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Social and Emotional Support for Children and their Caregivers Post-Disasters

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Social and Emotional Support for Children and their Caregivers Post-Disasters Save the Children – U.S. Programs and Advocacy

Background

Save the Children (SC) believes every child deserves a future. Since our founding 100 years ago, we have changed the lives of more than 1 billion children. In the United States and around the world, we give children a healthy start in life, the opportunity to learn, and protection from harm. We aim to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. In times of acute crisis, we mobilize rapid assistance to help children recover from the effects of war, conflict, and natural disasters. Save the Children is funded through the generous gifts from donors, federal, and private grants. Whether coping with the devastation of a disaster or facing long-term impacts of growing up in poverty, Save the Children's protection and social and emotional learning programs help kids cope and build resiliency. Toxic stress and other life challenges affect children and caregivers alike, and that is why our protection and psychosocial support programs ensure children and families have the necessary help to manage and recover. Save the Children receives funding via donations, primarily and grants.

The purpose of this paper is to share Save the Children's responses to Hurricane Harvey in Texas, Hurricane Maria in Puerto Rico, and Hurricane Irma in Florida in 2017. Save the Children's response and recovery efforts in the aftermath of these disasters consisted of a wide range of services for the affected children and their caregivers, including assistance to childcare centers and organizations, and providing child-focused services, such as psychosocial support. This paper will particularly focus on the psychosocial support element of the responses.

Impact of the 2017 Hurricanes

Hurricane Harvey (August 17–September 3, 2017) left a path of destruction that had a severe impact on the health, welfare, and education of young children (Save the Children, 2017; McClendon, 2017). Hurricane Irma made landfall in the Florida Keys on Sept. 10, 2017, and continued traveling north, causing widespread, catastrophic damage. On Sept. 20, 2017, Hurricane Maria made landfall in Puerto Rico, causing catastrophic damage across the island and upending the lives of innumerable children (Kishore et al., 2018).

The floods generated by Hurricane Harvey's torrential rains caused widespread water damage, closing many schools in Houston. Over 1,700 childcare centers were either damaged or unable to reopen in the immediate aftermath of the catastrophic storm. At least 1.4 million children—nearly 60% of whom are from low-income families—across 117 school districts in the Gulf Coast region missed at least one week of school due to Harvey-related closures (McClendon, 2017). Hurricane Irma had a severe impact on children in Florida. Most schools were reopened by Sept. 18, 2017, but there were still several schools and more than 300 childcare and early education programs closed because they either sustained water damage or were acting as emergency shelters until early October. Childcare centers estimated that about 10,000 children were impacted and in need of recovery assistance (Save the Children, 2017).

Hurricane María—the largest disaster in Puerto Rico since 1928—caused approximately 3,000 deaths and directly impacted more than 19,000 children on the island. Many children and families were left without reliable power or clean water for months, and dozens of schools have been closed by the government (Kishore et al., 2018; Melendez & Hinojosa, 2017).

Psychosocial Distress

In the aftermath of disasters such as the 2017 hurricanes, children and their caregivers may experience psychological distress or post-traumatic stress symptoms (Kerns et al., 2014). Children may struggle with stress reactions such as sadness, fear, confusion, interpersonal and psychosomatic problems (Bonanno, 2004). They may also become worried, fearful, aggressive, or withdrawn (Thompson, 2014).

The psychological stress of a hurricane is felt by all, but the younger the children are among the most vulnerable to post-disaster reactions, especially if they do not receive appropriate and timely support (Cohen et al., 2009; Kimball et al., 2018; Inter-Agency Network for Education in Emergencies, 2016). In addition, children feel the stress of their caregivers. In fact, research has illustrated that the higher a parent's stress levels, the more a child will experience distress symptoms (Moreno, 2018). Children's stress levels can also increase when they are displaced from home or school, or if their home or possessions are damaged by a hurricane (La Greca, Silverman, Lai, & Jaccard, 2010). The distress caused by a hurricane itself might be combined with the stress of displacement and the disruption of routine. This absence of routine takes a severe toll on a community, as parents are unable to go back to work until the children are in school and in childcare. Further, the post-disaster experience can be compounded for those who also have pre-disaster stressors (Masten & Narayan, 2012).

