

SUPPORTING REFUGEE AND HOST COMMUNITIES THROUGH THE INTERNATIONAL CHILD DEVELOPMENT PROGRAMME (ICDP) *REACHING CHILDREN BY SUPPORTING THOSE WHO CARE FOR THEM*



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Marie-Michelle MacDonald has lived and worked in the Middle East, Europe and Canada. She moved from London a year ago to join Jusoor as counselor for the 3 Jusoor schools in Lebanon. She draws on her 20-year experience in teaching as well as counseling and her background in alternative medicine to reach out to the children. She also offers support to the teaching staff—by giving training workshops alongside one on one sessions—and the community at large through working with parents. Michelle has trained in the ICDP (International Child Development Programme) method and is a firm believer that in order to support the children’s psycho-social development we need to be there for the caregivers too—parents and teachers.

Executive Summary

While recent responses to the Syrian refugee crisis have emphasized the value of psychosocial activities and emotional support for Syrian children attending

schools and educational centers in Lebanon, these approaches are insufficient. Offering psychosocial support (PSS) to Syrian refugee children is one half of the battle; the other half is supporting the parents and teachers who care for them.

This brief contends that emotional assistance to caregivers in the form of a structured training program that follows the International Child Development Programme (ICDP) guidelines would meet a dire need in Lebanon and benefit both refugee and host communities alike.

Introduction

As Syrians await the day when they can return home to rebuild their country, they continue to face many challenges in their host communities in Lebanon.

Despite concerted nationwide efforts by the

Lebanese government, various NGOs, and international organizations to address these challenges, the threat of a “lost generation” of Syrians is ever-present. Offering immediate humanitarian relief—first-aid, food, and shelter—is an obvious prerequisite for survival within struggling Syrian refugee communities. Funding for such essentials, as well as for emergency education, has been forthcoming and abundant over the years since the outset of the Syrian crisis. However, there is another essential component related to the wellbeing of Syrians taking refuge in Lebanon that has not received as much attention: emotional support for caregivers.

Progress may not be seen as measurable, results may be deemed intangible, and therefore project proposals relating to emotional support programs may not attract much funding. However, after basic survival needs have been met, tackling mental and emotional health issues is paramount. This requires a shift in focus to longer-term expectations and results, which will have a positive impact on host and refugee communities alike—regardless of how long the refugee community remains in Lebanon.

This brief will highlight:

1. The need to offer emotional assistance to caregivers alongside the psychosocial support already being provided to children,
2. How this support can be achieved through a structured training program following the ICDP guidelines,
3. The value of such a program in Lebanon, as it will benefit both refugees and local host communities.

Data for this brief was collected from direct observation, interviews, questionnaires, focus group discussions, and a literature review.



Suha Sawaya
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Suha Sawaya is the director of the Jusoor Refugee Education program in Lebanon. She worked as principal of the elementary school at Quaker-run school in Lebanon and went on to serve in the Emirates as the Vice Principal of an international school with more than 15 different nationalities of teachers and students. She has extensive experience running workshops for educators in Lebanon, the Emirates and the UK. Suha eventually came back to Lebanon to serve as the principal of a school in an underserved community in the north of the country. While principal, she co-ran a project on participatory action research in the school.

Current Situation

Syrian children in Lebanon face many challenges, from lack of access to educational opportunities to insufficient psychosocial support. There are an estimated 400,000 Syrian children in Lebanon, 3,000 of whom are enrolled in secondary state schools and 129,000 in primary state schools (second shift) and various NGO educational centers (Yassin, 2018). A large number of Syrian children do not receive adequate emotional support at school or at home. Many Syrian children display signs of toxic stress—including bedwetting, self-harm, suicide attempts, and withdrawal behaviour—that, if untreated, will have long-term consequences for their mental and physical health for the rest of their lives, threatening to impact a whole generation of Syrians (Brophy, as cited in Rivers 2017).

According to a study of Syrian youth in Lebanon, one in four children say they rarely or never have a place to go to or someone to talk to when they are scared or upset (Rivers, 2017). In schools, counselors usually work with students who have been referred. Caregivers (parents, school staff) are not always trained to identify the children who should be referred, meaning the psychosocial needs of many children go unaddressed.

