards children** Investment in services that support children: health, education, protection.

Child development therefore can be viewed as a cultural process without fixed or prescribed benchmarks, within which children themselves are active agents.

How do children develop?

There is increasing knowledge in the field of child development emerging from a range of disciplines including sociology, anthropology, health, neuroscience and psychology. More is now known about the importance of childhood and particularly the early years of development and how later patterns of behaviour are shaped by early experiences.

Child development is a continuous process which is holistic and integrated. Children develop rapidly in terms of their social, emotional, cognitive and physical capacities, all of which interlink.

While distinctions are arbitrary it may be useful in emergency work to identify certain phases of child development, roughly as follows.

1 The period from birth to three sees children's evolving capacities at their most active. The majority of children are learning to walk and talk, to form relationships and to become part of their family and community. The natural world and technology provide areas of fascination.

The safety to explore and to overcome challenges is one of the key features of this point in life particularly through play. While this may be taken for granted, when safety and security do not surround a child and family the opportunities for children to test and extend their evolving capacities are not available, and this has a negative impact on the child's development. Birth to three while being a key period of development, is a time when children are particularly vulnerable in terms of survival and damage if conditions are not conducive.

2 From three onwards children lay claim to their wishes for independence and autonomy as well as their roles and responsibilities in relation to others. Children are testing their physical abilities and experimenting with their physical and social environments. Linguistic development is rapid at this stage. Friendships, treasured objects and interests are all part of the development of the individual. The adult and natural worlds provide endless opportunities for investigation and learning, and if this learning is supported and encouraged, children develop and gain confidence in themselves and their competencies.

3 Older children from six to seven onwards make rapid intellectual progress enabling them to plan and conceptualise in increasingly sophisticated ways. Research reveals



that children as young as nine are able to make competent choices and recognise a range of different perspectives.

4 As children reach puberty they begin to develop a wider appreciation of moral codes and the wellbeing of the wider group. The peer group plays an increasingly important role in children's lives during adolescence.

Taking this as a snapshot of the process of child development, the academic focus in the past has typically been on the debate between those convinced about the influence of genetic inheritance versus those emphasising environmental factors (nature versus nurture). Evidence now points to an interactionist perspective as offering the most informed and accurate framework for child development at this point. This means the biological characteristics of the child are in constant interplay with the child's environment. One shapes and responds to the other.

An acknowledgement therefore of the complexity of the child's social and environmental systems, as demonstrated in Bronfenbrenner's model of ecological development, referred to above, is essential. This is because children develop through social interactions and social structures all of which have an important influence on the child's overall development.

Training material for this section

Exercise 1 Promoting child development in programming

Exercise 2 Identifying opportunities for promoting child development

Handout 1 Case study

Handout 2 Recommendations for promoting child development in situations of conflict and forced migration



Section 3

The impact of emergencies on children and families

Key learning points

- Emergencies expose children to multiple risks that threaten their development.
- Reactions of children in emergencies will vary depending on their age and gender.
- Emergencies impact on such processes as children's development of trust, competence and identity.

Practical impacts of emergencies on children

Children living in emergency situations (whether conflict or natural disaster) risk experiencing a number of threats to their development and wellbeing. These typically involve intense fear, witnessing and perhaps experiencing brutal violence at close quarters, witnessing the destruction of property (possibly including their own homes) and the necessity of fleeing in panic. Children living in a situation of prolonged conflict may have to face the constant anxiety of fighting or bombing intruding into their lives, coping with the presence of landmines or unexploded ordnance. Many of these experiences can have both immediate and longer-term effects on children's development and wellbeing.

The immediate effects of such events on children depend particularly on:

- the **meaning** of the event for the child (and his or her family) and, most importantly, whether the event caused the loss of one or both of his or her parents or carers
- the **stage of development** of the individual child
- the **personal characteristics** of the child
- the **presence or absence of supportive adults**, particularly their familiar carers
- whether the child was personally involved either as a victim or perpetrator.