While children are among the most vulnerable after a disaster, given the appropriate resources, they can become resilient and recover over time (Watts et al., 2015). In order to alleviate immediate and longer-term effects of chronic stress, programs such as those described in this paper were designed to alleviate fear and promote resilience in children and their caregivers during long-term recovery and beyond.

Save the Children Interventions

Save the Children's psychosocial support interventions in Texas, Florida, and Puerto Rico in the aftermath of Hurricanes Harvey, Irma, and Maria were delivered in two phases and designed to reduce the negative impact of these crises on emotional well-being and increase the resilience of the impacted children and their families. The programs included psychosocial support activities in schools and communities that promote the ability of students and their caregivers to support each other, resume everyday activities, and heal from psychological distress (Save the Children, 2019). Save the Children's psychosocial support includes a variety of interventions to ensure children receive appropriate support in schools, childcare centers, communities, and emergency evacuation shelters. Children's recovery and development amidst adversity requires a holistic approach—where social and educational services are available,

safety is restored, and basic rights are respected (Dykens, Fisher, Taylor, Lamber, Miodrq, 2014; Save the Children, 2015).

The **first phase** of recovery focused on making sure Save the Children had appropriate capacity to respond to the unique long-term psychosocial support needs in the most vulnerable areas of the affected regions. Teams on the ground conducted assessments while meeting the immediate needs of the children in the target areas. Based on the assessments, programs were designed and/or adapted accordingly. Training material was adapted to ensure it was culturally, linguistically, and technically appropriate to the local area. For example, all the training, monitoring and evaluation materials were translated into Spanish for use in Puerto Rico. In Texas, the materials were available in Spanish and English, and in Florida, the materials were available in English, Spanish, and Haitian Creole. Through our local capacity building model (national headquarters master trainer, trains local facilitator trainer who in turn trains facilitators to implement programming in their communities), local talent was recruited, and partnerships were established to build the social capital in the affected areas to ensure sustainability of the program activities in the long term.

The **second phase** of recovery focused on implementing high-quality psychosocial support programming to address the emotional and practical needs of children and their caregivers. Save the Children implemented its evidence-based and evidence-informed programs, which have benefited disaster-affected children in the past, both domestically and internationally. While there were severe mental health and psychosocial needs, and not enough licensed mental health workers to address the immediate needs of the population, Save the Children served as a liaison between the community and the mental health system in Texas, Florida, and Puerto Rico.

Staff and partners of Save the Children provided psychosocial support based on the Inter-Agency Standing Committee Guidelines (IASC) on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (Interagency Standing Committee, 2007). The IASC guidelines were developed through an inclusive process, with input from United Nations agencies, non-governmental organizations, and universities. The guidelines help to plan, establish, and coordinate a set of minimum multi-sectoral responses to protect, support, and improve people's mental health and psychosocial wellbeing during and after an emergency. SC uses this guidance for implementing a package of programs described below.

Caregivers Journey of Hope (CJoH)

This workshop was designed to support adults in the aftermath of disaster and help promote self-care as a method of reducing stress. The CJoH is a four-hour workshop and is designed for parents and caregivers in schools and communities. It helps adults understand and manage their stress levels, so they can provide appropriate support to their children (Powell, Wegman & Shin, 2019). Post-disaster, this is often one of the first psychosocial interventions that Save the Children provides.

Youth Journey of Hope

This intervention model is an evidence-based social and emotional learning program designed to build healthy coping skills and promote positive peer interaction in disaster affected young people. This is done through identifying and normalizing disaster related

feelings and emotions and facilitating a sense of empowerment among group participants. The program includes a set of four age-appropriate curricula geared towards school-aged children. It provides children with eight sessions of interactive activities to help bolster their coping skills. Each session has a thematic focus: safety, fear, grief, anxiety, anger, bullying, and self-esteem (Save the Children, 2019). The program is delivered through a partnership model. Save the Children's master trainers train local facilitator trainers, who have backgrounds in mental health, social work, and counseling. The local facilitator trainers then train local facilitators, who implement the program in schools, childcare centers, and other community centers. The Journey of Hope Training of Trainers is a five-day training designed for people who have a background in behavioral sciences and previous experience working with children. Activities during each session include cooperative play, arts and crafts, reading, and discussion. Journey of Hope sessions are typically conducted in schools, and when appropriate, during summer camp. As one facilitator expressed about her experience delivering the Journey of Hope:

