



Family focused interventions for refugee children in the urban context

WEBINAR SUMMARY

21 September 2017

I. Expert:

Dr. Nancy Baron is the Founder and Director of the Psycho-Social Services and Training Institute in Cairo, Egypt. This program provides psychosocial, mental health and protection interventions to African, Iraqi, and Syrian refugees and asylum seekers in the urban context.

II. Content:

In her presentation, Dr. Baron discussed family focused strategies and interventions. She emphasized that family (not child) specific interventions are important to empower families, so that parents have positive attitudes and support their children to find opportunities, despite challenges and disappointments. In this webinar Dr. Baron touched upon relevant definitions, explained consequences of emergencies, mental health and psychosocial support interventions in general, and concluded with concrete examples of the family and child specific creative interventions.

Definitions

MHPSS = Mental Health and Psycho Social Support

The psychological dimension includes the internal, emotional, while social dimension includes relationships, family and community networks, social values and cultural practices.

Mental and behavioral disorders are clinically significant conditions affecting thinking, mood (emotions), or behavior associated with personal distress and/or impaired functioning.

Mental health and psychosocial consequences after emergencies

Emergencies cause significant psychological and social suffering. Those are immediate consequences as well as consequences over time, affecting individuals, families, communities, and societies. They differ with each emergency according to context, culture and available resources and impact different sectors of society differently, but include all people. Marginalized and discriminated groups, however, need special attention.

Not all people are traumatized after emergencies and displacement. People who are traumatized are usually suffering from Post-Traumatic Stress Disorder, but fortunately, few people develop mental disorders because of emergencies. Most people experience normal and expected signs of distress once they find themselves fighting for their and survival of their families, finding shelter, food, or medicines. Nevertheless, they cope or manage the changes in their lives and reestablish well-being by using their personal strength or resilience, and protective factors.

Protective factors are one of the key issues that will affect the way person copes with the emergencies, and social support is the most important protective factor for most people, and especially children. People



can experience same event and have different response due to protective factors. For example, whether a victim of rape has family support or is being rejected and blamed for what happened will significantly impact the process of coping with such trauma.

Mental Health and Psychosocial Support Interventions in general

The main aim of the intervention is to make change. Before designing interventions, it is crucial to assess each emergency and understand its specific issues. When assessing the situation, it is important to analyze needs, problems, available resources, and to ensure intervention is in accordance with the culture, context, and capacities of the impacted population. People respond to emergencies differently and it is crucial for the intervention to take this into account.

Community based interventions in the urban context

In Egypt, Psycho-Social Services and Training Institute in Cairo – PSTIC was founded in 2009, affiliated to Terre des Hommes. Now, PSTIC is also an implementing partner of UNHCR. The institute was established as a response to the emergence situation in Cairo, where refugees and migrants struggle to create a life that is safe, with adequate basic needs for food and shelter, social support and community belonging.

The institute's philosophy is that trained team of skilled refugees can best assist their communities in their own language and in accordance with their own culture and traditions. As a result, PSTIC trains, supervises, supports, and facilitates a network of refugees to provide 24/7 community-home based psychosocial, mental health, protection, health advocacy support. This is a professional, trained, paid, multinational, multicultural and multilingual team, providing community capacity to help itself. Its members work in the community, they are selected by community and can speak on behalf of the community. They support communities in wide range of issues, and work with people who have emergency health problems, psychosocial issues or mental health issues. Currently 135 workers assist around 2000 cases with 7000 beneficiaries monthly.

Interventions to assist children

When designing children's interventions, assessment is necessary to determine the problems – needs of children AND their families, and the available resources. Interventions should be designed to reduce, control, stop, manage the problems-needs, by building the capacities of the available resources. Often interventions are based on what workers know how to do. Instead, interventions need to be designed to specifically respond to the needs and problems of that population.

The design of an intervention should be based on the problems of the children.

Child-Parent/Caregiver Intervention Styles:

- Assists children and does not include caregivers in its activities.
- Assists children and invites caregivers to participate sometimes in activities.
- Assists caregivers to assist their children but does not include children.
- Assists caregivers and sometimes invites children to participate in their activities.
- Assists children and caregivers together.