

CHALLENGES AND POTENTIALS OF REFUGEE CHILDREN 2017 DATA OVERVIEW





PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF DIFFERENT PSYCHOSOCIAL INTERVENTIONS THAT AIM TO PROTECT REFUGEES' MENTAL HEALTH AND TO ENHANCE THEIR EMOTIONAL, PSYCHOLOGICAL, AND SOCIAL WELL-BEING.

AS THE IMPLEMENTING PARTNER OF UNHCR SERBIA, PIN WORKS TO IDENTIFY NEEDS OF REFUGEE CHILDREN, ASSESS THEIR PSYCHOLOGICAL STRENGTHS AND DIFFCULTIES AND PROVIDE THEM WITH ADEQUATE AND ADJUSTED PSYCHOSOCIAL SUPPORT PROGRAMS.





INTRODUCTION

Between January and September 2017 there were between 37% and 48% children in the refugee population in Serbia. Among them, the most vulnerable group were unaccompanied or separated children (UASC). In order to provide children with adequate and adjusted protection and mental health care, PIN conducts research on psychological strengths and difficulties of the children. Based on the research findings, PIN works towards establishing evidence-based practices, advocating for the needs of refugee children and providing data-driven recommendations to enhance the protection system.

METHODOLOGY

The presented data has been collected between January and September 2017 at different locations where PIN operates ie. Belgrade, Sjenica, Tutin, Banja Koviljača, etc. A total of 333 children participated in different aspects of the research. Majority of them were male (87.1%) form Afghanistan (85%). The ages ranged from 10 to 17, but the majority were older than 15 years (61%). Almost half of the children in the research were UASC (47%). In order to assess difficulties in everyday functioning as well as potentials, we administrated the Strength and Difficulties Questionnaire assessing emotional problems, conduct problems, hyper-activity, peer-interaction issues and prosocial behavior. Furthermore, in order to gain insight into the positive aspects of psychological functioning, children responded to questions tapping happiness, self-esteem, and optimism. In addition, using Refugee Health Screener (RHS15,) children older than 15 were screened for symptoms of the most common psychological disorders in refugee population, namely depression, anxiety, and post-traumatic stress disorder. The data was collected during individual interviews conducted by trained psychologists and with the help of translator or cultural mediator. The consent for participation in the research was obtained for each child and was given either by the parent or the state-appointed legal guardian i.e. social worker. The quantitative data was interpreted in line with beneficiaries feedback and with information attained during PIN's regular group and individual activities with refugee children.





THE RESEARCH RESULTS

In line with the expectations, refugee children are experiencing the most pronounced difficulties in the emotional domain due to developmental and adaptation-related issues. More precisely, only a third of the children show average developmentally appropriate emotional hardships, while the rest demonstrate more pronounced emotional difficulties. Emotional distress in refugee children predominantly manifests itself through anxious and depressive symptoms often followed by somatizations such as frequent headaches.

Figure 1. Emotional difficulties of refugee children in Serbia



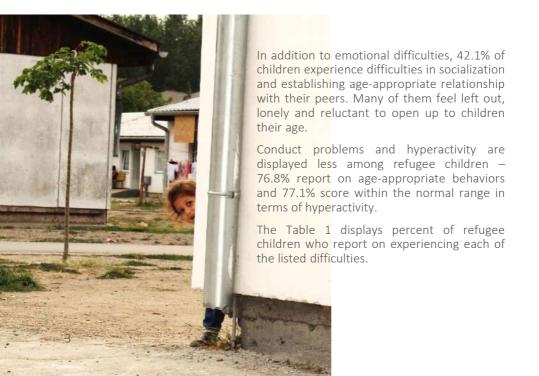


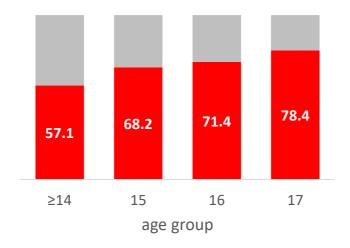
Table 1. Percent of refugee children reporting the behavioral indicators that suggest the need for additional attention and support

EMOTIONAL PROBLEMS	Child has a lot of hedaches	24.3%
	Child worries a lot	67.8%
	Child is often unhappy, downhearted or tearful	46.9%
	Child is nervous in new situations and reluctant to separate from parents	28.4%
	Child has many fears and is easily scared	35.2%
CONDUCT PROBLEMS	Child gets very angry and often loses her/his temper	31.8%
	Child usually does not do what he/she is told	9.0%
	Child fights a lot with other children	5.1%
	Child is often accused of lying or cheating	8.0%
	Child steals things from home/house, adults or peers	14.7%
HYPERACTIVITY	Child is restless, cannot stay still for long	42.9%
	Child is constantly fidgeting or squirming	39.0%
	Child is easily distracted	36.2%
	Child is impulsive, does not think through before doing things	15.3%
	Child does not finish things he/she has started	21.5%
PEER PROBLEMS	Solitary behavior	35.6%
	Child has no good friends	12.5%
	Other children do not like to or are reluctant to spend time with the child	10.2%
	Other children tease or pick on child	13.0%
	Child gets along better with adults than with peers	34.5%

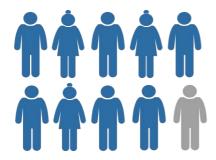
In regard to age differences, the percentage of children experiencing hardships in emotional domain increases with age. As shown, more than 50% of the children up to age 15 need psychological support to help them establish adequate emotional functioning and coping strategies for dealing with previous hardships and current difficulties, while the same is true for nearly 80% of refugee children aged 17.