Longer-term developmental effects may depend on factors such as:

- the extent to which **those in the child's immediate environment react** to the changed behaviour, appearance or social status in the child
- the degree to which highly significant **losses can be replaced**, such as parents or other important carers
- the degree to which **further traumatic experiences can be avoided**
- the extent and quality of **assistance, which the child and family receive**
- the extent to which the events have **changed the child's life plan** (ie. his or her anticipated life course covering such things as where he or she lives, type of lifestyle, expectations for the future, for example, institutionalisation following the loss of parents or carers).

Certain aspects of the situation of children in emergencies can be seen as risk factors. Many children experience violence, loss and wholesale disruption to their lives, and often such stresses are compounded by other factors in the context of displacement. The risk factors commonly experienced by children include:



- previous traumatic experiences including violence, separation, fear
- loss of the family home, familiar surroundings, friends, familiar people
- loss of self respect and self confidence
- poor diet and nutritional status
- lack of opportunities for education
- lack of opportunities for play and recreation
- excessive burden of paid and/or unpaid domestic work
- uncertainty about the future.

In addition, children's wellbeing is intrinsically linked with that of their parents. This means that the risks to which parents (or other carers) are exposed will also affect the children. These risks may include, in addition to the above:

- poor health
- mental health problems such as depression and anxiety
- lack of access to health and support services
- separation from spouse
- relationship problems and tensions in the marriage
- excessive demands on their time
- unemployment and lack of access to economic opportunities
- lack of material resources
- worries about other family members and about the future.

For both parents and children, the presence of multiple risk factors, especially if they stem from both past traumatic experiences and current stresses, can disproportionately increase the risk. An accumulation of risk factors is likely to adversely affect the child's development, and in turn this places him or her at increased susceptibility to other risk factors.

Factors that affect children's development include the following.³

- **Nutritional deprivation** Emergencies often cause food shortages with food production and distribution systems destroyed or displaced.
- **Spread of disease** Communicable diseases are a major cause of death among children in peacetime. In wars, the risks multiply as water and food supplies are damaged and health services disrupted.
- **Disability** Around four million child survivors of conflicts in the past 15 years or so live with disabilities and landmines continue to kill and maim.
- **Loss of education** Schools are frequently closed and destroyed, sometimes deliberately, in conflicts. Displacement adds further to educational disruption.
- **Separation** From parents or carers and communities.
- **Child combatants** Children who have lost their parents or who come from disrupted families may be more likely to become combatants. Children themselves are also



involved in acts of violence. There is a growing awareness not only of the particular needs of children recruited as soldiers, but of those of other children who are involved in fighting forces; children abducted or otherwise forcibly recruited not just as fighters but for use as human shields, porters and camp assistants, or for sexual purposes.

- **Sexual exploitation and abuse** Rape is a feature of almost every armed conflict and is common in camps for the displaced. In some conflicts, rape is used systematically as a weapon of terror.
- **Child abduction, torture and slavery** Children kidnapped by armies and militias are frequently beaten, indoctrinated, and forcibly enlisted as combatants or providers of support functions to fighters, including sexual services.

In places where political, social and economic instability lead to conflict, or when a natural disaster strikes, it is a community's institutions and services that are often disrupted and weakened. The capacity of the primary duty bearer, the State, to discharge its obligations towards the full realisation of children's rights is curtailed. This in turn impacts on the abilities of families and individuals always to maintain the emotional focus on growing children, as attention instead is placed on securing food, healthcare and so on.

It is sometimes easy to see the impact of an emergency strictly in terms of loss of life, injury and damage to the concrete environment, whether this is in the destruction of buildings or the loss of services such as power and water supplies. However, it is important to acknowledge that the impact of the chaos to the social fabric of families and communities can be as damaging for the development of the child as any concrete impact. For young children, it is the fact that their caregivers are perhaps emotionally and physically exhausted and unable to call upon the usual support normally available at times of family crisis, which will have a profound impact. For older children, opportunities for developing competences and increasing, but appropriate levels of responsibility may be limited.

What else may children experience?

- loss of family members, of home, familiar routines and objects
- separation from parents or caregivers
- they may be witness to violence against family members or may be subject to violence themselves
- they may be subject to shelling or other forms of armed attack
- long periods spent in hiding or in confined spaces
- poor or no food, water, sanitation
- no health or medical care, education, or opportunities for play
- distraught adults or carers
- not knowing; lack of information or misinformation.