Psychosocial Support for Children

According to INEE (2016), schools and education centers are ideally placed to offer social and emotional learning (SEL) programs, especially in crisis contexts. Mattingly (2017) has found that structured activities have helped large numbers of children in refugee populations to cope with stress. Burde (2015) reviewed studies showing that creative arts are increasingly employed in psychosocial interventions aimed at children affected by conflict and displacement. Organizations in Lebanon, such as Jusoor, Save the Children, Right to Play, Sawa, Caritas, and Kafa are already incorporating creative arts and

play, drama, and music into their academic programs as a way to address social and emotional needs of children.

Meanwhile, UNICEF has been looking into child protection violations in Lebanon with a view toward formulating a child protection policy. In collaboration with the Lebanese government, they have been providing PSS to Syrian refugee pupils attending the second school shift and have offered training to 550 counselors in order to tackle the issue (UNICEF, 2016).

It is clear that steps are being taken to address refugee children's need for PSS in Lebanon.

Psychosocial Support for Families

Where there is, in general, a strong focus on providing PSS directly to the children within the Syrian refugee community in Lebanon, there is a dearth of evidence of such support being given to parents or other caregivers on a similar scale. Apart from lack of funding, reasons are often cultural. Families from Syrian refugee backgrounds may feel that talking to professionals about their family problems is inappropriate.

There is a stigma surrounding mental health issues and seeing therapists, often expressed as a fear of becoming insane if one were to see a therapist. This may be due to a lack of familiarity with mental help in Syria, where there are fewer than 0.5 psychiatrists and no psychologists per 100,000 population (IASC, 2007).

Lebanon also has relatively few mental health specialists, with an average of 1.5 psychiatrists per 100,000 of the population (WHO, 2010). Perhaps due to increased demand, PSS workers are sent into the field without adequate training. As noted in UNHCR's "Assessment of Mental Health and Psychological Support Services for Syrian Refugees in Lebanon," after observing the interactions of PSS workers with refugees, it was evident that many PSS workers lacked "soft skills," such as proper communication and empathy, as well as an ability to remain unbiased and keep

1) UNOCHA. "2018 Humanitarian Needs Overview 2018 – Yemen". https://www.unocha.org/sites/unocha/files/dms/yemen_humanitarian_needs_overview_hno_2018_20171204.pdf

2) World Food Program. "Yemen Emergency." <https://www1.wfp.org/emergencies/yemen-emergency>

3) There are no statistics of current unemployment rate in Yemen. However, it is estimated to have reached 35 percent in 2017 compared to 29 percent in 2011 - Autoregressive Integrated Moving Average (ARIMA) model was used to estimate the unemployment rate in Yemen. See Trading Economics, <https://tradingeconomics.com/yemen/unemployment-rate>

4) "U.N. says 10,000 killed in Yemen war, far more than other estimates." Reuters, August 30, 2016. <https://uk.reuters.com/article/uk-yemen-security-toll-idUKKCN11516U>

5) UNICEF "Yemen's children on the brink as country risks becoming a failed state." March 29, 2016. <https://www.unicef.org/mena/press-releases/yemens-children-on-the-brink>

6) Electronic Disease Early Warning System. "Cholera Response – Yemen." Weekly Epidemiological Bulletin, W6 2018. http://www.emro.who.int/images/stories/yemen/week_6.pdf?ua=1

7) International Crisis Group. "Yemen's al-Qaeda: Expanding the Base." February 2, 2017. <https://www.crisisgroup.org/middle-east-north-africa/gulf-and-arabian-peninsula/yemen/174-yemen-s-al-qaeda-expanding-base>

8) CIA. The World Fact Book. 2018. <https://www.cia.gov/library/publications/the-world-factbook/geos/ym.html>

9) International Monetary Fund. "IMF DataMapper." (2017 figures). https://www.imf.org/external/datamapper/NGDP_RPCH@WE/OEMDC/ADVEC/WEOWORLD

their personal views to themselves (Rabih El Chammay et al., 2013). Ultimately, the mental health needs of the Syrian refugee population in Lebanon, particularly of parents and caregivers, have not been assessed thoroughly.

