

*Notes for Facilitators
conducting Conversation
Groups with caregivers
using the 'Caring for
Children through Conflict
and Displacement' Booklet
and PowerPoint slides*



Armed conflict and displacement leave children at a high risk for the development of emotional and behavioural difficulties. Families and caregivers are the first line of defense in protecting children. Strong parental support and family cohesion can be an important way to protect children against poor mental health and maltreatment in situations of conflict and displacement. This highlights the need to provide families that have experienced, or are still experiencing, conflict with advice on parenting that can help them to strengthen supportive relationships and build family skills to promote better mental health and resilience and improved future outcomes for their children.

A child's adjustment to the stresses of conflict or displacement is dependent not only on their own individual responses and qualities, but also very significantly on the availability and quality of support that they may receive from their parent or primary caregiver. Reductions in supportive parent-child relationships can increase the impact of traumatic events on children. Family cohesiveness protects the mental health of children and adolescents affected by armed conflict. In contrast, poor family relationships can increase the risk of poorer psychological well-being in children in this context.

Living through conflict, displacement and low resource settings can place stress on the parent's ability to care for their children. Often families are forced to separate from their social groups and support networks, leaving caregivers lonely and struggling. Parents will be coping with their own reactions to the context and as a result may be experiencing emotional difficulties whilst at the same time seeing emotional and behavioural changes in the children they are caring for. Also, the worry, frustration and helplessness that results from trauma exposure and loss, poor living environments and uncertainty about the future may make it more difficult for parents to maintain positive parenting strategies. Sometimes this may lead to parents using harsh or aggressive parenting practices, which can lead to physical and emotional abuse.

Children fare better in the context of supportive and positive family relationships. When caregivers are warm and provide support and comfort for children this can help them deal with fears and anxieties they may have. Encouraging good behaviour in children and finding ways of making sure that desirable behaviour is encouraged helps children to cope well. It also makes it easier for caregivers to keep them safe. Building a relationship with a child that is positive, mutually respectful and that has open communication is a good way to ensure that parental attempts to keep their children safe and well cared for are complied with. The approaches described in the 'Caring for Children through Conflict and Displacement' booklet help caregivers to do this and seek opportunities for empowerment of parents through improving parental efficacy and competence. In the context of conflict or displacement children may have lost their biological parents and will be cared for by other family members or individuals close to the family. Throughout the booklet, "caregivers", "parents", "parenting", and

“families” are used as shorthand to describe individuals close to the child taking a caring role for them (e.g. biological parents, adoptive parents, foster parents, older siblings, other relatives or people who have taken on a caring role).

In 2015, we developed a leaflet which included two A4 pages of context and culturally sensitive parenting information and a questionnaire to collect demographic data and feedback on the usefulness of the leaflet. Working with an NGO in Syria we distributed 3000 parenting information leaflets to families living in a conflict zone in Syria via bakery supplies, and questionnaires asking caregivers what they thought about the information. We received 1783 completed questionnaires, really highlighting how important these parenting information messages were to families in this context. Feedback from families was that they wanted more information on how to better care for their children. Here, we have expanded the leaflet into a booklet to explain key parenting skills in a simple and engaging way. This booklet aims at building parenting confidence and skills and enhancing child and family psychological well-being. It is based on evidence-based family and parenting strategies drawn from the parenting literature. This booklet has been tailored to the context of families that have experienced conflict and displacement and those living in low resource settings.

The booklet briefly covers five main areas:

- Normalising caregiver’s reactions and the ways caregivers can help themselves to cope through the challenges they may be facing
- Normalising children’s reactions and the ways parents can help them through paying extra attention to their safety, providing warmth, giving praise, talking and listening and encouraging good behaviour
- Dealing with specific challenges children may be exhibiting such as fears, anxieties and night disturbances, fighting and aggression
- The importance of maintaining routines and encouraging play
- Relaxation techniques

How to use the Conversation Group slides

Along with the booklet, we have developed a corresponding two hour Conversation Group presentation that is designed to help facilitate a conversation group with caregivers. The Conversation Group expands the information in the booklet in an engaging way so that both can be used together. This will allow groups to gather together to go through the booklet in a step-by-step and clear way and provide caregivers with

opportunities to discuss ways to help them maintain as positive environment as possible for the children they are caring for.

