



International Centre for Migration,
Health and Development

**PRACTICAL
GUIDELINES ON
PSYCHOSOCIAL HEALTH AND
WELLBEING: CHILD REFUGEES**



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International Centre for Migration, Health and Development (ICMHD). Practical Guidelines on Psychosocial Health and Wellbeing: Child Refugees.
March 2022, Geneva.

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Introduction

The war in Ukraine is forcing millions of people, including children to leave their country and seek refuge far from their homes. They are all fleeing experiences that produce social and psychological wounds which, if not managed in a timely fashion, can seriously affect the long-term health and well-being of people and reduce their capacity to look after themselves and their loved ones.

The response to the crisis has been overwhelming and has been made possible by the decision of governments to open their frontiers to refugees with or without visas, and this is in turn being facilitated everyday by the outpouring of help from thousands of volunteers, health and social workers and host families in these countries.

Because many of these helpers may have little experience dealing with situations of this kind, these PRACTICAL GUIDELINES have been produced to support them in their work. They build on a long body of experience dealing with the psychosocial impact of conflicts and natural disasters and the needs of the people caught up in them. This set of guidelines focuses on children. Throughout the document we address mothers and children because in the current Ukrainian crisis most men of reproductive age have not been allowed to flee with their children. However, we recognize the importance of the father as a source of love and care. The guidelines should therefore, in principle, be taken as applying to both parents.

The guidelines are not meant to be prescriptive, but rather seek to provide ideas on how to respond to what are likely to be new circumstances, new questions and new demands.

Child refugees

The 1989 UN Convention on the Rights the Child defines a child as a person under the age of 18, and UN data indicate that two million children have already fled Ukraine. More are still expected to do so. Children have physical and psychosocial characteristics and needs that are quite different from those of adults, and that need to be addressed in special ways. There are also likely to be differences among children according to their age and gender.

Looking for parents and caregivers

The displacement of people in and from Ukraine has disrupted families throughout the country. Men have been instructed to stay and defend their cities while millions of women, children and elderly people have been forced to flee and seek safety in other countries, so,

- look out for “family units” because the mothers are likely to be best carers of children
- recognize that mothers with children may have their own personal needs
 - ✓ their capacity to care for children may be diminished if their needs go unmet
 - ✓ pay special attention to situations where the mother is clearly not well
 - ✓ try to resolve any mothers’ health problems as quickly as possible
- always try to keep parents, other relatives and caregivers together with children

Children travelling alone

How children are travelling out of Ukraine is an important factor in their psychosocial health and wellbeing. Some will have experienced more stress and trauma than others, so

- look out for children who seem to be travelling alone and ask if this is the case
 - ✓ ask where they are from and why they are alone
 - ✓ try to keep children travelling alone together according to cities of origin
 - ✓ establish a record of their name, age, origin and reason for being alone
- some children may have lost their parents due to death and become orphans
 - ✓ ensure they get special care and support
 - ✓ look actively for any relatives or family friends and bring them together
- some children may have lost their mothers and relatives in the chaos of flight
 - ✓ ensure they get special care and support
 - ✓ look actively for any relatives or family friends in the group and get them together
- some children may be travelling alone because parents saw them as old enough to do
 - ✓ ensure they get special care and support, and ask if they have possible contacts
 - ✓ look actively for any relatives or family friends in the group and get them together
- some children may have been temporarily entrusted to non-family adults
 - ✓ ensure they get special care and support, and ask if they have possible contacts
 - ✓ look actively for any relatives or family friends in the group and get them together
- in all cases, try to find adults from the same town or city while
 - ✓ giving these children special attention in terms of counselling
 - ✓ special attention in terms of clothing, feeding, medical check-ups
- in all cases, create record of children’s names, age, gender, town of origin
- determine if a central registry of refugee children has been set up, and share records

Communicating with child refugees

Being able to communicate with child refugees in their own language will always be a source of comfort and support, and will also help avoid misunderstandings. It will also begin to create a sense of community, however, transient, so

- look for people, including adolescents, in the refugee population who can and are willing to serve as translators, and brief them on how they can best help
- look for other people in the close-by community who speak Ukrainian
- remember that non-verbal communication can be very helpful
 - ✓ always smile and be patient and make children feel they are wanted
 - ✓ make sure children are physically comfortable
 - ✓ use creative sign language where necessary
 - ✓ do not be embarrassed about making mistakes, and laugh with them
 - ✓ avoid crying because this can further upset children.

