
UNIT 5

Helping refugee children

Learning objectives

After studying this unit you should be able to:

1. Understand the special difficulties faced by refugee parents in the artificial environment in which they live.
 2. Explain how becoming a refugee changes both culture and child-rearing practices.
 3. Understand some ways of protecting the mental health of children and allowing them to develop normally.
 4. Recognize particularly vulnerable families and understand how to meet their needs and those of unaccompanied children.
 5. Understand the need to keep appropriate records.
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Children become refugees when they seek safety with their parents or are sent for safety outside their own country. They may also become refugees by being born to parents who are already refugees. They often find themselves in a culture different from their own.

Many children have traumatic life events but not all have mental health problems. Although only a small proportion of people need mental health care, people who work with refugee children and their families should be able to recognize signs of mental disorder or emotional distress in children and know how to help. Help that is appropriate for refugee children may be different from help that is appropriate for children who are not refugees.

As far as possible, refugee children should be cared for within their families and communities. Child care workers must seek the help of traditional health, religious and social systems to treat children in ways that are appropriate to their culture.

Looking after the mental health of refugee children

Refugee populations can help themselves if they are given the chance to do so. It often used to be thought that refugees needed only to be provided with material needs such as food, water, shelter and medical care. Now we know that refugees must also be helped to recover their emotional, cultural and spiritual strength. Work with children involves meeting both material and nonmaterial needs. Helping the whole refugee community to maintain its mental health will provide great support to children.

Factors that would improve the mental health and well-being of refugee children include:

- A return to the security that a strong and stable family can offer.
- Living in a stable environment which does not change from day to day. Children need goals that are attainable as well as structure and a sense of purpose in their lives.
- Provision of material needs such as food, water and medical care.
- Help for both parents and children in recovering from emotional shocks.
- Experiences that children living “normal” lives might expect. For example, refugee children need positive role models (people who set a good example



A strong stable family can improve the mental health of children

and whom children can imitate). Like other children, refugee children need to learn new skills and receive education.

- A belief in the future and the opportunity to influence what happens to them.
- Some understanding and acceptance of what has happened to them and why it happened. This could be explained in political or other terms.
- The opportunity to complete all the normal stages of child development.
- The time and opportunity to recover after their experiences and to grieve over the deaths of those they were close to.

Remember, children can benefit from childhood only if they have the support and care necessary for normal psychological development. To deprive a child of that support is as serious as depriving him or her of food and shelter.

The special needs of refugee children

When children and their parents become refugees they face separation, loss, uncertainty, stress and hardship. These can disrupt the normal growth and development of children.

Refugee parents have many difficulties and may themselves suffer as a result of:

- the shock of the events that made them refugees;
- abuse, violence or torture;
- the death of one or more family members;
- witnessing the death, torture, imprisonment or disappearance of family members;
- grief over the loss of country, language, culture, career and property;
- fear for their personal safety now and in the future;
- worry about the safety of family members imprisoned, left behind or separated from them during the journey.

To be a refugee is to live in an artificial environment. Refugees are living neither as they did in the past nor as they will in the future. In a refugee situation the roles of adults and parents become very different. Adults can remember the past, their own childhood and life before the move. Refugee children may have spent their whole lives, or all they can remember of them, as refugees. They may have seen their parents only as refugees and may have few memories of how they were before. Camp life is not a normal way to live.

Refugee life means:

- People may not know what is going to happen to them and have no control over their situation.
- There is very little or no employment.
- There is little space and movement, and not much to eat and drink.
- Normal roles, cultural life and daily routines have been lost, leaving people uncertain, frustrated and depressed.

Because of this situation parents in the camp may become very dependent on having things done for them. They may seem not to bother what happens to them. Men lose their means of earning and providing for their families. Women lose their traditional ways of caring for their families and rearing their children. Everyone loses self-respect, motivation and interest in life.

Building a cultural framework

Culture provides identity and continuity for children. The beliefs and values that hold people together in families and communities are passed on through culture.

Remember:

It is best if those who work with refugee children are from the children's own culture and share the same language. With the help of interpreters, it is usually possible to find paraprofessionals or professionals in the refugee community to do the work. Other members of the refugee community can be trained to take over the work in due course. Look first to the refugee community for workers.

If you are working with refugee children who are not of your culture, you can get help and information about the children's culture from other refugees. When talking to the community you might want to ask how people care for their children, what rituals and celebrations they have, and what hopes they have for the future. Also ask about the roles of different family members. Find out how the community cares for children without families.

Ask about how children are cared for and reared in the refugees' home country:

- Does the immediate family (mother, father, sisters and brothers) care for infants? Or is there an extended family system where grandparents, aunts and uncles care for children?
- Who disciplines children and how do they do it?