Why is it important to work with caregivers? What is at stake?

Research suggests that caregiver mental health is significantly related to youth mental health, and that PSS interventions should include or directly target caregivers (Siegenthaler, Munder, & Egger, 2012). As Harvard University's Alexandra Chen notes, "if children have supportive relationships with caring adults early in their lives, the damaging and potentially deadly effects of toxic stress can be reversed" (as cited in McDonald, et al., 2017). Often the progress achieved with children in combating toxic stress at school is undermined by parents and the atmosphere at home. Consequently, programs that address family life are critical. Parents' emotional health inevitably impacts their interactions with their children, often contributing negatively to family dynamics. In crisis contexts in particular, where all individuals are subject to heightened stress, normal support mechanisms within families and communities, especially for children, may not be available. Trauma experienced by adults has both an impact on the mood of children and the capacity of parents to care for them (Mattingly, 2017).

The WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings showed that 58 percent of refugees had feelings of fear (15 percent all the time), 56 percent were hopeless (15 percent all the time), 62 percent were uninterested in things (27 percent all the time), and 65 percent were unable to carry essential activities for daily living because of these feelings (20 percent all the time) (WHO, 2012). These negative emotions increase with time. In particular, fear, anxiety, anger, depression

and stress affected relationships within families. Mothers complained of changes in the behaviors of their children, as well as an inability to show them affection (Rabih El Chammay et al., 2013).

Without increased attention to maintaining and strengthening family support systems, the need for more formal, clinic psychological support will increase, placing additional burdens on both refugee and host communities. The need for more professional and formal mental health support centers will increase if family support systems are not maintained and strengthened (McDonald et al., 2017).

Necessary Interventions

The Case for Sustainable Long-term Community PSS Services

Despite the challenges highlighted above, more agencies are now incorporating PSS and mental health support into their programs based on the IASC 2007 guidelines, which promote the development of multi-layered complementary support systems grounded in a "do no harm" ethos. Save the Children, for example, runs a program that recognizes that children's wellbeing is influenced by their interaction with their parents or caregivers, their peers and others in the community.

UNICEF maintains that a resiliency-building program should focus on strengthening family and community care-giving structures for children, among other recommendations. A study of Mental Health and Psychosocial Support (MHPSS) services in Lebanon by Dr. Hala Kerbage found that in Lebanon, even though such MHPSS interventions endorsed the IASC guidelines, in practice they promoted individual-focused, clinical, and short-term interventions rather than long-term ones (Kerbage & Marranconi, 2017). In her study, Kerbage advocates for a more sustainable, culturally sensitive approach to interventions in Lebanon, rejecting an

individual clinical approach in favor of a public health and community-oriented approach. As such, a more holistic, multi-layered approach focusing more on psychological well-being and capacity-building programs would be more effective.

Focusing on Early Childhood Development and Caregivers

As one component of psychological support programming, careful attention should be paid to strengthening the capacity of caregivers in crisis contexts to provide for and nurture their children. Psychosocial interventions directed solely at caregivers, at caregivers and children, and at families are all effective at improving children's mental health (Siegenthaler, Munder, & Egger, 2012).

