

Guiding principles

Addressing the rights and needs of tsunami-affected children

The following two sets of guiding principles were drawn up in January 2005 by the International Rescue Committee, Save the Children UK, the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR) and World Vision International (WVI), following the tsunami of December 2004. Both sets of principles draw heavily on the Inter-agency Guiding Principles on Unaccompanied and Separated Children, which were established to ensure that the rights and needs of separated children are effectively addressed. See the "Further reading" section in this ECM for more information. Organisations working on behalf of children are strongly encouraged to endorse these principles.

Psychosocial care and protection of tsunami-affected children

Exposure to natural disasters has a devastating impact on the psychological and social well-being of children, adolescents and adults. It is now widely accepted that early psychosocial interventions that help to mitigate the effect of trauma, alleviate psychological distress and strengthen resiliency must be an integral part of humanitarian assistance. In the case of children and adolescents, psychosocial interventions also aim to maintain or re-establish their normal development process. The broad framework for planning and implementing psychosocial programmes is provided by a) the relevant Articles of the Convention on the Rights of the Child, and b) UNHCR Guidelines on Protection and Care of Refugee Children.

What do we mean by 'psychosocial'?

For the purpose of this statement, 'psychosocial' refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other.

'Psychological effects' are those which affect different levels of functioning including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions) and behavioural. 'Social effects' pertain to altered relationships, family and community networks and economic status.

The following principles based on a body of evidence should guide psychosocial programming

Nearly all children and adolescents who have experienced catastrophic situations will initially display symptoms of psychological distress, including intrusive flashbacks of the stress event, nightmares, withdrawal, inability to concentrate and others.

- Most children and adolescents will regain normal functioning once *basic survival needs* are met, *safety and security* have returned and *developmental opportunities* are restored, within the *social, family and community context*.
- Some children will require more specialised interventions to address their suffering and help restore their flow of development. Immediately after traumatic events, activities and opportunities which allow children to talk about or otherwise express painful experiences and feelings, such as physical and artistic expression, are most beneficial if facilitated by people the children know and trust, and have continued contact with.
- However, 'trauma counselling' should never be the point of departure for psychosocial programming, because structured, normalising, empowering activities within a safe environment will help the majority of the children recover over time.
- Trauma counselling should never be provided unless an appropriate and sustained follow-up mechanism is guaranteed. Defence mechanisms

exist for a reason and breaking them down before the child is ready and in a safe physical and emotional environment leaves him/her open and vulnerable to a re-traumatisation. There are serious risks associated with trauma counselling carried out by non-professionals.

- Dramatic consequences for a child's life pathway can have more damaging consequences for the individual's well-being than the traumatic event itself (an example would be a child's loss of parents having to grow up as an orphan, or destruction of school system leaving children without education).
- The psychosocial well-being of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed through concurrent parent-focused psychosocial interventions.
- Children's – and adults' – participation in decisions which affect their lives has a positive effect on their mental health, empowers them and helps them to regain control over their own lives.
- Grounding all psychosocial interventions in the culture, unless it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.

Psychosocial interventions based on the above principles

- Reconnect children with family members, friends and neighbours
- Foster social connections and interactions
- Normalise daily life
- Promote a sense of competence and restore a person's control over one's life
- Allow for expressions of grief within a trusted environment, when the child is ready and follow-up is guaranteed

- Listen to children and adults before acting. Ensure that interventions are based on consultation with the affected communities, reflect what they need and take into consideration the age and stage of development of the children involved.
- Understand and respect the culture and religion of the affected population; give material and other

support so that grieving and mourning practices and rites can take place.

- Help children, family members, friends and neighbours find out what happened to those who are missing, and find each other, and let them know that efforts are underway.
- Set up 'child-friendly' spaces as soon as possible and activities that normalise the lives of children, give them a sense of safety, structure and predictability through drawing, puppet-making and playing, drama and songs, story-telling, sports, non-formal education, etc. These activities also allow for the release of any stored distress.
- Restore normal schooling as soon as possible.
- Encourage children to ask as many questions as they want, and be ready to answer them truthfully.
- Focus and build on interventions that strengthen the population's resiliency and resources, and current and traditional ways of coping when they are in the best interests of the child.
- Involve youth in organising activities for younger children: undertakings that give an affected person a sense of accomplishment has a healing effect.
- Involve children, their families and communities in the psychosocial recovery process, discussing with them *their* perceptions, and how they see their needs.
- Set up support group discussions, as much as possible accompanied by involvement in concrete and meaningful activities which give a sense of accomplishment and control over one's life: recreational and non-formal education for children, common interest activities for young people, sewing, gardening, building, leading children's activities, etc.
- Promote and support interventions which preserve and reinforce the cohesion of the family, and discourage any which risks separating children from their families.
- Promote activities and opportunities to allow children to express their experiences and feelings so that they may make meaning from and integrate them into their lives, as much as possible within a familiar environment and *only if*:
 - the child is ready for this expression – eliciting emotional material too early can cause more distress and potential harm to the child;
 - we can ensure further, on-going comfort and help.

- Identify referral services for the small number of children and adults who will need professional, medical assistance (some of these people may have had pre-existing psychiatric illnesses).
- Assess the need and provide support to adults caring for children, for example, provision of crèches or child-focused activities (e.g., child-friendly spaces) which allow adults some time to recover and re-energise so that they can provide the support children need.
- Provide training to those caring/responsible for children so that they are comfortable dealing with children's natural distress and recognise children who may need more specialised support.

