TOWARDS PSYCHOSOCIAL RESILIENCE AND WELL-BEING

A framework to ensure a community-based and contextualised approach to Mental Health and Psychosocial Support intervention

Operational Guidance

Terre des hommes
Helping children worldwide.

Impressum

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Acronyms

CB MHPSS	Community-based Mental Health and Psychosocial support
CP	Child protection
CPiE	Child protection in emergencies
CPMS	Child protection minimum standard
CYP	Children and young people
GBV	Gender based violence
G&D	Gender and diversity
IASC	Interagency Standing Committee (on mental health)
M&E	Monitoring and evaluation
MHPSS	Mental health and psychosocial support
PCM	Project cycle management
PSS	Psychosocial support
PSR	Psychosocial resilience
Tdh	Terre des hommes
ToC	Theory of Change
WASH	Water Sanitation and Hygien

Contents

SECTION 1: Introducing the new framework

1.1 What are we talking about?

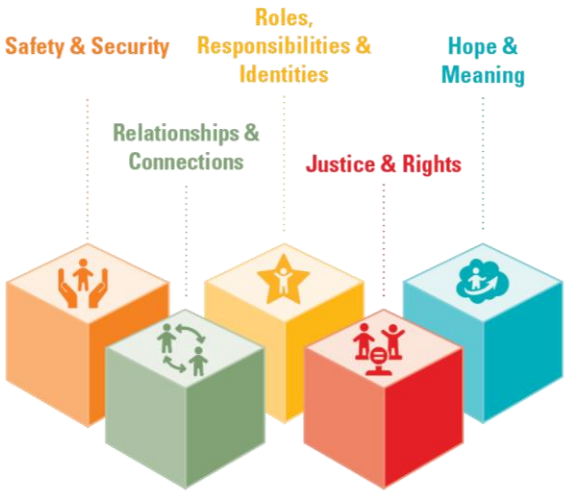
Mental Health and Psychosocial approaches and interventions have always been important for Tdh and embedded in our programming. In 2019 we have adopted a new framework presented here to respond better to the contexts we work in and to our needs.

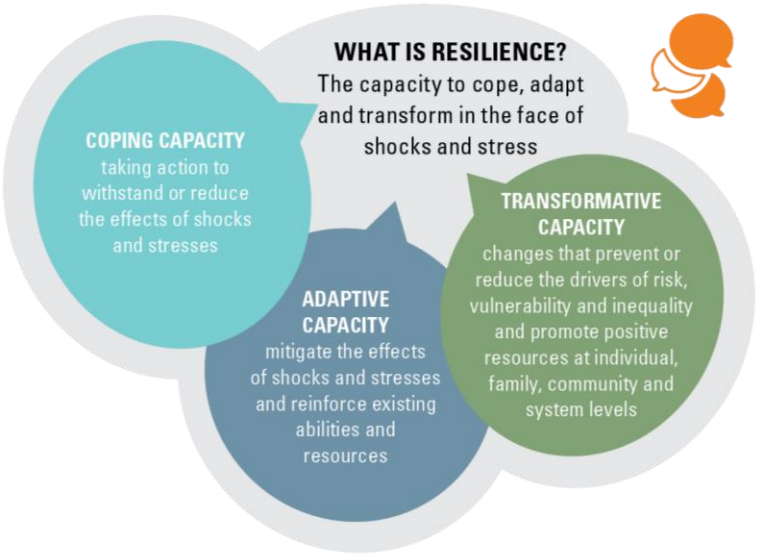
The framework is composed of **five core elements** (explored in detail in this guidance). The five core elements are the well-being pillars, resilience capacities, socio-ecological approach, the IASC intervention pyramid and a set of four principles ensuring a participative and inclusive way of working. It is the combination, consideration and realisation of **all five core elements** which ensures the **adaptability of the framework across differing contexts.**

Tdh MHPSS Framework identifies through five different domains of well-being, the internal and external capacities and resources that need to be strengthened, as well as the perceived vulnerabilities and risks to be mitigated through the transversal processes of informed participation and empowerment. The purposes of doing this is to reduce suffering, improve overall psychosocial well-being and strengthen resilience.