Women with children

Most men have been asked to stay in Ukraine to defend the country, which means many women have had to flee with children and elderly relatives. This has inevitably placed a heavy physical and psychosocial load on women, so

- look out for women travelling/caring for children and ask if travelling alone
- ask them if they have any special needs, concerns, problems that you can help with
- try to respond immediately, giving warm care to mothers who
 - ✓ seem to be alone
 - ✓ are crying a lot
 - ✓ seem to be depressed and withdrawn
 - ✓ are irritable and impatient with their babies and other children
 - ✓ do not seem to be eating and sleeping well
 - ✓ ask if they have been physically injured & if necessary, refer for treatment
 - ✓ ask if they have any special physical problems they were being treated for
 - ✓ try to ensure continuity of treatment and any medication involved
 - ✓ ask delicately if they have lost a spouse or other close relative
 - ✓ try to determine if they need special counselling, and refer where necessary
 - ✓ ask if they have a phone or need a phone to reach relatives
 - ✓ try to provide phones and ways to charge them etc.
 - ✓ ask if they have ever had COVID-19, if they have been vaccinated
 - ✓ offer testing and vaccination where appropriate
 - ✓ make sure to keep a record of all mothers you have met and talked to
 - ✓ centralize the information wherever possible.

Women with infants and “toddlers”

Children aged 0-18 months are considered infants, and children aged 18-36 months are considered “toddlers”. This is a very special age for children and their mothers, and calls for special care¹

- for a variety of reasons, including:
 - ✓ acute respiratory infections
 - ✓ poor nutrition
 - ✓ poor protection against cold
 - ✓ accidents
 - ✓ lack of adequate care
- ensure mother and baby can be together as much as possible
- allow mothers to sleep with their infants and toddlers if they wish
- ensure that mothers and care givers are aware of the need for childhood vaccination
- offer vaccination for infants according to local national standards
 - ✓ diphtheria, tetanus and whooping cough (pertussis) (DTaP)
 - ✓ polio (IPV)
 - ✓ measles, mumps and rubella (MMR)
 - ✓ chickenpox (varicella)
- ensure mother has clothes, diapers, hygiene materials etc. needed for infants
- ensure the mother herself is physically comfortable
- ensure she has clothes and hygiene materials etc. that she needs for herself
- try to provide simple cots for infants to sleep in, with clean, warm blankets
- if the mother is travelling with other relatives, try to keep them physically close
- encourage them to help the mother
- many infants will be being breastfed, and if so, mothers must be supported
 - ✓ remember the nutritional needs of the mother are also important
 - ✓ ensure mother is eating and drinking well, especially if she is breastfeeding
 - ✓ remember mothers who are stressed may have difficulty breastfeeding
 - ✓ provide sympathetic support, ideally by other breastfeeding women
 - ✓ if necessary, involve women who have previously breastfed to advise
 - ✓ if there are local breastfeeding support groups, put them in touch
- if infants are not being breastfed, mothers must be helped to make sure they are
 - ✓ getting safe and adequate quantities of good quality, breastmilk substitutes
 - ✓ getting access to clean water, heating for water
 - ✓ getting information on how to prepare breastmilk substitutes
 - ✓ getting information on hygienic washing of bottles and teats
- where possible try to organize “chat-groups” for mothers who want to meet and talk
- try to provide potties for toddlers and make it easy to get to toilets and washrooms
- try to ensure that other people are patient with crying infants and toddlers
 - ✓ explain to them that mothers may be overwhelmed and as tired as they are
 - ✓ make special space arrangements for people who are bothered by infants
- keep a record of all mothers you have met and talked to and centralize information

¹ From conception to around 18 months after birth, the infant is at high risk for “traumatic imprints”. At this point in the infant’s life his/her brain is growing at its fastest rate and traumas experienced by the mother, father or siblings may be felt by the infant.