Children's reactions to emergencies

Children, in line with their evolving capacities, rely on the adults around them to care for them. In particular, children's early lives are dependent on carers' sensitivities and abilities to anticipate their needs. The experience of an emergency causes enormous



stresses for everyone. This means that carers may, through no fault of their own, be preoccupied and stressed, and even depressed, and may not be in a position to sufficiently focus on children's many emotional and social needs.

The key to dealing with stress for younger children appears to be the response of adults, and in particular the mother or primary carer, who become protective shields. Numerous studies on children's responses to stress, focusing particularly on countries affected by conflict, reveal that it is primarily the response of families that enable a child to manage difficult situations.

Bearing in mind that adult and carer interpretation of events will mediate how children experience and understand the emergency, children's reactions to extreme situations vary but cross-cultural research reveals the following general impacts.

Behavioural manifestations of reaction to emergencies in infants may include withdrawal, clinginess, wanting to maintain bodily contact, restlessness, not being settled and possibly sleep problems. As infants grow and become more aware of the dangers and tensions in their environments they may start to demonstrate specific reactions. As previously noted, attachment to caregivers is one of the most fundamental building blocks of child development. There has been a strong emphasis on attachment to a single caregiver, usually the child's mother. In many cultures, young children are attached to multiple caregivers, for instance, mothers, grandparents, older siblings. When attachment relations are affected by external factors such as those imposed by an emergency, the attention a carer can devote to a child may be interrupted and may impact negatively on the child. Children may therefore exhibit extreme fear if parted from their caregiver or may react with some emotional distance once the caregiver returns.

Two to five year olds would normally be expected to be evolving and developing skills at a rapid rate, but the onset of an emergency and the resultant stress experienced by adults and consequently communicated to children may lead to regression and reversion to earlier behaviours (for instance loss of bladder and bowel control or loss of vocabulary). Again as children's energy is focused on dealing with the immediate threats surrounding them, their developmental progress can be interrupted and they may not have energy to explore and learn about the world. They may demonstrate this through random destructive or aggressive behaviours and the voicing of generalised fears about the world.

As children grow, they may experience extreme fears about their environments. Their powers of imagination and strength of feeling about the world are such that they may even believe that they are responsible for events around them. Again the natural playful engagement of children can be interrupted as can be their developmental routes.

School-aged children's (six to 13) reactions to frightening and distressing situations may be linked to their capacity to form relationships and to learn. Children who lose trust can become depressed and hence unable to mobilise interest in learning. Others may retain their will to learn but be troubled by flashbacks (sudden intrusive images of the traumatic experience which can disturb concentration and motivation). They understand the meaning of the loss of beloved persons (including friends and teachers). They may also display a sense of guilt that they have survived when others have not.



Puberty and adolescence (13 to 18 years old) is a period of considerable transformation. Physiological and hormonal changes are rapid and young people often are in a difficult situation whereby adult expectations are placed upon them, yet they lack a voice and opportunities to make decisions on their own. Research reveals that young people may take on adult roles without access to the networks and capacities many adults rely upon to help them discharge their responsibilities. Puberty also brings issues of identity and belonging to the fore, making young people easy targets for militias.

Pregnant and lactating mothers may be particularly at risk from violence and the deprivations of war. Premature deliveries, stillbirths and loss of breast milk are all possible consequences.

Differences in the expectations of the roles and behaviours of girls and boys also has an effect on their experience of an emergency. Girls and boys may face different risks. For instance, although both potentially subject to sexual abuse and exploitation and evidence clearly suggests that even young girls are more prone to sexual abuse in times of upheaval. Equally, boys are often forced into adult roles to defend the family that are also dangerous.

The notion of attachment is not limited to the phase of early childhood. Older children and adolescents will also react to loss and separation by exhibiting a range of behaviours, including denial, depression, increased aggression, sleep disturbance and physical symptoms such as headache, stomach-ache and shortness of breath. There is some evidence that separation during adolescence has a more profound long-term effect than separation experienced by younger children. One of the reasons for this may be that separation can disrupt the young person's sense of self and his or her emerging sense of identity.