WHAT

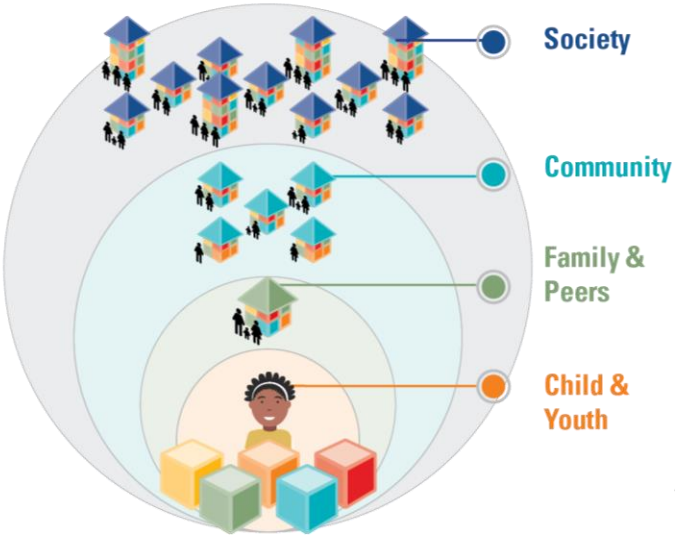
Tdh believes that to **strengthen resilience, we need to work on five pillars, or building blocks, of well-being...**





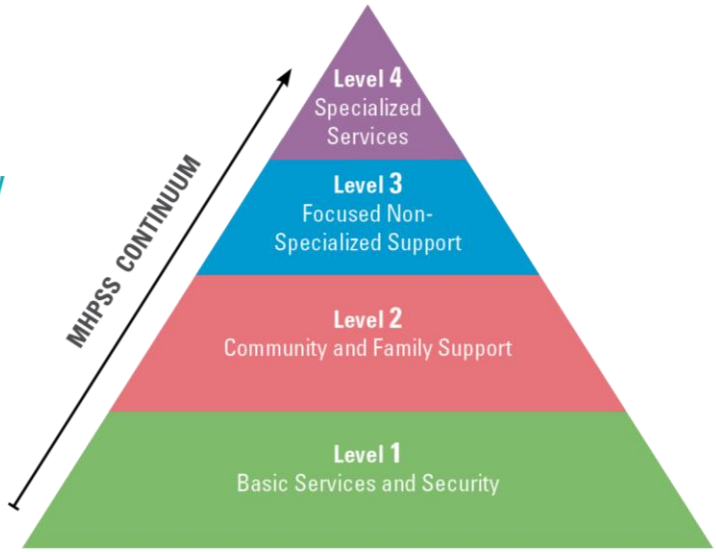
WITH / FOR WHOM

… for **individual children, their families, the community and society.**



HOW

We do this through programmes that **provide services with the understanding that the psychosocial well-being and mental health exist on a continuum.**



IMPORTANT CROSS-CUTTING CONSIDERATIONS

Participative, contextual and Inclusive approaches should be systematically applied to ensure the appropriateness of MHPSS needs and responses and to strengthen existing resources which supports empowerment and sustainability.

1.2 Objectives of TDH MHPSS framework

The overall purposes of the new framework are to:

- Provide a **holistic understanding of key concepts such as participation and empowerment**, and how these are translated into actions in programming. The framework aims to ensure safety, while also promoting dignity and respect through meaningful right-based participation in all domains of life (five well-being pillars in the framework).
- Ensure a **harmonised and coherent understanding of well-being and resilience**, with the aim of supporting the design, implementation, monitoring and evaluation of quality-focused mental health and psychosocial interventions and approaches in any Tdh sector of intervention. This is fundamental in ensuring that we help people not only to cope with and adapt to shocks and challenges, but also to strengthen their ability to transform the conditions that may lead to difficult situations in the short and long term.
- **Foster adaptability in programming according to the context:** whether it is an acute and sudden humanitarian crisis, a stabilisation phase, a protracted crisis setting or a development context**.** Tdh teams should be able to support people facing difficult situations and to assist them in recovering and improving their psychosocial well-being and enhance their resilient capacities at **any stage of the emergency-development continuum**. Difficult situations can range from a large emergency-scale level, affecting communities and whole countries and societies, to an individual and family level, linked to situations of abuse and violence, or to critical moments in life that affect private and personal spheres, such as bereavement.
- Highlight the **technical resources and the knowledge** needed to prepare Tdh teams, and to improve their capacity to deliver quality mental health and psychosocial support.