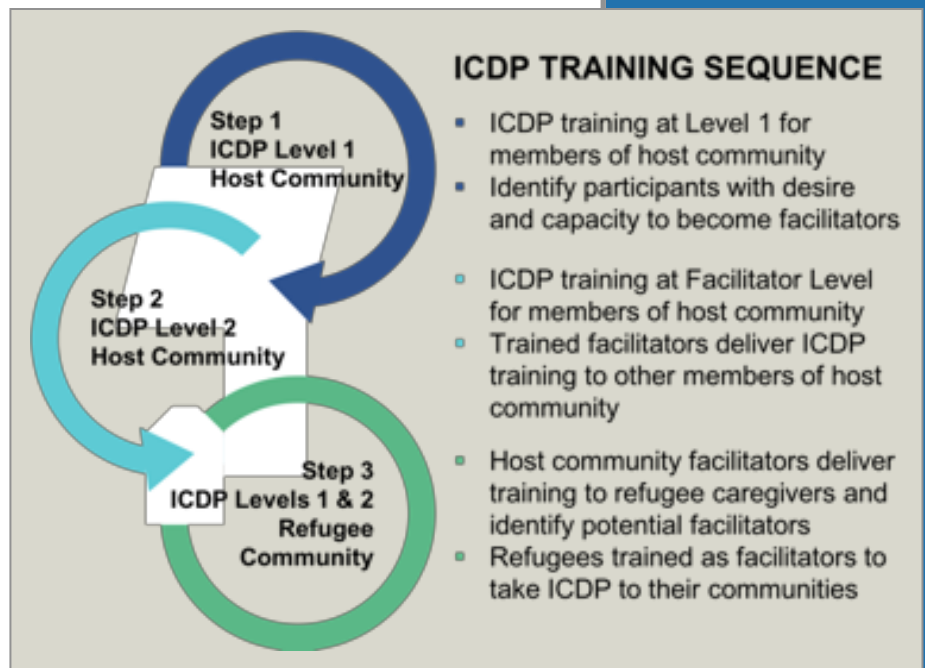
UNICEF (2012) found that children in conflict zones who have attended Early Childhood Development program centers were better able to express themselves without fear. Following participation in these programs, parents' attitudes and communication skills with children also reportedly improved. Burde et al. (2015) found strong evidence to support the impact of interventions focused on early child development in crisis on child wellbeing.

International Child Development Programme (ICDP) in Lebanon

A competence-building training program in the field of PSS aimed at helping children indirectly by strengthening the capacity of caregivers would complement the Lebanese government's psychosocial support school program and would have a far-reaching impact on the wellbeing of both the Syrian and Lebanese populations. The theoretical foundation of ICDP is derived from developmental and humanistic psychology with focus on sensitive adult adjustment and empathy (Hundeide & Rye, 2010). It is non-instructive and aims to guide carers' understanding of their children and interaction with them. ICDP does not impose an alien model but is, on the

contrary, very respectful of cultural norms. The training is done in groups, which removes the aforementioned stigma surrounding individual mental health interventions.

More of a sensitization than an intervention program, ICDP training addresses many of the issues mentioned above in the studies conducted on MHPSS in Lebanon. ICDP does not impose a western model onto the local population; rather, through a Socratic questioning method, the program encourages self-observation and reaching consensus in the group. Recognized by WHO and UNICEF, ICDP has a proven track record, has been implemented in more than 40 countries worldwide, and is now reaching Lebanon. ICDP training was introduced at the NGO Jusoor to 3 groups of Syrian refugee teachers and 1 group of Syrian refugee parents in the Bekaa Valley in Lebanon and has also been given to staff at SOS Village in the Bekaa Valley.



Expected Impact and Recommendations

The idea this brief recommends is the training of a few key individuals to become ICDP facilitators who will in turn deliver the program to their communities. By involving the host communities, the training will have a wider impact.

This will limit “foreign” involvement and give local ownership of the program, ensuring continuity and greater success than with a model imposed “from outside.” The expected outcome is a population more respectful of children’s rights, improved interactions between adults (parents/teachers) and children, caregivers better able to manage stress, and more acceptance and cooperation between Lebanese and Syrian communities.

danger of not responding to the psychosocial needs of the refugee population in Lebanon is that generations of Syrians will be severely impacted by trauma and toxic stress. Moreover, those caring for the displaced are also in dire need of psychosocial support. A holistic, multi-layered approach that reaches out to caregivers, as well as to their children, has to be the way forward. The ICDP model offers an important part of the necessary response.

Conclusion

Alongside material help, psychosocial support must play a large role in any humanitarian effort dealing with populations in crisis situations. The