It needs to be borne in mind that separation does not occur in isolation from other events. A child who is separated has to cope not only with separation but also with the possibly violent circumstances in which the separation occurred. The child who has been abandoned may have to cope not only with separation but with the knowledge of being unwanted or rejected, and possibly with being neglected or abused during the months leading up to abandonment.

Other reported reactions to emergency situations include the following.

- **Flashbacks, dreams and overwhelming memories** In young children these are likely to manifest via repetitive dreams or play. Dreams, like play, indicate the child's attempts to regain control over the world. As children grow older other reactions include: attention-seeking behaviour; refusal to acknowledge problems; the need to be alone; a need to cut off and daydream; a need to seek approval and be good.
- **Identifying with the aggressor** This can take many forms. Essentially, children witness the powerlessness of their parents in response to the emergency. Children may also blame themselves for what has happened, particularly if parents are depressed.
- **Reduced reactions in order to cope with overwhelming events, desensitisation to the environment is another typical response** Lack of reaction and interest in everyday events is one aspect of this as is poor memory and inattentiveness to detail. The message is that nothing really matters.



- **Being on guard** This refers to the need for children to be constantly aware of their environments and to be constantly on the alert for danger. This results in anxiety, phobia or aggression and depression dependent on the character of the child. Again the psychological strain of this state means that children's normal development may be interrupted as their energies and attentions are directed towards survival.

Play is clearly a crucial process through which children develop. When normal development is interrupted and children no longer play, all aspects of a child's development are then affected including cognitive, physical and psychosocial aspects.

Interrupted developmental processes: trust, competence and identity

It is important to understand the developmental processes that have been interrupted when children have experienced change, loss and disruption. Such primary processes include the development of trust, competence and identity.

Trust

Small infants learn to trust their parents and primary caregivers to guide them, to provide food, affection and protection. The direct and indirect impact of an emergency on children's lives reduces opportunities to explore and for the evolution of a range of skills and capacities. Children's basic physical and emotional needs may not be met. Life may be chaotic and unpredictable leading the child to experience the world as unsafe.

Competence

Children gain confidence through the exploration of their environment via play. But violence or the threat of violence promotes fear and insecurity, and disrupts education and other community activities. If children are unable to play or form lasting relationships and friendships in the family or in wider groups in the community, many skills and abilities are lost or delayed. Opportunities for the development of physical skills such as running and jumping can be lost if children are confined for their safety or are restricted.

Identity

The sense of self develops throughout childhood, the result of a confident belief in oneself and relationships in the wider community. Adults' uncertainty about the family is communicated to children.

The majority of children, even if exhibiting the above reactions, are in fact demonstrating normal reactions to abnormal situations. Their psychosocial wellbeing may be restored once other more normal routines have been restored. In some instances though more formal intervention is required if behaviour that is considered unusual or prolonged continues. For more information, see **Foundation module 7** Psychosocial support.

Training material for this section

Exercise 1 Risk and resilience

Handout 1 Table of children's needs and the impact of emergencies



Section 4

Programming for resilience

Key learning points

- The notion of individual and community resilience, and the aim of strengthening protective and risk factors provide a basis for programming.
- Restoring normality is a prime concern for which **STOP** offers a useful programming framework:
 - Space
 - Trust
 - Opportunities for play and expression
 - Partnership with parents and carers and community
- Restoring opportunities for normality, such as establishing trusting relationships in safe places with predictable routines and also strengthening community networks is most beneficial for children and their families.

The concept of resilience: risk and protective factors

The concept of resilience is founded on the observation that under traumatic or otherwise 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, for example, their personal attributes, the quality of their family life, their social supports. It is important to emphasise that resilience is not just about personal qualities, but also about the way in which these qualities interact with external factors within the family and wider environment. Research suggests that younger children are often more resilient than older children.

Protective factors that promote resilience include the following.