1.3 Target audience and how to use this guidance

Target audience

The MHPSS Framework, and the documents included in this operational guidance, are designed to support **Tdh staff and partners at global, regional and field levels**. The framework includes guidance for **specific protection and MHPSS interventions, as well as for promoting wider well-being and resilience-based approaches within non-protection sectors such as WASH, education and Health.**

The framework is designed to be used by advisors, coordinators and managers from all sectors to ensure the appropriate level of integration of different elements of well-being, from situation analysis through to the monitoring and evaluation of interventions.

How to use this guidance

In addition to the introductory parts of this guidance (which details background to the development of the framework and gives an overview of Tdh MHPSS Framework), the guidance is divided into two main sections; the first part is dedicated to clarifying the working definitions and concepts underlying the MHPSS framework which will help you understand the conceptual framework while the second part, explains the operationalization of the framework in projects. Even if these two parts can be referred to independently, it is important for the first reading to read them chronologically.

Do you want to understand the different concept and elements of the framework? Go to ***Section 2*** (Exploring the MHPSS Framework) which set out some key concepts and definitions and examines the elements of the framework in greater depth.

Do you want to get some practical guidance on how to use the framework? Go to ***Section 3*** (Operationalising the MHPSS Framework) which considers how to implement the framework and, in particular its application throughout the project management cycle. This section also contains links to tools and resources to support the monitoring and evaluation of MHPSS interventions and practical checklists that can assist field teams in their reflections when implementing activities.

Throughout the guidance a number of icons are used to direct readers to additional information:

Editing icones

- Boxes and text with this icon include **hyperlinks to practical resources** for the framework and other Tdh supporting materials to signpost the reader to further information on the same topic.
- Boxes with this icon include **hyperlinks to global interagency resources** bringing the reader to further in-depth information on the same topic.
- Boxes with this icon provide **points of attention** and **additional, clarifying information**.
- Hyperlinks with this icon direct **the reader to other parts of this guidance document**.

Elements of MHPSS framework

- Five well-being pillars
- Resilience capacities
- MHPSS pyramid of intervention (IASC)
- Ecological framework
- Participative and inclusive ways of working (set of four principles)

Five Well-being pillars

- Safety security stability - Feeling safe
- Connection relationships and networks - Felling connected
- Roles and identities- Feeling worthy
- Access to justice and rights - Feeling respected
- Hope and Meaning of life - Felling hopeful

1.4 Why this new framework?

Adapting our MHPSS approaches to evolving contexts: the nexus

Mental Health and Psychosocial Support (MHPSS) interventions are key to strengthening resilience, promoting well-being, and the empowerment of children and young people. Recent world events, coupled with a growing global recognition of the importance of mental health and the promotion of well-being and resilience, have created an **enormous demand for relevant and adaptable MHPSS approaches to evolving contexts**. Increasing challenges faced by children, young people and their families today (such as the escalation of complex protracted humanitarian crises, large-scale migration, displacement, impacts of climate change, violence, abuse and exploitation, violent extremism and survival-led negative coping strategies) all contribute to **blurring limits between humanitarian action, development and conflict prevention,** leading to an increased attention in strengthening the interlinkages between the different actors and actions. This is further highlighted by the Covid-19

pandemic, which has brought additional layers of chronic uncertainty and instability to families, communities and governments across the globe.
Psychosocial interventions and approaches have always been at the core of Tdh child protection programming within our humanitarian and development responses, but additional support and guidance to operationalise the triple Nexus approach was needed.

Adopting a **Triple Nexus approach**[1] to MHPSS programming requests us to adopt a framework which enables complementarity and responsiveness (implement simultaneously and in an articulated way intervention ranging from humanitarian response to development and conflict prevention in its protection programming, together with other sectors), continuity and upgradability (Strengthen the formal and informal systems in place) as well as anticipation and preparation (Support prevention and mitigation approaches based on existing resources).

