

### **Prevention and Response Activities for Children and Caregivers**

**Background:** Since 2013 psychosocial support (PSS) activities for children have been a core component of the Child Protection response in Lebanon. Since mid-2014 there has also been increased attention to working with caregivers. In 2016-7 a note was developed to provide guidance on the different forms of PSS activities being provided, this was a consequence of the 2016 the Child Protection Sector decision to split PSS interventions for children into two levels<sup>1</sup>:

- 1.) Community Based PSS
  - 2.) Focused Non- Specialized PSS
- (see 2017 Guidance Note for more details)

**In 2018 an ulterior shift has been made from the 2016 approach: the definition of Focused PSS was further elaborated, and community based activities expanded beyond just aiming to provide psychosocial support, but moved into being overall child protection activities inclusive of psychosocial support when relevant. Specifically when working with caregivers, the importance of support groups beyond just parenting skills trainings has also been nuanced.**

This is in line with the 2018 Child Protection Lebanon Crisis Response Plan (LCRP)<sup>2</sup>:

OUTCOME 4: Provide boys and girls at risk and survivors of violence, exploitation and abuse access to an improved and equitable prevention and response

Output 4.1: Holistic and integrated CP services offered to boys and girls at risk and survivors of violence, abuse and exploitation

*Indicator 4.2.1: # of boys and girls accessing CP and focused psychosocial support*

Output 4.2: Vulnerable children, families and communities supported to promote practices that protect them

*Indicator 4.3.1: # of girls and boys engaged in Community based Child Protection activities*

*Indicator 4.3.2: # of caregivers engaged in activities to promote wellbeing and protection of children*

**Note: Note these indicators are not exhaustive of all activities in the LCRP, but are related to activities here below.**

**Objective:** The following note has been developed to offer guidance on the meaning of the activities for children and caregivers in in Lebanon to child protection and other actors as needed:

#### **Activities for Children**

There will be two levels of activities for children which are part of the package for services for children delivered,

- 1.) Community Based Child Protection Activities
- 2.) Focused Non- Specialized PSS

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<sup>1</sup> Note there are in line with the IASC Guidelines on Mental Health and Psychosocial Support,

[http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

<sup>2</sup> Lebanon Country Response Plan 2018,

	<b>Community Based Child Protection Activities</b>	<b>Focused/ Non-Specialized Psychosocial Support</b>
Objective of the activities?	To increase the capacity and awareness of children to be resilient and cope with the ongoing changing risks and know where to go for help. Activities will also serve as an entry point to identify children who are at high risk of CP violations.	To provide tailored psychosocial support to children at medium to high risk of CP-GBV violations which focuses on emotional support and supports the outcomes of children in case management with peer support.
Who is this activity for?	All vulnerable children	At risk children in case management (and when necessary/ applicable peers) or children living in high risk communities (eg Aarsal)
How long it this activity for?	<ul style="list-style-type: none"> <li>○ This activity will be a continuous activity, on a yearly basis</li> <li>○ It should be available for children at least 1.5- 2 hours per week</li> </ul>	<ul style="list-style-type: none"> <li>○ This will be a cycle based activity for an average of 3 months</li> <li>○ It should be available for children 2 hours per week</li> <li>○ It is advisable that the “Emotional Support Curriculum” is utilized for these activities</li> </ul>
Who will deliver this activity?	This activity should be delivered by community members and/or CBOs who live in/or close to the geographical spaces where the activity is being delivered and ideally are part of the community. This can include 16 year olds and above as co-facilitators.	This should be delivered by staff who have education and professional experience to work with high risk children (see Annex 11- TOR for Focused PSS Facilitator).
Minimum Standard Trainings and capacity building for staff running the activity	<i>Community Based Space Minimum Standards (to be developed)</i> Community Based M&E Tools Safe Identification and Referral CP Policy and Code of Conduct	<i>Focused PSS Space Minimum Standards (to be developed)</i> SDQ Safe Identification and Referral CP policy and Code of Conduct
What will be the content of this activity?	Includes culturally appropriate activities identified by community, including but not limited to; Community based PSS objectives through activities as drama, crafts, traditionally storytelling, sports (i.e. sports for development)/ other curriculums that look at preventing risks associated with child	Includes curricula tailored to address specific risks and to be flexible to reach this group with a focus on the Emotional Support Curriculum developed by the PSS Committee via UNICEF (timing, location, etc should be flexible).