- Previous experience of good parenting or care giving.
- Carers who can respond to the child's current emotional needs.
- Being able to express feelings and anxieties to someone who listens and reflects in a way appropriate to children's development.
- Opportunities for self expression through culturally appropriate means such as imaginative and multi-sensory play, arts, games and community rituals.
- Opportunities to maintain family values and social and religious practices and language.
- Cognitive competence, eg. reasonable level of intelligence, skills in communication, realistic planning.
- A positive sense of self-esteem, self-confidence and self-control.
- An active coping style rather than a passive approach, eg. a tendency to look to the future rather than to the past.
- A sense of structure and meaning in the individual's life, often informed by religious or political beliefs, a sense of coherence.



In addition, protective factors are also a product of the child's immediate social environment such as the following.

- Good and consistent support and guidance from parents or other caregivers.
- Support from extended family and friendship or community networks eg. teachers, and the re-establishment of a normal pattern of daily life.
- An educational climate which is emotionally positive, open and supportive.
- Appropriate role models, which encourage constructive coping.

Other factors within the individual child include good health, a positive disposition and stability and predictability of the environment.

Adverse factors that impact negatively on resilience include:

- experience of separation and loss
- family secrets about disappearance and death
- frightening experiences of violence
- unfamiliar carers or those unable to create a supportive environment
- family tensions
- poor housing and lack of access to basic services
- few opportunities for play
- racism and hostility
- poverty
- the threat of ongoing violence
- disability.

Researchers note that adverse or risk factors are cumulative. Most children will cope with the experience of one or even two of the risk factors listed above, it is when there are four or more in place that children are less likely to cope. However this may increase if factors to promote resilience are in place. It's important to note that adversity or resilience factors are not just personal attributes or traits, environmental and social conditions also bolster or harm a child.

Children's wellbeing is intrinsically linked with that of their parents or other caregivers. This means that the risks to which parents (or other carers) are exposed will also affect the children. For parents or other caregivers, various personal characteristics will serve to enhance resilience. Within their immediate social environment, protective factors may include a supportive marital or other relationship, extended family or community structures, for example, informal support from community, neighbours, women's associations; access to appropriate health and support services; and opportunities to re-establish an acceptable economic base for the family. Adults' responses to children's needs are the basis for their resilience.

Strategies to enhance resilience

It is clear from the above that resilience in children is a product of personal characteristics, the family environment and the availability of other forms of social support outside of the family, and the interaction between these factors. A focus on



the child's resilience has the advantage of directing attention to strengths rather than weaknesses; it underlines the need to identify and strengthen existing support networks within the community; and it directs attention to those children and families whose assets and resources may need strengthening, as well as to those who may continue to be especially vulnerable even when these resources are in place.

A resilience approach can be considered in two ways. First, a risk-focused approach in which intervention is based on the identification of specific actual or potential risk factors. Examples of such a strategy are: the prevention of child abuse or neglect through parent and community education; a prevention of separation campaign in mass movements of people; a reduction in teenage drinking, smoking or drug misuse through community-based or youth-to-youth programmes; supplementary feeding programmes where children's nutritional status is unsatisfactory. **Section 3** of this module considers some critical threats to child development in emergency situations, and these are cross referenced to other ARC modules, which provide detailed information on the particular critical issue.

A second strategy may be described as a resource-focused approach, which aims to prevent and reduce risk for the population as a whole by improving the number and quality of resources available to support children and their families. Sometimes this consists of strengthening existing community resources, and possibly reinforcing cultural norms and practices that seem to facilitate resilience. In other situations new resources such as clubs for children or facilities for parents are required.

Underlying both approaches is the need to view children and adolescents as active agents in their own development, and not as passive victims of adversity. Assessments of children should include their competences, assets, strengths and resources as well as their problems and areas of vulnerability. The active involvement of young people can be a vital component in preventing and reducing risk and in enhancing resilience. Issues of child participation are considered in **Foundation module 4 Participation and inclusion**, and the community mobilisation of young people is considered in more detail in **Foundation module 6 Community mobilisation**. **Foundation module 7 Psychosocial support** provides more practical ideas on how the concept of resilience can be applied to children whose psychosocial wellbeing has been affected by their experiences of violence and displacement.