Our children have had the opportunity to explore the big feelings that can be triggered by a traumatic event, such as Hurricane Irma. Through the eight sessions of the Junior Journey of Hope program, the children shared and practiced coping techniques for sadness, fear, anxiety, and anger. At least one child in each group had a strong reaction to one of the feelings we discussed, and received psychological first aid from a facilitator. We referred them to NAMI HUGS as a resource to continue the healing process.

Partners who have delivered the Journey of Hope have also noted the impact they have seen in the children who participated:

It was truly a pleasure for the IEA youth, particularly those who have completed Journey of Hope, to share coping skills they have learned with younger children. I think you can add this event as evidence that Journey of Hope not only inspires hope and healing for youth involved in the juvenile justice system as well as those who have presented delinquency risk factors, but also encourages them to share their knowledge with others.

Another implementing partner stated:

I (we) really appreciate your support in allowing IEA to take inspiration from Journey of Hope to this next level for youth who would not otherwise have access to such a meaningful audience for their Global Youth Service project. - With much gratitude, TX Partner

Psychological First Aid (PFA)

PFA is a first-order response of short duration delivered to a person who is experiencing distress because of a disaster, an emergency, or a crisis to foster coping in the current situation. Specific components of an PFA training include: (a) communication skills for staff directly interacting with distressed children, (b) skills for working parents and primary care providers, and (c) strategies to support a distressed child (Save the Children, 2019).

Shelter from the Storm

Save the Children developed this curriculum with the early childhood expert Zero to Three. During emergencies, the most common request from communities, parents, and early childhood programs is for psychosocial training and support for parents and caregivers of young children. Shelter from the Storm focuses on children ages birth to three and their caregivers. It prepares caregivers to meet the social and emotional needs of children within this age group and provides psychoeducation on self-care. This program is a one-day training aimed at parents and professionals that work with infants and toddlers (Zero to Three, 2019).

Healing and Education through the Arts (HEART)

This program is an arts-based psychosocial support approach for children affected by serious or chronic stress. HEART helps children and youth between the ages of 3 and 20, as well as adults, process stress and engage with their peers in a fun and creative way. HEART programming includes multiple art forms, including drawing, painting, sculpture, music, dance, drama, book making, and much more. All HEART activities contain three core components: healing, learning, and fun. As a dynamic and adaptive program, HEART can be integrated into a variety of settings, including primary schools, preschools, community centers, Child Friendly Spaces in emergency shelters, and refugee camps. One HEART participant stated, “I liked the group a lot, actually every part of it. I think that in the future, when I am a doctor, I will use coping skills I have learned at group to help me through life”.

Save the Children’s implementation of its psychosocial support programming focuses on sustainability; therefore, when response and recovery efforts end, local capacity is built to address any future needs. Save the Children continues to build the capacity of local counselors, teachers, student nurses, social workers, childcare workers, and other caregivers of children, including parents. All programs are also inclusive and modified, if needed, to include children with disabilities. To date, 1,647 facilitators have been trained in Journey of Hope, HEART, and Shelter from the Storm. Overall, Save the Children psychosocial support programs are being implemented in 425 programs sites in target regions in Puerto Rico, Texas, and Florida. In 2018, we reached 30,792 children directly and over 92,769 direct and indirect beneficiaries in our target areas (Save the Children, 2018).

An implementing partner in Puerto Rico described the impact of Save the Children’s psychosocial programs:

This program has allowed addressing disparities and barriers related to psychosocial services to children and adolescents residing outside the metropolitan area (San Juan area and nearby). They have been able to access psychosocial services based on evidence, as well as specialized psychological services.