	<p>labour, child marriage, violent discipline / other key CP-GBV messages/ peer to peer support models.</p> <p>The content of community based child protection activities has to be structured (not just always random play), every session should have a schedule, however it has to be simple enough that a community member (non-professional) can lead this activity without doing any harm to children (e.g. no discussions about abuse, etc.).</p> <p>Reference tools include: TdH Italy – Community Based PSS guidelines, IRC – Street Heroes and Field Heroes, FAO/UNICEF – Guide to Mitigate Risks of Pesticides</p> <p>Available on:</p>	<p>The content of focused PSS needs to be tailored to address psychosocial needs of children who are at risk. This should focus on the emotional wellbeing of children and provide additional support for this category.</p> <p>Note: all children who attend focused PSS can and should also attend community based child protection activities. Focused PSS should not exclude them from the longer-term support provided in the Community Based activities.</p> <p>Reference tools include: UNICEF - Emotional Support Curriculum for 6-11 and 12-17</p>
<p>How many children per age group can participate in this activity?</p>	<p>Maximum of:          6-9 years - 20 children - 2 animators/ facilitators/ volunteers          10-12 years- 25 children - 2 animators/ facilitators/ volunteers          13-18 years- 30 children - 2 animators/ facilitators/ volunteers</p> <p>Note: assigning a day/ hour for a more specific age breakdown will help manage group size and continuity as per point below.</p>	<p>Maximum of:          10-15 children divided as following:          6-9 years, 10-12 years, 13-18 years</p>
<p>Does it have to always be the same group of children?</p>	<p>Ideally yes, but in a community based approach we need to also be aware of the availability of spaces/ community members. Group needs to be open to new attendees during the year.</p>	<p>Yes, if during the process additional children with the same risk are identified in the area they can be integrated in the group, provided the facilitator should provide orientation on sessions/activities that were missed by new group member/s.</p>
<p>Where should this activity take place?</p>	<p>In any safe place for children which can vary from someone’s home to a community center as well as SDCs and other community space located where the children live. Conduct of activities where children live, encourages the community to have a sense of ownership. No transportation should be provided to children to attend this activity it has to be community based and therefore easy to reach of the child.</p>	<p>In a safe place; in some cases this safe place may be outside the community but closely accessible to all affected children. Transportation can be provided for children however is not a must, ideally activities should not move</p>

		<i>Note: issues of stigmatization and discrimination need to be considered when identifying a location and providing transportation.</i>
When can we count a child as someone who has participated in the activity?	<p>After they have attended once and registered.</p> <p>Note: Reporting under this indicator aims to capture on-going CP activities in a community. It does not include one-off sensitization sessions or activities.</p>	Minimum of 15 hours of participation
What tools will we use to measure the quality of this activity?	<p><i>Community Based Space Minimum Standards (to be developed)</i></p> <p>Community Based M&amp;E Tools</p>	<p><i>Focused PSS Space Minimum Standards (to be developed)</i></p> <p>SDQ (mandatory for UNICEF IPs)</p>