Graph 2 shows percentages of refugee children who screen above age-defined norms on SDQ in regard to emotional difficulties split by age (14 years old and younger, 15 years old, 16 years old and 17 years old).

Graph 2. Percentage of refugee children experiencing hardships in emotional functioning



This trend is most prominent in regard to anxiety, i.e. worrying. Accordingly, the preoccupation is conspicuous among 21% of children of 14 years of age or younger, while it is present among 37% of 17 year-old children. This finding is in line with expectations because children become more aware of their own and external limits, as well as current circumstances they find themselves in as they age. Therefore, as children get older, they express higher levels of worry when faced with challenges and uncertainty.



9 out of 10 refugee children need psychosocial support

It is important to note that there are no systematic gender differences in psychological vulnerability. The only exception is that girls tend to report less on conduct problems than boys, but the same gender differences are observed in general domicile population of children of similar age in European countries.

On the other hand, boys traveling alone or with siblings and/or friends (UASCs) have, on average, more pronounced psychological hardships than boys traveling with parents. These differences are most notable in regard to anxiety symptoms (48% in UASC versus 39% in boys traveling with parents).

The mental health screening (RHS15) of refugee children yields similar results to those obtained among adult refugees. Namely, 86.1% of children could be considered psychologically vulnerable, and thus in need of adequate and continuous psychosocial support. More precisely, among children. refugee 21.3% demonstrating symptoms of posttraumatic stress disorder, 43.1% are showing symptoms of anxiety and 42.0% are experiencing symptoms of depression.



The results on positive aspects of psychological functioning strongly suggest that refugee children have potential and strength to overcome current emotional hardships and establish high levels of productivity and future functioning. More precisely, the vast majority of refugee children show strong prosocial tendencies. Moreover, more than half of refugee children consider themselves happy and are proud of what they have achieved so far in life. Eight out of ten refugee children are highly optimistic about their future.

Finally, 83.2% of refugee children believe that they are able to achieve the great things in life and 78.1% would like to pursue different educational opportunities in order to become highly skilled professionals.

91%

have prosocial tendencies

84%

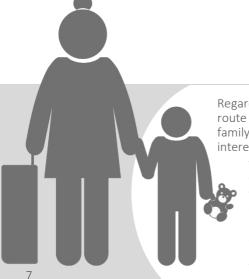
are optimistic about future

59%

feel satisfied in life

52%

feel happy most of the time



Regardless of whether the children are on route from country of origin alone or with family, the majority of them show a strong interest in educational activities.

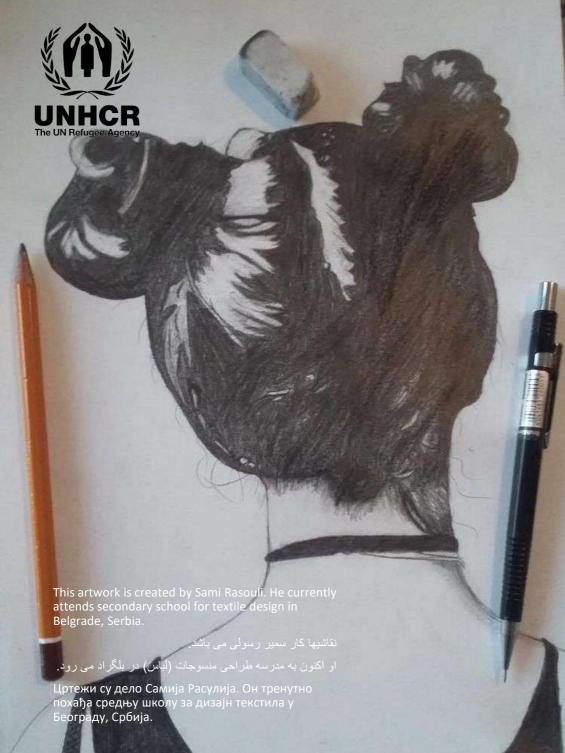
They are highly motivated to build fundamental competences and expand their knowledge, especially those they consider universally applicable and useful. In line with that, most children show interest in language and math classes, as well as activities oriented towards building their digital literacy.



In the context of caring for refugee children and their education, it is important to note continuous efforts are being put into enrolling them into formal education. Accordingly, in Serbia during 2017/18. school year, with the support of Ministry of Education and UNICEF, 571 children were enrolled in schools (544 children into elementary schools and 27 into high schools).

EXAMPLE OF GOOD PRACTICE: COOPERATION BETWEEN GOVERNMENTAL INSTITUTIONS AND NGO SECTOR

As an implementing partner of UNHCR, PIN contacted a social worker from CSW Palilula after identifying three privately accommodated children not yet enrolled in formal education. Two days later, an office within Ministry of Education scheduled a meeting with the principal of Elementary school "Ivo Andrić", the territorially closest elementary school, for the following week. In the meeting in which the principal, school psychologist, PIN psychologist, interpreter, and children with their father participated, the assessment was conducted after which it was agreed to assign children into classes in accordance with their age and previous education, as well as to develop individual support plans for each child. Only eight days after the identification, children joined their classes. In the following week, publishers of elementary school textbooks (Klett, Zavod za udžbenike, Novi logos, Eduka, Bigz, Kreativni centar, Krua and Gerundijum) responded to PIN's call and donated all the necessary books for the children. In line with individual support plans, the school provided premises in which, twice a week, PIN provides support with adjustment. curriculum, and Serbian language. Children report feeling accepted, they are motivated to learn and they enjoy new friendships with peers from Serbia. In order to ensure continuous follow-up and coordination of activities, PIN and school staff (principal, psychologist, class teacher and homeroom teacher) organize the regular meetings with aim of formulating the plan for the following period.





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