- Are certain kinds of behaviour accepted until the child reaches a certain age? Is the child then expected to mature and behave differently?
- Are children from large families often sent to live with other family members? If so, what is the children's role in their new family groups?
- What do parents expect of their children at different ages? What work do parents expect a child of a certain age to do in the home? How much is a child of a certain age expected to look after brothers and sisters? At what age would children normally start school and how long would their education last? When would they learn a trade? When would they leave home?

In particular, ask about care for unaccompanied children:

- What is the traditional way of caring for children without relatives?
- If traditional methods of care are no longer available, how are children being looked after now?
- What does the community think about foster care (taking responsibility for someone else's child for a period of time), adoption or caring for other people's children?

Changes in child-rearing practices

The child-rearing practices of refugee communities have usually been disrupted. This may not have happened only recently. Child-rearing practices may have been disrupted for a number of years because of troubles in the home country, famine, a series of moves, or losses to the family or the whole community.

Why child-rearing practices change

Child-rearing practices may change because:

- Families may not be able to provide for their children in the way they used to. It may no longer be possible for parents to fulfil their earlier roles.
- Men are unable to work and support the family as before. They may not be able to make decisions about what will happen to their families.
- Women are unable to carry out the daily tasks they used to do for their families.
- Families may no longer get much support from the community. For example, the community may no longer organize religious ceremonies or education for refugee children. Economic events like markets and cultural events like dances or theatre may have stopped.
- Refugee parents often feel powerless to help their children.

- Family roles are changed or lost. The stress of this may lead to family abuse or neglect. The family unit may even break down.
- Refugee families are often headed by single mothers who may have to spend most of their time at work to make sure that the family survives. This can seriously damage the normal mother–child relationship.

All of these things affect the family in general and child-rearing in particular.

How to recognize the mental health problems of children

To recognize children who may have mental health problems, it is necessary to listen and observe. Listen to what children say both in words and through their behaviour. Observe what children do as you talk with them or as they play alone or with others. Later in this unit there are lists of signs of distress in children of different ages.

- Talk with parents and other adults who know the child. Is the child behaving differently from before? Have the child's personality, mannerisms or outlook on life changed greatly? Do the adults think the child needs help?
- Talk to the child about everyday things and observe how the child responds. Does the child listen to you and understand what you are saying? Does the child's understanding seem satisfactory for its age?
- Does the child appear very confused or upset? Is he or she unable to concentrate or respond to questions?
- Compare the child's behaviour with that of other children in the same setting. Is it about the same as the behaviour of other refugee children in the camp? Do children in this camp appear to have about the same behaviour and interests as local children?
- Observe the child at play. Does the child play appropriately for his or her age? Is the playing typical of other children or is it somehow different?

If you find that a child has a mental health problem, question the parents or other carers to find out if the problem was there before or if it has started recently and seems to be a result of recent events in the child's life.

If the problem was present before, the treatment will differ. Also, an existing problem is likely to be made worse by the disruption of becoming a refugee.

Problems that occur because someone is a refugee are more likely to improve as a result of help given to the family and child. Some of the ways of helping children of different ages and their mothers are discussed in the following sections.

Helping young children and mothers

Identifying infants who need special help

Look out for the following signs of mental distress and problems in a child under 2 years of age:

- The child cries all the time or gets hysterical (crying wildly and screaming).
- The child shows little interest in what is happening or is frightened of people who come near. This may be due to malnutrition, not enough emotional care or, more often, a combination of the two.
- The child has difficulty in eating or sleeping.
- The child bangs his or her head or rocks backwards and forwards.
- There is no “babbling” or “baby talk”.
- The child is unresponsive. This may be because the child is not getting enough physical contact (is not being held or touched enough).
- The child returns to the behaviour of a much younger infant (for example, the child may stop walking or trying to talk).
- The child may be late in beginning actions such as smiling, sitting, walking or talking. Remember, however, that babies do not all develop at the same rate.