The international MHPSS standard for child protection (CPMS-Standard 10) underscores the **complementarity of approaches and interventions from the protection, health and other sectors, aiming to strengthen coping mechanisms and resilience capacities, to reduce distress.**[2]

Tdh MHPSS Framework provides a **more comprehensive perspective of MHPSS with a continuum between humanitarian, development and conflict prevention/peace building interventions**, with a common goal of promoting psychosocial well-being and resilience capacities at any stage or in any type of intervention ensuring complementarity, continuity and preparation.

Tdh approach to resilience, recognises that there are three types of capacities that make up 'resilience' that is the capacities of girls, boys, families, communities and systems **to cope, adapt and transform** in the face of shocks and stresses. The resilience approach contributes to supporting response or prevention measures based on existing resources (anticipation and preparation) and fitting diverse contexts, ranging from humanitarian to development contexts (complementarity and responsiveness).

Interventions under each well-being pillar **relate to individual, family, community and system spheres and their interrelations.** Working through the different layers of the socioecological system helps ensuring we work towards strengthening formal and informal systems which participate to protect children (continuity and upgradability).

MHPSS interventions take place throughout different layers of an MHPSS interventions pyramid, forming a **continuum of interventions** between different type of MHPSS needs, services and actors (as described by the IASC MHPSS guidelines[3]), thus contributing to complementarity and responsiveness (implement simultaneously and in an articulated way MHPSS interventions, together with other sectors).

[1] *Refer to further explanation of the triple nexus in the MHPSS glossary (GLOSSARY)*
[2] Child Protection Minimum standard. CPMS, Alliance for child protection in humanitarian action – 2019
[3] *https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf*

Contextualising definition of Mental Health and Psychosocial well-being to fit socio-cultural contexts

The growing **global interest in MHPSS community-based approaches** and **culturally adapted interventions** also contributed to the development of this framework[4].

Community-based interventions and approaches have been at the heart of Tdh interventions for a long time; however, further guidance for clear articulation between cultural appropriateness and power dynamics was needed, power dynamics within families and communities but also distribution of power and dependence between the organisation and target groups.

Tdh MHPSS Framework unites different perspectives to provide a m**ore comprehensive understanding of well-being and its relation to resilience strengthening. I**t builds upon the existing Tdh MHPSS approach[5] and integrates the ecological and community-based perspectives of mental health and psychosocial support as well as building upon additional academic research. The framework promotes the approach that **mental health is not isolated from social, political, economic, cultural and spiritual contexts and processes.**

Contemporary psychosocial models integrate structural and ecological analysis of power dynamics and social justice. They bridge the gap between psychological and socio-political processes, shifting from individual problem-focused skills, coping and adaptive assistance to collective critical consciousness, participation, and empowerment. The aim is to **promote social transformation, raising people's self-esteem and dignity.** In comparison, ethno-psychology, psychotherapy, trans-cultural psychiatry, and psychological approaches stress the importance of understanding, respecting and combining spiritual and religious traditions and approaches for individual and community healing.

Tdh MHPSS framework provides therefore an **adaptable framework to respect and respond to different cultural perspectives**, including analysing safety, power and political dynamics and dignity from a community-based perspective.

The well-being dimensions or domains, including risks, vulnerabilities, capacities and resources collated under five "well-being Pillars", can be contextualized and adapted to anthropological cultural, sociological understanding of well-being in a given context.

Tdh Five "well-being pillars"

- Feeling safe physically and emotionally (Pillar 1- Safety, security and stability)
- Feeling connected to supportive bonds and networks (Pillar 2 – Bonds, relationships and networks)
- Feeling worthy, and with acknowledged roles and identities regarding who we are, where we come from, and what we do or we would like to do (Pillar 3 – Roles and identities)
- Feeling respected and able to develop critical consciousness and capacity to address injustice and to access rights (Pillar 4 – Justice and rights)
- Feeling hopeful about the future and retaining or developing the zest for life (Pillar 5 – Hope and meaning)

[4] You can refer to the desk research bibliography used to developed tdh MHPSS framework *HERE*
[5] Previous Tdh Psychosocial reference document *"Working with children and their environment"*, Tdh, 2012

Participative and Inclusive approaches

Set of four principles supporting a contextual understanding of MHPSS well-being:

- ➔ Meaningful right-based participation and empowerment
- ➔ Community based MHPSS6
- ➔ Contextual approaches
- ➔ Gender and diversity responsiveness

Need for Demonstrating MHPSS outcomes and measuring impact

The general push to **demonstrate MHPSS outcomes and to measure impact**, and the challenges to promote well-being and resilience approaches, not only for individuals and families, but also for wider communities and systems, led Tdh to reflect on how child protection system strengthening and multi-sectoral interventions can be strengthened and promoted, with the common goals of building resilience and psychosocial well-being of affected populations.