Women with young children

Young children are usually considered to be children aged between 3-5 years. In many countries, these are children who have already been in kindergartens or some type of early child education schools,

- young children are vulnerable to a number of health threats such as
 - ✓ infections that are preventable
 - ✓ poor nutrition that is often avoidable
 - ✓ inadequate care that is correctable
 - ✓ accidents that are preventable
- help and support mothers and caregivers with young children
- help mothers who seem stressed, traumatized and
 - ✓ trying to avoid social contact
 - ✓ crying a lot
 - ✓ trembling a lot
 - ✓ constantly moving about with no apparent reason
 - ✓ especially irritable
 - ✓ lost and unaware of their surroundings
 - ✓ are not eating well
 - ✓ not sleeping well
 - ✓ not looking well
 - ✓ not caring for themselves
- remember that helping mothers will also help the children they are looking after
- help mothers by organizing “chat spaces” for them with other mothers/women
- check that all young children have received appropriate vaccination
 - ✓ if they have not done so, provide “catch-up” vaccination
- remember that young children may already be aware of their surroundings
 - ✓ what is happening to their mothers and siblings
 - ✓ what is happening to other people around them
 - ✓ the turmoil of uprooting and movement
- try to give young children structure and ritual
 - ✓ where possible, organize feeding and play time in a systematic fashion
- children in this age group need to play and explore
 - ✓ wherever possible, provide space and toys
 - ✓ ensure adult supervision
 - ✓ stress games that do not involve physical competition
- provide children with crayons and paper so they can “explore” and express ideas
 - ✓ remember it is **not** good to suggest that children “re-live” what they have seen or been through drawings unless there are qualified people available to help children with trauma
- encourage mothers/others to tell happy-ending stories and sing nice songs
- make sure to keep a record of mothers you have met and centralize the information.

School-aged children

In most countries 5-13-year-old children are typically considered to be of school age and most refugee children in this age group will have previously been enrolled in schools in Ukraine

- interrupted schooling can be a major source of trauma for school-age children
 - ✓ try to enroll children in local schools with relevant special courses
 - ✓ try to organize transitional schools within the refugee settings
 - ✓ try to find Ukrainian teachers to assist
- school age children can easily emotionally share their mother's crises and trauma
 - ✓ organize activities that take their minds off recent negative events
 - ✓ organize play with children, getting them to be excited and laugh and explore
- look out for children who are, or whose mothers and caregivers say they are:
 - ✓ withdrawn and not interacting with other children
 - ✓ withdrawn and not interacting much with mothers and other relatives
 - ✓ not eating well
 - ✓ not sleeping well or sleeping too much
 - ✓ having nightmares
 - ✓ crying easily and often
 - ✓ forgetting how to dress themselves
- discuss this with children and mothers carefully:
 - ✓ do not stigmatize or make fun of their behavior
 - ✓ say you understand and at times feel the same way
 - ✓ explain that things will change and get better
 - ✓ explain the need to stay well and strong for the future
 - ✓ ask them how they feel you can help
 - ✓ listen carefully and show that you are interested
 - ✓ be careful not to assume you are the child's therapist
 - ✓ always follow up and keep checking on them
 - ✓ ask mothers if they feel more help is required
 - ✓ if yes, find professional help for them
- school age children are at an age when they are growing quickly
 - ✓ try to meet their nutritional requirements and likes/dislikes
 - ✓ look out for signs of physical problems
 - ✓ refer to healthcare personnel if mothers feel it is necessary
- keep school-age children physically close with mothers, siblings and relatives
 - ✓ at the same time recognize their changing needs, which may mean "exploring"
- make sure to keep a record of children you have talked to and centralize information

Older school-aged children

In most countries, 13-18-year-old children are preparing for higher education, and refugee children will have already been thinking or talked about being ready for mid- level school