**Activities for Adults**

	<b>Caregiver Support Groups</b>	<b>Parenting Skills/ Positive Discipline</b>
Objective of the activities?	To provide caregivers with a safe space where they can exchange share positive experiences, difficulties and doable solutions with peers whilst raising awareness about mental health and child protection and GBV concerns or problems.	To enhance psycho-social support and wellbeing and support positive parenting skills for caregivers living in a situation of high stress.
Who is this activity for?	Any adult parent and/or caregiver of a child (should include caregivers of children benefitting from community based and PSS activities)	Any adult parent and/or caregiver of a child (should include caregivers of children benefitting from the PSS package); parents or caregivers of children with priority/targeting to parents/caregivers of high risk children/ children in focused PSS
How long it this activity for?	Ongoing basis as long as the group is active, monthly meetings are recommended.	<ul style="list-style-type: none"> <li>○ This will be a cycle based activity</li> <li>○ Number of sessions will vary from 8-12, due to curriculum (eg might have some combined sessions) and whether it also includes tailored sessions for parents/caregivers of medium to high risk children</li> </ul> <p>Reference tools include: IRC – “Families First” Training, including additional modules for child labor “Building a safer &amp; brighter future for our children”</p>
Who will deliver this activity?	Led by trained community members/volunteers and non-professional staff with ad hoc support/guidance from NGOs.	Delivered by trained staff or highly skilled facilitators.
Minimum Standard Trainings and capacity building for staff running the activity	Facilitation/Communication skills Safe Identification and Referral Psychological First Aid CP in Emergency	Facilitation/ Communication skills Safe Identification and Referral Psychological First Aid

What will be the content of this activity?	<p>Topics of discussion are selected by the members of the group - with key messages on MHPSS, child protection and GBV integrated.</p> <p>Sessions have to be simple enough that a trained community member who does not require a specialized skills set can lead this activity and make it something which can easily become part of every-day life. Ideally, this should be a follow-up step to the parenting skills (see across).</p>	The content of the Parenting Skills and Positive parenting will include specific sessions which give adults and caregivers additional inputs to support children who need PSS (with specific references to positive discipline and violence) whilst also providing PSS to the adults themselves.
How many adults at one time can participate in this activity?	Maximum of: 15 participants	Maximum of: 15 participants
Does it have to always be the same group of adults?	Not necessary, unless parents agree to have a closed group. Encourage other caregivers/adults to actively participate.	Ideally to ensure a support network is established where adults also feel comfortable asking for support.
Where should this activity take place?	In community spaces including homes as well as SDCs, ideally a space located where the adults live and can access easily.	In community spaces including homes as well as SDCs, ideally a space located where the adults live and can access easily.
When can we count a parent as someone who has participated in the activity?	Occurs on initial attendance (1 session or more) attended.	Minimum of participation in 6 sessions.
What tools will we use to measure the quality of this activity?	<i>Caregiver Support Groups Monitoring Sheet (to be developed)</i>	IRC – “Families First” Package Specific M&E Tools

## Annex I – Vulnerable versus Medium to High Risk Children

Law 422 on the Protection of Juveniles in Conflict with the Law or At Risk, defines a child at risk: a child exposed to 1) exploitation or threat to health/safety/upbringing. 2) Sexual abuse or physical violence that exceeds non-harmful measures; 3) begging and on the streets. For the activities with children interventions and to serve as a guidance, children in the following matrix have been divided amongst vulnerable and at risk, it is important to note that there is a grey line however between these categories, as specific individual circumstances needs to be taken into account.