A key framework for working with children affected by emergencies is known under the acronym of **STOP**. This framework sets out easy to remember ways to ensure the key principles of a rights-based approach are put into practice. STOP stands for:

- S**pace and structure
- T**rust, time and talking
- O**pportunities for play and self or group expression
- P**artnership with parents and carers

Space and structure are vital programme components. For a child affected by an emergency, getting to know the predictable routine of an intervention is an important antidote to the chaos being experienced. For families living in temporary housing, conditions may be cramped and children also need the physical space of the setting.

From the perspective of young children **trust** is often the primary casualty of an emergency. Time is needed to re-establish trusting relationships through talking, play and creative activities. By creating a place of safety and allocating time for talk and



play, it is possible to explore a child’s feelings and begin to explain and give meaning to events.

Opportunities to play are some of the defining features of childhood. These can range from organised group activities such as games, dancing and singing to explorative play with natural objects and toys.

Parents and carers will themselves need support and opportunities to talk, or just to sit and feel safe in the intervention. It is vital to welcome their participation, and can provide an opportunity to have a dialogue about their children’s rights.

Interventions such as the creation of child-friendly spaces can help children and their families respond to the stresses of an emergency and also reflect the principles of STOP.

Child friendly spaces are supervised environments where parents and caregivers can leave their children while they rebuild their homes, collect food and water or seek new income-generating activities. They are places that provide care while family, community and social structures are restored. They are child-focused and child-friendly environments where children can recover and develop. They provide opportunities for parents and caregivers to be actively involved, share information, provide input and guidance, and increase their own self confidence to protect and care for their children. For more information see *Child friendly spaces in emergencies: a handbook for Save the Children staff* Save the Children, 2008.

The provision of education in emergencies is also an increasingly important intervention that may serve to mitigate the impacts of an emergency on children and their families. The focus on restoring normality and working for the future benefits both children and carers. Again the principles of STOP are reinforced by the provision of education in an emergency.

Responding to children in an emergency

The following table is intended to generate further thinking and discussion and provide a general sense of how children may respond and their needs in different phases of an emergency. It is not intended to be exhaustive and humanitarian workers are encouraged to think flexibly about what happens to children and how to address their needs.

	What happens to children	What do children need?
First phase of an emergency 48 hours	<p>Infants may respond to the disruption of routine and the severe stress experienced by parents by increased crying or alarm.</p> <p>Younger children may be confused and not understand what is happening.</p> <p>Older children may experience disbelief and shock and numbness (may be targets for abduction or at risk of abuse and exploitation).</p>	<p>Carers to feel as safe as possible therefore the establishment of a secure environment and the provision of information will be essential.</p> <p>Basic services such as medical care, shelter, food and water and other life saving interventions for the whole community will benefit children.</p>



<p>Second phase of an emergency the second two weeks</p>	<p>Infants may be withdrawn or very distressed as primary carers are absent or depressed, injured or stressed. Infants may experience malnutrition or be more prone to disease.</p> <p>Younger children may demonstrate over activity or withdrawal; they may regress to earlier behaviours (eg. not speak, lose bladder and bowel control); they may want to be comforted or take on adult roles to comfort others; they may exhibit extreme anxiety or fear of loud noises, sudden movements or strange adults; they may find it hard to play or play repetitively.</p> <p>Older children may demonstrate many of the behaviours described above and experience flashbacks and recall of the events; may undertake risky behaviour (joining groups), blame themselves, experience erratic moods (aggressive, self destructive or withdrawn), will try to regain control over aspects of their lives.</p>	<p>The establishment and continuation of semi structured or structured activities such as child friendly spaces or education to provide respite and focus for carers and also promote children’s resilience. These services also act as points for the delivery of essential services such as food distributions or healthcare, to ensure that children and families are not missed.</p> <p>Children are actively involved in determining the nature of activities and contribute to community relief and rehabilitation initiatives.</p> <p>Vulnerable and marginalised groups of children (children with disabilities, those from specific ethnic groups) are identified (in consultation with other children) and are targeted for interventions.</p> <p>Carers can draw on multi-agency, joined up support from those interventions established for children.</p> <p>Activities provided for children act as a hub for other interventions eg. information, advocacy, child protection committees.</p>
<p>Later phase of an emergency response the first six months</p>	<p>Infants may experience some delay in emotional or physical development as a result of carers’ preoccupations and limited opportunities for exploration and or nutrition and healthcare.</p> <p>Younger children will try to regain some sense of normality and routine and if not experiencing long lasting impacts as described above will adapt quickly to the new routines imposed by the emergency. If more deeply affected they may continue to exhibit the behaviours described above.</p> <p>Older children will understand the losses that are a consequence of the emergency and may have real</p>	<p>Civil society organisations are key to rebuilding and rehabilitation exercises.</p> <p>Some sense of normality is restored for children and so enables some hope for the future. Peer support, life skills and opportunities to participate, advocate and be heard enable children to rebuild their confidence and belief in the future.</p> <p>Duty bearers take on increasing responsibility for the protection, fulfilment and realisation of children’s rights with opportunities for children to play an active role in determining their future.</p> <p>Children who require longer-term</p>