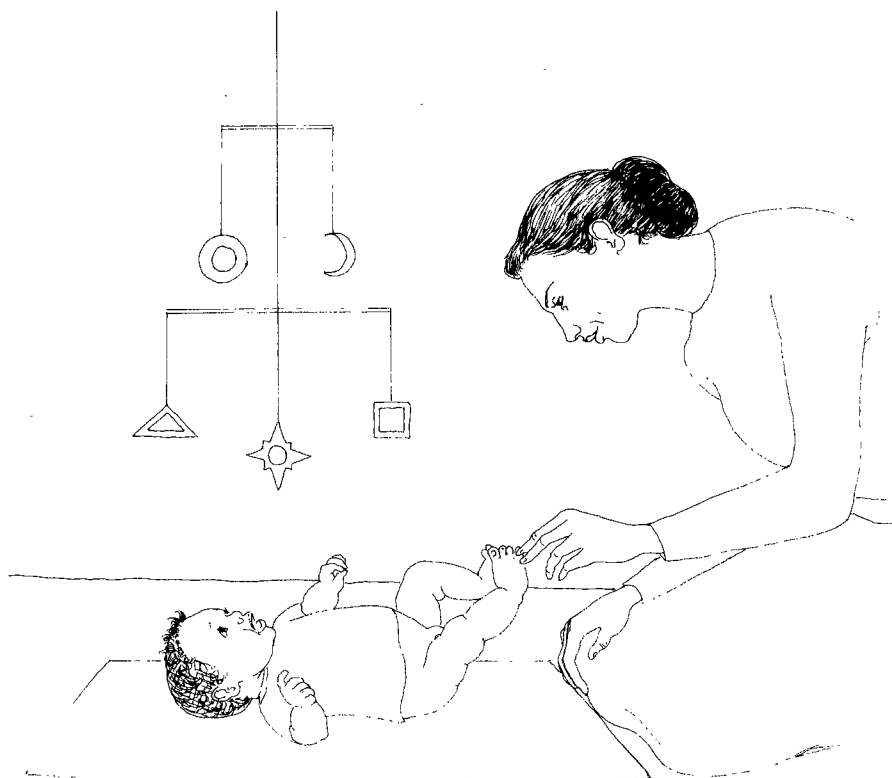
All these signs can result from malnutrition or lack of maternal care, or both. There is often a damaging cycle — the less responsive a child is, the easier it is to overlook his or her needs. This is especially true when there are older children who also need attention. Babies that we say are “good babies” because they are quiet and unresponsive may in fact be showing the effects of serious malnutrition or neglect.

Infants with mental health problems may have delayed development. Delays may have psychological or physical causes, including malnutrition. In both cases the treatment is the same: provide mother and child with an infant stimulation programme.

Helping mothers to stimulate their infants

“Stimulation” means actively encouraging infants to use:

- their senses (sight, hearing, etc.);
- their motor abilities (their skills in moving);
- their ability to learn and to solve problems;
- their ability to communicate with others.



Help mothers to stimulate their infants

The aim of stimulation is to maintain the infant's development or to help the infant come as close as possible to the normal level of development. This is important for two reasons. First, stimulation motivates the baby physically. Second, it encourages the baby to make contact with the mother or carer. Mother and child respond to this attention. Their relationship becomes stronger. The mother can start to feel in control of at least one part of her life. She can see the immediate positive result in the baby. The mother is pleased, so the baby wants to do more.

This attachment to the mother is one of the most important steps in child development. From this early experience of trust and love, children learn communication skills that they will use for the rest of their lives.

Ways to stimulate speech

The mother can do the following to help to stimulate speech:

- Talk to the infant while breast-feeding or spoon-feeding. Make eye contact and talk or sing to the infant while nursing.
- Put the infant on her lap or hold it in front of her as she talks. Name parts of the body or objects and sing and tell stories.
- Carry the infant around with her and name objects. Talk about the surroundings or what she is doing. Tell the child where she is going.

This type of stimulation can have the following results:

- The mother conveys a sense of caring and warmth through the direct contact and attention she gives to the child.
- Older infants become more aware of their surroundings.
- The child has an opportunity to hear words and learn how they are formed as the mother says them again and again.
- The infant begins to attach words and names to objects and activities.
- Older infants form the basis of a vocabulary.

Infant stimulation does not need to be dealt with in a complicated programme. Often mothers have very little time to attend sessions outside the home.

Other helpful activities

- Help the family to construct or find a few simple playthings and encourage mother and child to play together for short periods every day.
- Get older children or relatives to play with or stimulate the baby using the toys at hand.
- Make toys from local materials. Making toys can be another way to involve parents in caring for the child.
- Folk stories and songs should always be part of activities with children.
- Search for items an infant would play with under normal circumstances.

Using play to stimulate young children

Here are some suggestions of simple playthings that can be used to stimulate infants as they play.

<i>Plaything</i>	<i>Activity and purpose</i>
Traditional toys made by parents	Encourages parents to be involved with the child when he/she plays.
Small stones in a gourd or plastic container	Used as a rattle to encourage the baby to listen to, look for and find the sound.
Larger stones and a gourd	Stones are put into and taken out of gourd to help eye-hand coordination.
Doll/animal figure made of cloth	Teaches the child to recognize figures. The child can touch, taste and handle the figure in play.
Soft ball of tightly rolled cloth	Rolled back and forth between the adult and child to improve eye-hand coordination. This also helps the child to play with other people.
Bright objects hung up as a mobile over the child's bed	If they are placed out of reach, the baby will look at the objects, follow them with its eyes and reach for them.