Vulnerable	Medium to High Risk
<ul style="list-style-type: none"> <li>- Children living in poor conditions (housing; IS's, CS) plus lacking basic needs</li> <li>- Out-of-school children</li> <li>- Children in communities with poor social cohesion</li> <li>- UASC/Orphans with temporary adult care</li> <li>- Minority groups</li> <li>- Children in single headed household (female, elderly etc.)</li> <li>- Children with special needs (physical/mental limitation)</li> <li>- Child caring for his/her siblings</li> <li>- Child working (not in WFCL)</li> <li>- Children whose parents are in conflict with the law</li> <li>- Children without legal status or documentation</li> <li>- Children experiencing bullying or harassment</li> <li>- Children witnessing abnormal and potentially traumatic events</li> <li>- Children with disability</li> </ul>	<ul style="list-style-type: none"> <li>- Children living in communities with high violence and/or conflict</li> <li>- Children in institutional arrangement and needing alternative parental care</li> <li>- Children living and working on the streets</li> <li>- Children engaged in WFCL (<i>Guide of the Decree 8987 on WFCL</i>)</li> <li>- Children affected by armed conflicts (CAAC)</li> <li>- UASC/Orphans survivors of abuse, exploitation and trafficking including minority groups</li> <li>- Child headed households without adult support</li> <li>- Children forced into early marriage</li> <li>- Out-of-school children/adolescents survivors of physical and sexual abuse and violence including domestic violence</li> <li>- Children exposed to severe emotional abuse and neglect</li> <li>- Children in conflict with the law without adult support</li> <li>- Children with high level of psychosocial distress</li> <li>- Children engaged in substance abuse or alcohol</li> <li>- Children living in medium to high risk families (domestic violence/GBV or substance abuse occurring)</li> <li>- Children with disability and survivors of abuse and exploitation</li> <li>- Other children/adolescents exposed to harm or danger and identified needing specialized care and appropriate intervention</li> </ul>

## **Annex II - TOR for Focused Non-Specialized PSS Facilitator**

### **Role and Purpose:**

The Focused psychosocial Support Activities *Facilitator*<sup>3</sup> has the knowledge and practical skills to carry out focused non-specialised psychosocial support activities (level 3) with medium to high risk children and adolescents. Focused Non-specialised PSS activities will be carried out in line with individual organization and inter-agency guidelines.

### **Key Duties and Responsibilities:**

- Implement psychosocial activities according to the children’s ages and situation and according to specific Focused PSS curriculum;
- Promote and ensure the child participation in all activities;
- Positively interact with children and encourage them to express their needs and ensure their safety;
- Ensure that the activities are done in an appropriate location in line with minimum standards,
- Ensure participation of children in the focused program in a non-discriminatory as well as age and gender sensitive and appropriate approach;
- Ensure that the children feel safe, comfortable and respected during activities;
- Collects and documents feedback on the implementation of the methodology including challenges and lessons learnt;
- Ensure that parents/caregivers get frequent feedback about their child’s participation during the sessions in presence of the child (if appropriate);
- Ensure that all children and caregivers are aware of any accountability/ complaint mechanisms;
- Ensure sector specific tools (eg SDQ pre ad post questionnaire) as well as any specific organization assessment tools are implemented;
- Develop individual and group progress report and maintain a filing system of children respecting confidentiality;
- Collect attendance of participants in the activities, and fill in weekly reports as required;
- Respect and abide to the organization’s internal code of conduct and child protection policy;
- Performs other duties as assigned by supervisor.

### **Qualifications and Experiences:**

- University degree in psychology, social work, education and/or other social science related courses<sup>4</sup>.
- At least 2 years working with children and preferably medium to high risk children

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<sup>3</sup> To be adapted per organization.

<sup>4</sup> Graduates of 4 years university course with extensive and appropriate training and experiences in child protection, gender based violence can be considered provided he/she has excellent facilitation and communication skills and with close supervision by a CP-GBV trained professional child protection practitioner.

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- Previous experience in working with refugees and vulnerable population, preferable
- Excellent communication and facilitation skills (including active listening)
- Good in written and spoken Arabic ;Knowledge of English is an asset.
- Flexibility in working hours and willing to work in volatile environments

**Responsibilities of Hiring Manager:** *The following are a set of minimum mandatory trainings that all organizations must provide to Focused Non-Specialized PSS Facilitators:*

- CP Minimum Standards (Contextualized)
- CFS Checklist (PSS Committee)
- SDQ Training (as well as other sector endorsed tools).
- Safe Identification and Referral
- CP policy and Code of Conduct/Child Safety Standards
- Orientation/Training on specific Focused Non-Specialized PSS Methodology/Curriculum
- PFA

### **Annex III – Question and Activities for Children and Adults**

- 1.) How can we expect communities to render volunteer work or ‘work for free’?