These Conversation Group slides are intended for you as a facilitator. They are not intended to be printed for caregivers receiving the booklet. Facilitators of the Conversation Groups may be teachers, youth workers, psychologists, counsellors, community leaders, others involved on providing support for families or any adult who feels that on reviewing the Booklet and Conversation Group they have a clear understanding of the aims and the concepts of the booklet and corresponding slides. There is no training for facilitators to run these Conversation Groups. The materials have been designed for low resource settings where training opportunities may not be available.

Ideally two facilitators should work together to facilitate the Conversation Group, preparing in advance and deciding on the points where they will take turns to take the lead. A few hours should be spent preparing and practicing for the Conversation Groups. It is important that facilitators think about ways of explaining the approaches described in this booklet so that they can be confident that caregivers will understand what they are presenting. Co-facilitators should pair up to plan the session and allocate tasks before starting the groups. It may also be useful for facilitators to spend time after running the Conversation Group to reflect and debrief on how they felt the experience was for them and how they could improve the following time, if relevant. It is helpful to prepare by reading the World Health Organisation guidelines on providing psychological first aid, which has valuable information on what to say and do, and what not to do, in contexts where people have experienced stresses, conflicts and disasters. This document can be found in over 20 languages at:
http://www.who.int/mental_health/publications/guide_field_workers/en/

Before beginning the Conversation Group, ensure you have prepared thoroughly and have printed a copy of the 'Caring for Children through Conflict and

Displacement' Booklet for each caregiver. It would be also useful to provide a pen or pencil and some paper for each caregiver if possible, but this is not essential. If equipment is available, ensure you have a projector or computer to run the PowerPoint slides and an available room to hold the Conversation Group. This could be a classroom, a community centre or any place that will feel comfortable for families and safe. The sessions are best run in groups of 25 caregivers, but larger groups may be necessary under some circumstances. If more than one caregiver from one family would like to attend this should be encouraged, just ensure that you try to know ahead of time how many caregivers will be attending so that the group size is manageable for yourself and co-facilitator. These sessions are intended for caregivers of children from age 6-14. The broad age range with which the Conversation Groups can be used means that, as a facilitator, you may find it useful to find out some information about the families attending first, such as age range of their children, so that discussions and examples used in the group time is appropriate. However, the essential principles of praise for appropriate behaviour and consistent approaches to inappropriate behaviour hold true across the age span. It can be useful when possible for caregivers to be placed in a group of caregivers with children of a roughly similar age or maturity level.

Issues to be considered

(I) DISCUSSIONS ON VIOLENCE

Family violence can be the strongest predictor of poor psychological well-being in conflict-affected children.

Domestic violence is recognised to increase in response to major stressors and violence in the broader society. During your time facilitating

the Conversation Groups it is important to be alert to references to violence in the family. Addressing the broader question of domestic violence is beyond the scope of the materials offered within this brief booklet. Emphasis should however be placed on the importance of building family harmony as a way of promoting good outcomes for children.

(II) SIGNS OF EXTREME STRESS IN CHILDREN

During the Group Conversation time, some families may describe their children experiencing one or more of the reactions listed below. If this is the case, you should advise them to seek other help from someone such as a doctor or a health professional locally to them.

When a child has seen or heard a frightening event, they may have very bad dreams about it. Sometimes they get vivid pictures in their heads during the day, and get frightened by that. Sometimes a sound or a smell reminds them of what happened and they get very distressed. Younger children may play or draw the scary scene over and over again.

Some children will not want to go near the place that a bad thing happened. Others will avoid talking about it. This can interfere with every-day living and they never learn that the bad event is over.

- Children may seem to be over-sensitive and show signs such as:
- Difficulty in falling or staying asleep
- losing their temper very often or not being able to control anger
- Difficulty in concentrating
- Being extremely alert, on the look-out constantly for bad things happening
- Being very jumpy or startled when something happens without warning

- The child is crying a lot, or seems very low in spirits
- The child seems to be far away in their thoughts and very dreamy, or feels that the world around them is not real or as if they are in a dream
- The child often says they don't feel anything

Providing feedback

We would be very grateful for any feedback on how you find facilitating this Conversation Group, how parents engaged with the conversation Group and Booklet, including what modifications might need making to make the Booklet and slides more useful for caregivers.

To download the 'Caring for Children through Conflict and Displacement' Booklet and Conversation Group Slides, to get in contact or leave feedback and for other open access resources that you may find useful, such as the Parenting Leaflet please visit:

<http://research.bmh.manchester.ac.uk/pfrg/resources/>