Stimulating infants with malnutrition, illness or delayed development

Young children recovering from severe malnutrition, illness or delayed development need activities that encourage them to use their bodies. Here are some examples:

- Instead of handing a plaything to a child, hold the plaything so the child reaches up to get hold of it.
- Place an object just out of reach of the child so that he or she has to move to get it. Then place it a short distance away so the child has to crawl to reach it.
- Find a suitable place where infants learning to walk have something to hold on to and can pull themselves up onto their feet if they fall. Make a frame for infants to hold on to. Place a toy where the child can reach it by standing up.
- If an infant is able to stand, encourage him or her to step away from the frame towards the mother. The mother should wait ready to receive the child.
- Do not rush the activities. Young children who have not been active need time to learn to use their bodies and to become confident enough to try to do new things.
- Do not move a toy out of an infant's reach too often. This will frustrate and discourage the infant from trying again. Give the child a chance to reach and hold the toy.
- Always look for activities that make the child look, listen, reach for things, talk to people and think about what is happening.

- A baby's contact with the mother (looking at each other, being talked to and making sounds) is as important as playing.

Help or encourage mothers to do these types of activities with their young children. Work with mothers individually or in small groups.

Stimulating infants in groups

All the above stimulating activities for infants can be carried out in groups as well as by mothers on their own with their children. You may wish to organize meetings of groups of mothers and young children. Here are some things to remember when you set up a group like this.

- Each group should include no more than six or eight mothers with their children.
- The group should be led by a person who has a basic knowledge of child development and of group work with mothers. The leader should come to all group sessions and should get along well with the mothers. In time, members of the group can be trained to start their own groups.
- Meetings should be held in a quiet place without onlookers. There should be space for mothers and children to move around.
- Meetings should be held in the cool of the morning before the children or adults are tired.
- The group should meet at least three times and up to five or six times. Sessions should last one hour and should be held at least once a week.
- Mothers should be told the number of times the group will meet and how often and at what time sessions will be held.

Mothers who need special help

If a mother is severely depressed by her situation, you may decide that it is necessary to arrange for more support than a group can offer. It is still best not to move the mother and child from the home, if possible. Here are some ways to offer support:

- Arrange home visits to make sure that the mother and child have lots of support to begin with. As the mother gets better, visits can be decreased gradually.
- It may be possible to get relatives, neighbours or other women who are alone to help in the day-to-day care of the mother and child.
- Later a group of home visitors of this kind should be trained to keep an eye on the mother and child.

- In very extreme cases, it may be necessary to move the child and mother to a place where they can be cared for. Mother and child must not be separated.

Helping the preschool child

After a young child stimulation programme, it is important to continue with programmes for older preschool children. This is a very good way of preventing refugee children from falling behind in their development. Stimulation programmes may be linked with organized preschool groups. Refugee children may never have had the opportunity for such an experience before. They may never have been able to use the materials normally found in a preschool, like paper, scissors, paints and clay. This is an important experience in children's development and it helps to prepare them for school.

Preschool groups give parents a few hours away from the demands of the young child. More importantly, preschool groups offer a safe care arrangement if parents have to be away from home during the day. You may have to find children whose parents cannot look after them during the day. In some cultures children are left in the care of an older child and the idea of taking a young child to a preschool group at a set time may seem unusual. You may have to explain and discuss this idea with parents to make it work.

Identifying children of between two and four years who need special help

Preschool children in special need of stimulation may have a number of symptoms. Here are some typical symptoms to look for in children needing special attention:

- The child seems to be going back to an earlier stage of development. For example, the child may act like a younger child in speaking or in controlling his or her behaviour.
- The child sucks its thumb or fingers.
- The child wets the bed at night or wets itself in daytime even though it has already been toilet-trained.
- The child loses control over its bowels.
- The child has nightmares and night terrors.
- The child is frightened of real or imagined objects.
- The child is hyperactive or behaves in a way that the family cannot control.
- The child is aggressive towards others.
- The child shows obvious fear and mistrust of others.

- The child is unable to concentrate.
- The child is not active at all or is unresponsive.
- The child has difficulties in learning.

Stimulating the preschool child

Whether you are helping preschool children within the family or in preschool groups, it is important to know which activities are appropriate for this age group.

Speech activities

Preschool children understand that language and words are for communicating what they want. During the preschool years they spend a lot of energy practising and perfecting words and learning how to use them.

Increase the child's chances of using these new skills of talking. Look for ways to introduce new words and their meanings.