*Though we recognized that communities are very vulnerable and often are provided previously with minimal income through engagement in some community activities. The community based activities have been reduced in time to allow the community to have a sense of ownership and to ensure that community members are committed to their community to at least render 1-2 hours a week of volunteer work without any cash remuneration in support to the conduct of community-based activities for children. Volunteer work is a demonstration of their commitment to serve the children in their communities.*

- 2.) The animators/facilitators demonstrate good facilitation skills in relating with children and adolescents. Can they do Focused Non-Specialized activities with children who are at medium to high risk?

*This depends on the type and nature of the training they have acquired and completed and also depending on their background as per Annex II, though we recognized the investment in many animators/facilitators in the past years, we also want to provide children at risk with specific and appropriate services which a professional staff member are expected to provide. However, considering the challenges in terms of human resources and the very limited available professionals, the animators/facilitators can be mobilized provided they have completed all the standard trainings and they must be closely supervised by a highly skilled supervisors who is available to closely monitor and provide technical guidance to the animators/facilitators.*

- 3.) Do we need to group people by risk type in the Focused Non-Specialized PSS?

*It might be necessary to group children by risk type to ensure the work being done with them is specific to their needs, e.g. UASC, WFCL or CAAC or because the venue/modalities are specific to their risks e.g. children living and working on the streets and children exposed in worst form of child labor. However, if it does not create any harm to the children, they can also be mixed amongst risk types with tailored activities.*

- 4.) In the location we are working there are not enough children which fall under one risk type, can these children be mix together in one activity?

*Refer to Item 3.*

- 5.) Should children who participate in Focused Non-Specialized PSS, also benefit from case management?

*All children, boys and girls at medium to high risk may need to be referred to case management and then follow the social protection or judicial protection process. Proper assessment by trained social workers will serve as basis in facilitating referral for appropriate case management.*

- 6.) Is the way we work with caregivers different depending on the group of children we are working with?

*It is advisable and more appropriate that when working with medium to high risk children we also provide access to the specific sessions to their caregivers which are also inclusive where possible to information that they may need to know. These information should be updated, correct and complete to guide them in providing after care support to their children.*

- 7.) Does focused PSS replace case management?

*No. Focused Non-Specialized PSS is an intervention which aims to address the psychosocial wellbeing of children who are medium to high risk. Focused Non-Specialized PSS does not does not replace the services provided by case management, it is complementary.*

- 8.) We have been working on “peer to peer” methodologies and we have adolescents groups reaching out to other adolescents groups, but for a total of 10 hours, is this an awareness raising activity or Focused Non-Specialized PSS?

*Yes, this is an awareness-raising activity. Efforts of peer support groups facilitating “peer to peer” methodologies is recognized as a support and complimentary approach to Focused Non-Specialized PSS activity.*

- 9.) Are there readily available curriculums for the two types of PSS; the Community-based Child Protection Activities and Focused Non-Specialized PSS?

*Though the support of UNICEF two sectoral tools have been developed specific to PSS, a Community Based PSS tool led by TdH Italy with roll-out planned in Q1 of 2018, as well as a focused PSS tool for ages 6-11 and 12-17 which will be rolled out by..... Other sectorial tools include child labour specific tools such as Street and Field Heroes by IRC, as well as the UNICEF/FAO Safety Guidelines Against Pesticides. All resoruces can be found at:.....*

- 10.) There are children and adolescents who expressed interest to join and participate in Community-based child protection activities despite completing the sessions of the Focused Non-Specialized PSS activities. Can these children be allowed to participate in the Community-based activities?

*Yes, all children and adolescents who completed the Focused Non-Specialized PSS sessions must be encourage to join and actively participate in the Community-based child protection activities.*