concerns about the future. They may demonstrate a need to take control over rebuilding or determining their future. If directly affected by the emergency, either as combatants or perhaps being separated, they may exhibit clear survival behaviours that could in the long term be damaging eg. by joining groups or girls may seek out a male protector and in so doing be subject to exploitation.

support as a consequence of the impact of the emergency gain the support they require eg. action to counter gender based violence, family tracing, rehabilitation of armed combatants or community and psychosocial support for those affected by the emergency.

Training material for this section

- Exercise 1** Rights-based responses
- Handout 1** Case studies
- Handout 2** The STOP framework
- Handout 3** Responding to children in an emergency



Endnotes

- 1 *Early childhood in focus* Woodhead M and Oates J (editors), Open University and Bernard van Leer Foundation, 2008
- 2 *Getting it right for children: a practitioners' guide to child rights programming* Save the Children, 2007
- 3 See the following Critical issue modules for a more detailed discussion of the impacts of each of these issues on children:
 - **Critical issue module 2** Education
 - **Critical issue module 3** Children with disabilities
 - **Critical issue module 6** Separated children
 - **Critical issue module 7** Children associated with armed forces or armed groups



Further reading

- *A guide to the evaluation of psychosocial programming in emergencies* Boothby N, Ager A and Ager W, UNICEF, 2007
- 'A ladder of citizen participation' *Journal of the American planning association*, vol. 35, No. 4 Arnstein S, July 1969 pp 216 to 224
- *A review of UNICEF policies and strategies on child protection* United Nations Economic and Security Council, UNICEF executive board annual session June 1996 (Item E/ICRF/1995/13, item (b))
- *A toolkit on positive discipline with particular emphasis on South and Central Asia* Save the Children, 2007
<http://sca.savethechildren.se/sca/Publications/Children-and-violence/>
- *Children in crisis: good practices in evaluating psychosocial programming* Duncan J and Arntson L, Save the Children US, 2004
- *Emergencies and psychosocial care and protection of affected children* Save the Children Sweden, 2005
- *IASC Guidelines on mental health and psychosocial support in emergency settings* Inter-agency Standing Committee (IASC), Geneva 2007
- *Promoting psychosocial wellbeing among children affected by armed conflict and displacement: principles and approaches* Save the Children UK, 1996
- *Psychosocial care and protection of children in emergencies – a field guide* Save the Children, 2004
- *Psychosocial care and protection of tsunami-affected children: guiding principles* IRC, SCUUK, UNHCR, UNICEF and WVI., 2005
- *Psychosocial intervention in complex emergencies: a framework for practice* The Psychosocial Working Group
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- *Psychosocial interventions – training manual* Save the Children, 2001
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- 'Review of UNICEF supported right to play interventions' *Responding to the psychosocial needs of children affected by conflict in northern and eastern Uganda* Stavrou V, UNICEF, Uganda September 2007
- *Sport for development and peace: towards achieving the millennium development goal* United Nations Inter-agency Task Force, 2003
- *Untapped potential* Lowicki J, Women's commission for refugee women and children
http://www.womenscommission.org/pdf/you_adol.pdf
- *Where the heart is, meeting the psychosocial needs of young children in the context of HIV and AIDS* Richter L, Foster G and Sher L, 2006
- *Working with children in unstable situations, guiding manual for psychosocial support* University of Oxford and UNICEF, 2002