- they are at an age when they are "reasoning" and questioning more
 - ✓ try to be available to engage with them and discuss
 - ✓ organize "chat" sessions or other ways of bringing them together to talk
- they are at an age when they see, feel and are affected by uprooting and its impact
 - ✓ try to be available to talk about the future and new opportunities
 - ✓ organize discussions with teachers and others who can offer guidance

- they are becoming more vulnerable to chaos and unknown nature of their situation
 - ✓ as well as to what it means for people who were left behind, as well as pets, homes and other personal things left behind
- schooling is one of the key ways in which continuity and structure can be provided, so wherever possible
 - ✓ get children enrolled in local schools
 - ✓ if necessary, create surrogate school environments with teachers, books, and courses
 - ✓ encourage study, but without pressure
 - ✓ begin to discuss the future in terms of professional/occupational themes
 - ✓ emphasize hope and a new life for them and their parents/families
 - ✓ be willing to discuss what happened if this is what they want
 - ✓ encourage sport and group physical activities
 - ✓ encourage children to systematically help siblings, mothers, older people
- look out for children who are, or whose mothers and caregivers say they are:
 - ✓ withdrawn and not interacting with other children
 - ✓ withdrawn and not interacting much with mothers and other relatives
 - ✓ not eating well
 - ✓ not sleeping well or sleeping too much
 - ✓ having nightmares
 - ✓ crying easily and often
 - ✓ forgetting how to dress themselves
- discuss this with children, mothers and other close relatives carefully:
 - ✓ do not stigmatize or make fun of them
 - ✓ say you understand and at times feel the same way
 - ✓ explain that things will change and get better
 - ✓ explain the need to stay well and strong for the future
 - ✓ ask how they feel you can help
 - ✓ try to engage them in helping others and discussing the needs of others
 - ✓ when and if mothers and caregivers believe it necessary, refer for professional help
- make sure to keep a record of all children you have met and talked to and centralize the information wherever possible.

Teenagers and adolescents

The teenage years can be complicated for children, and this is likely to be the same, if not more so, for refugee teenagers who have seen their own, as well as their parents' lives, suddenly disrupted

- remember that the teenage years are marked by:
 - ✓ rapid physical growth and new physical needs
 - ✓ significant hormonal changes and new physical and emotional needs
 - ✓ significant intellectual changes and new social needs
 - ✓ new psychosocial needs in general
 - ✓ expectations of greater independence
- ask if teenagers have had COVID-19, and been vaccinated against COVID-19
 - ✓ try to make testing and vaccination possible, without pressure
 - ✓ teenagers should be offered masks and encouraged to wear them in crowded places

- refugee teenagers will probably have been more aware than younger children of the risks and threats to life in Ukraine and during their escape, so look out for signs of:
 - ✓ chronic social withdrawal
 - ✓ chronic poor appetite and refusal to eat
 - ✓ irritability and constant movement
 - ✓ reported sleeping problems
 - ✓ anger, bad temper, shouting
 - ✓ self-harm, violence and suicidal ideations (mentions, threats)
 - ✓ signs/reports of substance abuse (drugs, alcohol)
- if parents (mothers) and teenagers feel it necessary and agree
 - ✓ organize discussions with mental health personnel
- create chat groups for teenagers and create space for them to get together
 - ✓ organize discussions on themes they say they would like to see taken up
 - ✓ encourage peer support while recognizing unique needs and capacities
- engage them wherever possible in helping other refugees
- give them a sense of contribution and value to the “community”
- get them to understand that their educational careers have not been stopped
 - ✓ look for ways of getting them “back on track”
 - ✓ enroll them in local schools or special programs
 - ✓ talk to them about their future hopes and intentions
 - ✓ talk to them about future opportunities

Teenage refugees and reproductive health

An important feature of children in their teenage years is the physical, hormonal and anatomical changes that take place, and which often do so rapidly. These changes can at times be difficult to deal with from a psychosocial perspective, so