Most important, continue to set aside special time to talk to the children face to face and to listen to them, even if for only a few minutes a day. In preschool groups, children learn to sit in circles for songs and word games. They may not be able to do it when you first start the group, but this is the beginning of learning how.

Play activities

Here are some suggestions of toys that can help stimulate preschool children as they play.

<i>Toys</i>	Pebbles, clay shapes, beads or sticks.
<i>Activity</i>	Children sort them by size, colour and shape.
<i>Purpose</i>	Develops a systematic way of classifying things. This early concept of groups and categories is the first step to organizing and counting.
<i>Toys</i>	Play objects or implements for things that adults do, such as sweeping, gardening or writing. An activity may not require a toy but just an adult with the time to lead an imaginary game.
<i>Activity</i>	Let children "help" with your work in simple tasks such as carrying water or food and cleaning at home. Join in when the child wants to imitate what you do. Explain what you do each day and why.
<i>Purpose</i>	This is the age of imitative play. By such play children learn what adults do and start to establish their own identity. More importantly, it is a first step in learning more serious concepts of right and wrong, moral and social obligations and how adults treat one another.

Continued

<i>Toys</i>	Objects for small hand skills: paper for tearing into shapes or cutting; pencils and crayons for drawing and colouring; sticks for drawing in the earth; beads (of paper or clay) for stringing together; cups or gourds for pouring back and forth water, sand, gravel or mud; simple sewing materials. Objects for large skills: hoops and sticks for rolling; balls for kicking and throwing (can be cloth, wooden or woven) or even tin cans for kicking; swings (from cloth hammocks or carrying slings); climbing frames or sliding boards (from wood, tin or bamboo).
<i>Activity</i>	For small skills, practise with the toys, draw pictures or make things. For large motor skills, play games that involve running, skipping, throwing and kicking (usually alone as preschool children are not yet old enough for group sports).
<i>Purpose</i>	Improves coordination between eye and hand and overall body coordination at an important time. As with speech, there is a long period of development during which all these skills are practised and repeated. Self-esteem and self-confidence improve when skills are mastered. Learning skills encourages independence and gives the child courage to try new things.

Group activity

With their mothers, preschool children can sit in a circle and begin to listen to songs, or learn them, and play word games. This helps with speech. Songs with hand or body movements (ritual folk dances) help with coordination and rhythm. Group work is the start of learning to work with others.

Helping children of school age

The years during which children are normally at school are important for their development. Their view of the world and what happens in it changes dramatically during this time.

Identifying children of school age who need special help

Children of school age (6–11 years) in need of special attention for stimulation may have some of the following symptoms:

- The child may be always crying.
- The child may tremble or appear frightened.
- The child may indulge in self-stimulation such as rocking back and forth or banging the head.
- The child may have sleep disorders, nightmares or sleeplessness, or may sleep excessively.
- The child may wet the bed.
- The child may have eating disorders.
- There may be physical illnesses or problems such as headaches, dizziness, backaches, eye strain or stomach upsets with no apparent cause.

- The child may be physically aggressive or very loud and rough during play.
- The child may be extremely withdrawn, quiet and well-behaved, never expressing feelings or desires, or depressed and unresponsive.
- The child may start acting like a much younger child (for example, there may be loss of bladder control).
- There may be restlessness and inability to complete a task.
- The child may be unable to concentrate or remember things in school.
- The child may be irritable towards others or unable to work with others.
- The child may be frightened of others and unable to trust them.
- The child may be always thinking that bad things will happen in the future.

Stimulating children of school age

If a child's disturbances are not severe, even the simple step of parents or caregiver listening sympathetically may help. If more help is needed, one way of doing this is to provide opportunities for play or other activities that help children relieve their own stress and anxiety.

How play helps

Play is a way of relaxing and interacting with other children for enjoyment. It requires very little involvement from adults. It is also a way of developing physical, mental, emotional and social skills.

Children can express their feelings through drawing, painting, making things or doing drama activities. In this case an adult who knows the children and is a sensitive listener can help them to express their feelings.

Play provides a way for children to talk about their feelings and what has happened to them following a disturbing event. This special healing use of play requires the help of a child specialist or someone skilled in working with children in this way.

How groups help

Children with mental health problems may also be helped by meeting in groups. Groups are an important part of working with children of school age. An adult leads the group and it can have different goals and activities according to the needs of the children.

Groups offer structure, consistency, security and a safe place to learn. They offer stability in the familiar form of an event with a beginning, middle and end. This may sound simple but it is an important source of security to a child.

Groups allow children to see others with similar feelings and problems. Children see how others react to problems and learn the steps in solving problems.