While hurricane response and recovery efforts are scaling down, many partners try to find a way to continue Save the Children’s programming, such as Journey of Hope without funding. Teachers in the daycare centers have also asked for booster sessions for CJoH and mentioned a tremendous improvement in children expressing their emotions after participation in the psychosocial programming. One Save the Children staff member stated:

I am amazed at how some facilitators in an after-school program turned Journey of Hope into a club and all the students are eager to be a part of it. One staff in particular in RCMA from Immokalee shared a story from one of their students and how this program has allowed her express herself with friends and family in particular who she was having a difficult time with her brother who moved far away it has also given her the confidence she needed to believe in herself to try harder and pick up her grades.

Another partner described the impact of the programming:

At one of our sites, a girl was selected to participate in the JOH Program because she was frequently referred to the office, she had conflicts with classmates and serious self-esteem problems. The child's facilitator, she shared that the girl initially was extremely shy and had difficulty in joining the group but finally overcame her shyness. She came to display higher self-esteem, she requested referral to individual intervention where received the help she needed and thereby achieving positive changes in her life.

During the interview with the girl's mother, she stated that the Journey of Hope Program helped her daughter reduce her fears as well as improve her self-esteem. At the same time, she mentioned how the child helped her sister with what she learned in JOH. The girl shared that she really liked the JOH program, that what she liked the most were the games and the newspaper that showed the people who were there, and that she learned to manage her feelings. She expressed that when she is afraid, she begins to pray. When she has stressful situations, she uses her diary and prays, which used to be considered ugly and now, after completing the program, she feels the prettiest, arranges her hair, among others, that she has friends and advises them when they have problems.

The Facilitator shared that the experience with the JOH program has been favorable for other children in his school and that she would like many more children to benefit from it. I've seen a reduction in bullying, reduction in cases referred by behavior problems, increase in academic achievement among others. After completing JoH the girl has not been referred to the office and has observed better relations with their peers, is taking better care of herself physically. Social Worker

Save the Children conducts monitoring visits and collects quarterly data from each site, as well as qualitative information through focus groups, individual interviews and key informant verification interviews to understand how the program is impacting children and their caregivers. This allows the psychosocial support team at headquarters to support partners and adjust intervention delivery at each target site.

Lesson Learned and Recommendations

Delivery of Save the Children's psychosocial in post-disaster settings has yielded many lessons learned to improve delivery and impact of the programs. These include thorough selection of local partners, the availability of multi-generational interventions, and the importance of follow-up and continued support.

Selection of Local Partners

Local partners must be selected thoughtfully. Field of work and/or relevant educational background is one criteria. Those who work with children in schools, childcare centers

and other community settings as part of their day-to-day job—with relevant background—make the best local partners. This is because such partners are more likely to implement Save the Children psychosocial support programs and reach the vulnerable children in the target areas. Partners who do not have existing relationships with child-focused service providers can also be trained, but their chances of providing direct services to children is relatively lower.

Multi-Generational Interventions

Working with children and including programs for their parents and caregivers, as well as their teachers, has the best effect on all participants. In cases where children are living with, or cared for, by their grandparents, their grandparents should also be involved in the programs. These programs have a better impact if parents, caregivers and teachers learn how to both support children's social and emotional needs, as well as their own, because an adult's stress is often transferred to the child.

Follow-Up and Continued Support

It is not enough to provide one training session for local partners. It is recommended that all those who have been trained once receive refresher training, as well as a follow-up to see what support they may need in implementing the programs. Similarly, interventions with children and their caregivers must also have booster sessions, or follow up meetings, to reinforce the key messages that strengthen their resilience.

Conclusion

Save the Children gives children in the U.S. and around the world a healthy start in life, the opportunity to learn and protection from harm. The paper focused on Save the Children's psychosocial support in the aftermath of Hurricanes Harvey, Maria and Irma. As mentioned, the psychosocial support programming was divided in two phases. First, Save the Children worked to meet the immediate needs of children and their caregivers, while assessing and preparing for long-term recovery programming. Second, the organization implemented high-quality psychosocial support programs to address the social, emotional and practical needs of children and their caregivers. As noted by a facilitator from Carlos Albizu University:

The power of the groups has been reinforced in a practical way, even in the individual processes. I refer to how well I have learned from Dr. Irvin Yalom. There are curative factors in the dynamics of the groups. If we have learned something after the hurricane, it is that the strengthened communities are the most successful tool, representing a source of support and healing for the individual.

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