- try to organize group sessions where teenagers can talk about their needs
- try to provide individual counselling for teenagers who say they need it
 - ✓ always involve counsellors who are culturally sensitive
 - ✓ always involve counsellors specialized in adolescent health
- given the importance of sexual development in adolescence
 - ✓ organize sex education sessions for those who would like it
 - ✓ always involve counsellors who are culturally sensitive
 - ✓ make it clear that there are counsellors available
 - ✓ wherever appropriate make contraceptive education and methods available
- adolescent girls, in particular, may need special attention
 - ✓ organize counselling and advice sessions for those who feel they need it
 - ✓ always ensure easy access to personal hygiene materials
 - ✓ try to always ensure privacy of bathing and toilet facilities
 - ✓ keep mothers informed of general activities being offered
- in refugee situations of overcrowding and obvious lack of privacy
 - ✓ emphasize the need for respect of girls and boys by adults
 - ✓ emphasize the need for respect of girls by boys
 - ✓ explain the need to be alert to sexual abuse and harassment
 - ✓ make it clear who any signs of abuse and harassment should be reported to

Trafficking and forced adoption

Trafficking of children, and forced adoption, especially of girl teenagers, has become a global problem and is common in refugee situations where social disorganization can often make it easier for traffickers to move in and out of refugee settings, so

- explain to refugees that trafficking is a problem
 - ✓ ask them to be alert to signs of potential trafficking
 - ✓ encourage teenagers to be alert to the presence of strangers
 - ✓ explain that they should report strangers in and around refugee settings
- encourage teenagers to be ready to protect each other, and especially girl refugees
 - ✓ be ready to intervene but not engage physically with traffickers
 - ✓ be ready to intervene by asking other refugees and humanitarian staff to help
- refugees may wish to organize their own security against traffickers
 - ✓ discuss this with local law enforcement officials

Managing feelings of guilt

Survivor guilt is common in all wars and natural disasters. It refers to the tendency for survivors to feel guilty because they have survived while others have not. It can be a very pervasive and erosive feeling that prevents people, including teenagers, looking forward and enjoying life, so

- look out for and be sensitive to teenagers:
 - ✓ who are withdrawn, especially from adults
 - ✓ who do not seem to be able to participate in and enjoy any games
 - ✓ who speak a lot about others who died, were injured or lost
 - ✓ who cry when in company of others, and for no obvious reason
 - ✓ who have difficulty sleeping
 - ✓ who have lost appetite who do or talk of self-harm and suicide
- if these problems appear to be associated with guilt feelings
 - ✓ be warm and sympathetic
 - ✓ mention that injuries and loss in wars are often random events
 - ✓ talk about “wrong place wrong moment” events
 - ✓ explain that “being spared” is also an equally random event
- stress the idea of responsibility to “relish” having been spared
 - ✓ talk about occupational opportunities
 - ✓ talk about engaging in life and the future
- talk with mothers about a child’s concerns, and share the same advice
 - ✓ remember that mothers may also be feeling sensations of guilt
 - ✓ help them deal with it

Communication media

Refugee situations where the loss of contact between relatives and friends is commonplace, the availability and use of mobile phones can be very useful. Teenagers are often the most proficient with mobile phone technology

- they can be an important source of information exchange for the larger group of refugees and should be encouraged to help in sharing new information
 - ✓ encourage them to help elderly refugees who many not be very proficient in the use of mobile phones
 - ✓ encourage them to move around offering help with mobile phone technology
 - ✓ ensure they have easy and good access to phones and charging options

Confidentiality and record keeping

In all interactions with children and parents, the principle of confidentiality must be respected, especially where older children are concerned

- ✓ keep notes of interactions privately
- ✓ only share notes with designated healthcare personnel if and when appropriate

These Practical Guidelines were prepared by ICMHD under direction of Dr Manuel Carballo. Members of ICMHD include Dr Monir Islam, Dr Paolo Hartmann, Dr Raul Gagliardi, Dr Michel Lavollay, Dr Gangyan Gong, Miss Madita Schulte. External technical support to the work of ICMHD on the Ukraine crisis was provided by Mrs Dominique Larsimont and Mrs Holly Clark. Cover page: Ina Gudumac.