Activities in groups take place in a structured setting where children know the rules and know what is expected of them.

Types of children's groups

Some children's groups may meet just for recreation. "Recreation" means simple games, sports and structured play activities that children would be playing in normal circumstances. Materials do not need to be elaborate and, wherever possible, parents and adults from the community should be involved in the preparation and running of such activities.

Activity groups with a focus are also beneficial. Find adults in the community to teach children folk or cultural arts such as dances, songs and drama. This would normally happen but in the refugee setting it may need to be specifically organized. If it is already taking place in the camp it may only need some material assistance such as the construction of a shelter or provision of some simple equipment. Activity groups may also focus on other forms of expression such as drawing, painting, clay modelling, music, singing and stories. Cultural activities strengthen cultural ties and provide a routine for children. Folk songs, dances and stories are familiar to the community and comforting to the children.

Groups that provide some level of treatment follow naturally from activities that allow children to express themselves better. Children who are unable to talk about their problems can be helped to express their fears through drawing, music and drama. This requires the help and support of a sympathetic adult trained to listen to and support children.



Groups offer children a structure, consistency, security and a safe place to learn

Groups for refugee children

- Children's groups should be well structured and stable.
 - Groups should meet once or twice a week and should last for about one hour.
 - Groups should always meet at the same time and do what has been agreed.
 - There should normally be 4–6 members, but no more than 12.
 - Children should be allowed privacy and confidentiality.
 - Groups should meet in a calm, private place with no curious onlookers or parents watching.
 - Group leaders should be prepared to discuss with the parent and child, in a separate meeting, what has gone on in the group.
 - Groups should create an atmosphere of security and safety so that children can express their needs.
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The mental health needs of young people aged 12–18 years

The main problems of people in this age group relate to separating from their families and becoming independent. It is important for their development that they are able to practise skills with other young people of the same age.

They also need to copy adult behaviour as they gradually take on adult roles in their community and society. The passage from childhood to adulthood is vital to healthy development.

Symptoms of distress in young people include:

- withdrawal from others; failure to form relationships;
- identifying too much with others; being dependent on others for direction;
- aggressive behaviour, attitude or actions;
- agitation, restlessness or inability to remain still or concentrate;
- extreme depression; unresponsiveness to the extent that they are immobile (catatonic);
- moodiness or changes of mood and behaviour from one extreme to another in a short time;
- functional or physical complaints (such as frequent headaches, stomach upsets, eye strain) caused by stress (see Unit 2);
- sleep problems;
- hallucinations; seeing or hearing things that do not exist;

- paranoia or inability to trust others; feeling that others are threatening to do harm;
- suicide attempts.

The refugee situation can make matters worse because:

- young people are prematurely separated from family because of forced movements or poverty;
- young people's roles in the community and the community itself may change;
- family needs may force young people into adult roles earlier than is normal.

Three common problems

In work with refugee children there are three common problems that cause special concern and require extra attention.

Firstly, some children belong to vulnerable families. These families need to be identified because they are liable to family breakdown. They should be given help to prevent family breakdown from happening.

Secondly, many children may be unaccompanied. They have special needs. If these needs are not met, serious mental health problems are likely to occur. Grief over loss of family and home is normal and the child must be allowed — and even encouraged — to talk about this loss.

Thirdly, the mental health records of children need very careful attention. They should reflect the culture in which the child has been reared. They must also remain confidential. Mental health records should not include information that could be used to threaten or harm the child or the child's family.

Vulnerable families

In any emergency there are three particularly vulnerable kinds of family:

- single-parent families, especially those with several small children;
- large families;
- families that are caring for other people's children in addition to their own.

It is important to identify vulnerable families early. Find them by:

- interviewing new arrivals at registration points, food distribution centres, health care centres or other places where people gather;
- conducting house-to-house surveys;

- asking refugee leaders to identify families with problems;
- contacting relief organizations which may already have identified such families.

Why parents may abandon children

Parents may reach the point of abandoning children if they feel that their situation is desperate. For instance:

- The parents are unable to care for all the children in their care.
- The parents do not have enough water, food, fuel or other materials and see no help coming.
- The parents are discouraged and uncertain about the future and their ability to care for their children.
- The parents are ill or in poor health, malnourished and have no hope. This means that, physically and mentally, they are not able to care for their children.
- One or more of the children is in poor health and is not recovering.

Help for vulnerable families

The right type of help delivered in the right way can keep vulnerable families together. Help can be given both in the short term and in the long term.

Examples of short-term help

- Providing material items.
- Medical care.
- Extra feeding.
- Stimulation programmes for children.
- Training of adults in parenting skills.