References

- Burde, D. (2015). What works to promote children’s educational access, quality of learning, and wellbeing in crisis-affected contexts. Retrieved from https://assets.publishing.service.gov.uk/media/57a0897ee5274a31e00000e0/61127-Education-in-Emergencies-Rigorous-Review_FINAL_2015_10_26.pdf
- Dryden-Peterson, S. (2017). Refugee education: Education for an unknowable future. *Curriculum Inquiry*, 47(1), 14-24. <https://doi.org/10.1080/03626784.2016.1255935>
- Hundeide, K. & Rye, H. (2010). The early history, development and basic values of ICDP. Retrieved from <http://www.icdp.info/Earlyhistory.pdf>.
- INEE. (2016). Education in emergencies. Retrieved from <http://www.ineesite.org/en/education-in-emergencies>
- Inter-Agency Standing Committee. (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva, Switzerland: IASC 2007. Retrieved from http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf.
- Kerbage, H., & Marranconi, F. (2017). Mental Health and Psychosocial Support Services (MHPSS) for Syrian Refugees in Lebanon: Towards a Public Health Approach Beyond Diagnostic Categories. *European Scientific Journal, ESJ*, 13(10). Retrieved from <https://eujournal.org/index.php/esj/article/view/9732>.
- Mattingly, J. (2017). Approaches to providing psycho-social support for children, teachers and other school staff, and social and emotional learning for children in protracted conflict situations. Retrieved from <http://www.gsdr.org/wp-content/uploads/2017/06/115-116-Approaches-to-providing-psycho-social-support-Final-Copy.pdf>
- McDonald, A., Buswell, M., Khush, S., & Brophy, M. (2017). Invisible wounds: The impact of six years of war on the mental health of Syria’s children. London: Save the Children. Retrieved from <https://www.savethechildren.org.uk/content/dam/global/reports/emergency-humanitarian-response/invisible-wounds.pdf>.

- Ministry of Public Health, National Mental Health Program. (2015). The “4Ws” in Lebanon: who’s doing what, where and until when in mental health and psychosocial support. Retrieved from <http://www.moph.gov.lb/en/Pages/0/9100/the-4ws-in-lebanon-whos-doingwhat-where-and-until-when-in-mental-health-and-psychosocial-support>.
- Rabih El Chammay, M. D., Kheir, W., & Alaouie, H. (2013). Assessment of mental health and psychosocial support services for Syrian refugees in Lebanon. Retrieved from <http://civilsociety-centre.org/sites/default/files/resources/mentalhealthserviceassessmentdec2013.pdf>.
- Rivers, D. (2017). The mental health crisis plaguing the children of Syria. Retrieved from <http://www.itv.com/news/2017-03-06/the-mental-health-crisis-plaguing-the-children-of-syria/>
- Sherr, L., Skar, A. M. S., Clucas, C., Tetzchner, S. V., & Hundeide, K. (2014). Evaluation of the International Child Development Programme (ICDP) as a community-wide parenting programme. *European Journal of Developmental Psychology*, 11(1), 1-17. <https://doi.org/10.1080/17405629.2013.793597>
- Siegenthaler, E., Munder, T., & Egger, M. (2012). Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(1), 8-17.
- Tribe, R. H., Sendt, K. V., & Tracy, D. K. (2017). A systematic review of psychosocial interventions for adult refugees and asylum seekers. *Journal of Mental Health*, 1-15. <https://doi.org/10.1080/09638237.2017.1322182>
- UNHCR. (2017). Syria Regional Refugee Response. Retrieved from <https://data2.unhcr.org/en/situations/syria/location/71>.
- UNICEF. (2016). UNICEF annual report 2016: Lebanon. Retrieved from https://www.unicef.org/about/annualreport/files/Lebanon_2016_COAR.pdf
- Vermetten, E. (2015). Fear, helplessness, and horror—if it does not stop: reflections on the evolving concept of impact of trauma. *European Journal of Psychotraumatology*, 6. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4393538/>
- WHO. (2010). WHO-AIMS report on mental health system in Lebanon. Retrieved from http://www.who.int/mental_health/who_aims_report_lebanon.pdf
- WHO. (2012). United Nations High Commissioner for Refugees. WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS)(field-test version). *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises*, 34, 40.
- WHO. (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings-version 2.0 (for field testing). Retrieved from <http://apps.who.int/iris/bitstream/10665/259161/1/WHO-MSD-MER-17.6-eng.pdf>
- Yassin, N. (2018). 101 facts and figures on the Syrian refugee crisis. Retrieved from http://website.aub.edu.lb/ifi/publications/Documents/books/20180601_101_facts_and_figures_on_syrian_refugee_crisis.pdf