Other references

International Save the Children Alliance. 1996. Promoting psychosocial well-being among children affected by armed conflict and displacement: principles and approaches.

Unaccompanied and separated children in the tsunami-affected countries

The earthquake and the tsunami, like many other natural disasters and displacements of population, led to the separation of large numbers of children from their parents and families. The following guiding principles should apply to their care and protection.

Even during these emergencies, all children have a right to a family, and families have a right to care for their children. Unaccompanied and separated children should be provided with services aimed at reuniting them with their parents or customary caregivers as quickly as possible. Interim care should be consistent with the aim of family reunification and should ensure children's protection and well-being.

Experience has shown that most separated children have parents or other family members willing and able to care for them. Long-term care arrangements, including adoption, should therefore not be made during the emergency phase.

However, action to help separated children does require a long-term perspective and long-term commitment on the part of the organisations involved. These organisations must also seek strong cooperation and coordination, and aim to speak with one voice. All actions should be properly coordinated with the government authorities.

The following key definitions, principles and good practices form an agreed platform for partner organisations.

Definitions

- **Separated children** are those separated from both parents, or from their previous legal or

customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

- **Unaccompanied children** are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
- **Orphans** are children both of whose parents are known to be dead. In some countries, however, a child who has lost one parent is called an orphan.

Preventing separation

Organisations and authorities must ensure that their actions do not inadvertently encourage family separation. Separation can be provoked when families lack the services they need to care for their children and believe such services would be available elsewhere, or when residential childcare facilities are created which may provide better services than the family is able to access.

Deliberate separations can be prevented by:

- ensuring that all households have access to basic relief supplies and other services, including education;
- limiting the development of residential care options, and restricting its use to those situations where it is absolutely necessary;
- avoiding the removal of children to other countries for any reason unless critical medical care cannot be provided. This should be provided as close as possible to their home.

Tracing and family reunification

Identifying, registering and documenting



Fostering social connections and interactions is one of the principles of psychosocial interventions

unaccompanied and separated children are priorities in any emergency and should be carried out as quickly as possible.

- Registration activities should be conducted only by or under the direct supervision of government authorities and mandated agencies with responsibility for and experience in this task.
- The confidential nature of the information collected must be respected and systems put in place for safe forwarding and storage of information. Information must only be shared among duly mandated agencies, for the purpose of tracing, reunification and care.
- Tracing is the process of searching for family members or primary legal or customary caregivers. All those engaged in tracing should use the same approach, with standardised forms and mutually compatible systems.
- The validity of relationships and the confirmation of the willingness of the child and family member to be reunited must be verified for every child.
- No action should be taken that may hinder

eventual family reunification such as adoption, change of name, or movement to places far from the family's likely location until all tracing efforts have been exhausted.

Care arrangements

Emergency care

Care for separated children should be provided in a way that preserves family unity, including of siblings, ensures their protection and facilitates reunification. Children's security should be ensured, their basic needs adequately met, and assistance provided for their emotional support.

- Community care, including fostering, is preferable to institutional care, as it provides continuity in socialisation and development.
- However, children not in the care of their parents or customary caregivers may be at heightened risk of abuse and exploitation. The most appropriate carers may need extra assistance to assure children's protection and material needs are met. Provision must therefore be made for monitoring

- and support to foster families.
- For those children for whom institutional care is the only solution, centres should be small, temporary and organised around the needs of the child. It should be made very clear that the objective of residential care is reunification or placement in the community and rigorous screening procedures should be in place to ensure only appropriate admissions.
 - Removing children from familiar surroundings will increase their distress and can hinder their recovery. Children should not be removed to other countries for any reason unless critical medical care cannot be provided, and then this should be as close as possible to their home and they should be accompanied by a caregiver known to the child.

It is important to set up 'child-friendly' spaces as soon as possible and activities that normalise the lives of children

Durable arrangements

During the emergency period, permanent care arrangements other than reunification should be avoided.

- Efforts to develop, and to place children in, long-term residential facilities should be discouraged.
- Adoption must be avoided so long as there is reasonable hope of successful tracing and reunification.

Should reunification not be possible within an appropriate period, or found not to be in the child's best interests, other medium and long-term options such as foster care, group homes or adoption will need to be arranged.

- Decisions about long-term placements must be considered and decided individually for each child, in the context of national child welfare policy, legislation and practice, and corresponding to the child's best interests and his/her developmental needs.
- At all times, children must be kept informed of the plans being made for them and their opinion taken into consideration.

- In any form of care, siblings must be kept together.
- The provision of care should be based on the best interests of the child and should not be used to promote political, religious or other agendas.
- Communities should be supported to play an active role in monitoring and responding to care and protection issues facing girls and boys in their local context.

These provisions apply to both short and long-term care arrangements.

Adoption

Adoption, and particularly inter-country adoption, should not take place during the emergency phase.

Any adoption must be determined as being in the child's best interests and carried out in keeping with applicable national, international and customary law.

When adoption is deemed in the child's best interest, priority must be given to adoption by relatives, wherever they live. If this is not an option, preference will be given to adoption within the community from which the child comes, or at least within his or her own culture.

Adoption should not be considered:

- if there is a reasonable hope of successful tracing and reunification;
- if it is against the expressed wishes of the child or the parents;
- unless a reasonable time has passed during which all feasible steps to trace the parents or other surviving family member have been carried out.