Examples of long-term help

- Agricultural help, including land and livestock, for rural families.
- Work training, small business loans and day care for urban families.
- Improvement of the community as a whole.
- Child care arrangements.
- Eventual help to return to the home country.

Unaccompanied children¹

Family breakdown and separations are often inevitable in mass movements of people. They are especially likely if the situation in the refugee camp is unstable.

Emergency care for unaccompanied children should provide for immediate needs, including shelter, food, medical care, a stable environment, and physical and emotional security. At the same time, information must be collected about each child and about missing family members. A tracing centre should be set up where information can be collected and made available to children seeking their parents or to parents seeking their children.

Early in an emergency situation, pay special attention to young children and infants. It is important to make sure that their health, nutrition and development needs are met.

- There should be a medical examination for each child and medical records must be kept.
- Each child should be immunized (vaccinated) against measles, especially infants aged between 6 months and 5 years.
- Each child should be given vitamin A in the correct dose for the child's age.
- Children should be screened for malnutrition, especially those under 6 years of age. Those found to have nutritional deficiencies should be referred to feeding centres.
- Each child should be screened for psychological problems and delayed development caused by malnutrition, poor health, disease or neglect.

In the longer term, the care given should be appropriate to the child's age and culture. Care should resemble as closely as possible what would be provided in a natural family situation. The care given to unaccompanied children should aim to meet a range of needs.

- **Physical needs.** Children need adequate food, water, shelter, clothing and sanitary conditions to maintain good physical health.
- **Medical needs.** Medical services must be provided for medical emergencies and other illnesses as well as for immunization.

¹ The UNICEF manual *Assisting in emergencies* describes the administrative management of unaccompanied children and also touches on their emotional and developmental needs. The manual was published by UNICEF in New York in 1986. A revision is in preparation.

- **Psychological needs.** All people, and particularly young children, have emotional needs. It is essential for children's present and future well-being to provide them with a stable and secure environment. Unaccompanied children must be enabled to maintain an affectionate long-term relationship with an adult. Children need to be able to speak the same language as those around them and stay within their ethnic community or culture. They also need help with individual needs and difficulties.
- **Special needs.** Unaccompanied children should receive the same level of material help as the rest of the refugee population. They should have the same type of housing, the same food, and the same use of the camp school, medical centre and other facilities. Unaccompanied children should not be helped to a higher standard of living, however, for this may tempt vulnerable families to abandon children in order to get more material aid. In difficult circumstances, when there is a threat to physical safety and the future is uncertain, parents may encourage children to leave them and enter facilities for unaccompanied children. They do this to keep their children safe and to make sure that the children have education, food and opportunities for the future.

The care needed can be provided in several ways:

- Each child may be assigned to an appropriate adult carer.
- Unaccompanied children may be given care in extended families or with other children in small groups. The members of these groups should be from the same culture and, if possible, the same community.
- Trained carers may look after small groups of children.
- Supervised independent living facilities may be provided for older adolescents.

Symptoms of loss

All children who are upset by separation and the loss of their family show similar signs of suffering. Their development may stop and may even seem to reverse.

Infants and toddlers who are separated from their families may often:

- cry intensely for short periods;
- be reluctant to accept the substitute carers;
- refuse food;
- suffer digestive upsets;
- have sleeping problems.

Unaccompanied children have special psychological needs



Children of about 4–5 years may have the same reactions. Also their development may seem to go into reverse. They often behave as they did when they were younger. A child of this age may:

- suck its thumb;
- wet the bed;
- have difficulty controlling impulses (losing its temper easily or acting out other feelings);
- go back to talking as it did when it was younger.

Unaccompanied children aged 4–5 years may often have nightmares and night terrors. They may also be afraid of specific objects or other things (loud noises, animals) and of imaginary beings such as ghosts and witches.

Children of school age can become:

- withdrawn from carers;
- depressed;
- irritable;
- restless;
- unable to concentrate;
- disruptive at school;
- withdrawn from children of the same age.

Adolescents react to separation from their families by becoming:

- depressed;
- moody;

- withdrawn;
- aggressive;
- prone to frequent headaches, stomach pains and other functional complaints.

Providing help to unaccompanied children

Children living without their families and in difficult conditions have lost the special attention they received in their families. Their sense of belonging has gone and with it the assurance that they could rely on the family in all circumstances.

This loss, together with bereavement and the process of grieving that needs to take place, can greatly affect a child's behaviour. Whether mental health problems occur immediately or years later, the loss of the family can seriously disturb the functioning of the child or young adult, even to the extent of being unable to carry on with daily life.

In providing psychological help to unaccompanied minors who have lost their parents, experience has shown that one of the greatest aids to recovery is reunification with family members. The re-establishment of a link to the family, even in the continued absence of parents, can give the child hope for the future and a sense of security and belonging.

If there is no reunion, it is important to involve the child in trying to trace the family. This stimulates hope and gives the child self-esteem associated with active participation in the search. This may help to lessen some of the guilt feelings that often overwhelm children who are separated from their parents.

The unaccompanied child must be permitted and encouraged to express grief and sadness at the loss of family, friends, possessions, language, culture and homeland. The ways in which grief is expressed and recovery from grief takes place depend on the culture in which the child has been reared. Often children are not allowed the necessary time and conditions for this process to take place. This can result in serious setbacks in development at the time or even years later.

Younger children need the positive experience of attachment to adult carers. Many refugee children experience a series of losses that include parents and other adult relatives. They then find it difficult to form a close relationship with other adults because they are afraid of experiencing yet another loss. To help them overcome this fear the adult carer needs to have patience. Over a long period of time, the children must be provided with the sense that they are loved.

Mental health records of children

The camp administrator is responsible for keeping records of the health care given to unaccompanied children. The United Nations High Commissioner for Refugees (UNHCR) has produced guidelines on this topic (see "Notes for camp administrators", below).

Do not give children or adults diagnostic labels. Just describe the behaviour and how frequently it occurs. For example, if you think that a child is "very depressed", do not record this as a term, or label, in the records. Simply give a description of the child's behaviour, such as: "Child A is often seen crying during the day, shows no interest when asked to take part in activities with others, and sleeps very badly at night. This has been going on for two weeks."

If you think that a child is suffering from acute anxiety, use a description such as: "Child B cannot concentrate or sit still in school, sleeps badly and eats very little. She asks many questions about the immediate future and refuses to talk about her past experiences. She has been like this the two months she has been here". This tells much more than saying that a child is "depressed" or "abnormal".

As with adults, it is unwise to label children with mental diagnoses, since these may stay with them for the rest of their lives. It is better just to describe their behaviour and say how long they have been like that.

Notes for camp administrators

Record-keeping¹

Records must be kept for all children who receive health care, whether for physical or psychological problems. Normally only medical treatment and immunization are recorded. Parents may be given copies of the records which they can take with them if they move from one place to another.

In the case of unaccompanied children, record-keeping may be more complicated. Records should include a family history and the findings of interviews with the child. These can be used later in tracing and reuniting families. Details of treatment and care and of the child's progress should also be recorded. Record-keeping may seem a minor aspect of child care but it needs to be done carefully to guarantee confidentiality and to protect the child's rights and interests.

¹ Full details about keeping records on unaccompanied children can be found in: Williamson J, Moser A. *Unaccompanied children in emergencies: a field guide for their care and protection*. Geneva, International Social Service, 1987. The text here is summarized from this publication.

Confidentiality

Information should always be recorded carefully and kept safely. Sometimes there are political reasons to avoid recording information about children's relatives. Certain information may become dangerous to the child or to other family members in another place. Sometimes even names and places must be kept confidential. When a family has to move suddenly there is always a risk that records may be lost or leave the hands of the people who made them.

Transfer of information

If it is necessary to transfer medical records or family information to another person or organization, the family should be informed of any risks involved and should be asked if they are happy about the transfer. It is best to use a simple system of cross-references and to label files with numbers or letters. Keep the list of names separate and confidential.

Accuracy in details

Accuracy is essential. In an emergency situation there may be only one chance to interview a family or others who have information about a separated child. All names of people and places should be recorded in the language, script and characters used by the people affected by the emergency. A mis-spelled name could delay and confuse the tracing of a family member.

Unaccompanied children

A record card of key information should be readily available on all children separated from their parents. This should have all the usual details plus extra information about the family. Records of family histories, with family relationships noted, are also important. Family histories are details of the child's past movements and of family members before the child was separated from them. The child, and any brothers and sisters, must be interviewed to find out basic information and to build up details of the child's history.

Records on unaccompanied children

Records on unaccompanied children should include the following information:

- Personal details (with a clear photograph).
- The circumstances in which the child was found (where, by whom, in what situation).
- The circumstances of the separation from the parents (how it happened, where).

- The history of the child before and after the separation from the parents.
- Medical and health records (immunization, growth charts).
- Details of current care and the child's development.

One mistake often made in record-keeping is the use of a psychiatric "label" to refer to emotional problems or behaviour. Accurate diagnosis is very difficult in unsettled refugee conditions. Often what a Western-trained mental health professional sees as psychotic or abnormal behaviour may in fact be normal in the culture of the refugee (e.g. believing one can see a relative who has died). Problems may occur in reaction to situational stress. It is important for the child, the family and future users of the records to avoid the use of labels and one-word terms to describe children or their behaviour.