Linked with Tdh MHPSS framework was developed an M&E toolbox to support the design **of MHPSS objectives, outcomes,** and **activities** and to **facilitate measurement.**

Go to Tdh Psychosocial Resilience Monitoring & Evaluation Framework and Tools

The M&E toolbox brings together in one place all the tools and processes needed to monitor and evaluate MHPSS outcomes. It has **three main components: Theory of Change; Outcome indicators measurement workbook; and data collection tools.**

In addition to responding to external identified **challenges the framework builds on a Tdh mapping and review of psychosocial interventions**[7]. This exercise, undertaken in 2017-2018, identified and documented MHPSS interventions implemented from across Tdh field operations and included feedback and consultations from staff. Thanks to this review, which also comprised a **global interagency and academic research desk study**, this new MHPSS framework for Tdh well-being and resilience-based interventions was developed.

Zooming in 1: ***Tdh Mapping of MHPSS Intervention:*** *Summary of key findings and Recommendations*

[6] Extracted from" community based approaches to MHPSS programmes- A guidance note " IASC MHPSS RG- 2018

[7] Full report available here : *Tdh global mapping of MHPSS interventions* final full report. Terre des hommes 2018.

Section 2: Exploring Tdh MHPSS Framework

2.1 Key concepts and working definitions

In order to ensure a shared understanding of the framework across Tdh's operations, it is important to explore and agree on key concepts and working definitions which underpin the framework. Tdh definition of well-being, resilience, participation, self and collective agency and empowerment are proposed below; additional in-depth explanation of our definitions can be found in *the MHPSS detailed Glossary.*

In link with some of the important terminology defined below, an additional Tdh resource can be useful to consult: "Tdh key fundamentals elements for Child protection good practice" which also defines upon other approaches, child rights guiding principles and strand of intervention, the "Resilience-based approach" and the "Meaningful Participation of children".

Zooming in 2: Tdh Fundamental Elements for Child Protection Good Practice

Tdh Fundamental elements guide contains a **Model of child Protection Good Practice** and **a set of Fundamentals** that should be in place , these fundamentals include **explanations** and examples of ways of meeting them, as well as **additional resources** and guidance and an **assessment tool** for measuring progress towards meeting these fundamentals.

MHPSS (Mental health and psychosocial support)

From Tdh's perspective, *psychosocial support (PSS) shifts the emphasis from focussing only on children's vulnerabilities to viewing children as active agents in the face of adversity. It adopts a model of service delivery that recognises and strengthens resilience and local capacities*[8].

[8] "Working with children and their environment". Psychosocial reference document. Terre des hommes, 2012.

Tdh stresses the importance of **avoiding the separation between MH (mental health) and PSS (psychosocial support)** in programming, in line with interagency global principles and guidelines[9]. This underlines the necessary **continuum of MHPSS services** across the four layers of the IASC pyramid[10] (Basic services and security; Family and community support; Focused non-specialised support; and Clinical services), as well as recognises the required technical capacities of staff and community workers to deliver all levels of MHPSS. GO to IASC levels

Psychosocial Well-being

Psychosocial well-being is considered as the state of positive balance achieved through the different pillars, contributing to mental health and social well-being. We affirm therefore that mental health is not the merely absence of disorders, but the successful balance and combination of many psychosocial well-being dimensions.

Tdh adopts a holistic understanding of Mental health and psychosocial well-being, including physical, emotional, social, political, economic, cultural and spiritual dimensions, structured under the 5 well-being pillars and applicable to individual, family and community spheres *(1. Safety, security, stability; 2. Bonds and networks; 3. Roles and identities; 4. Justice and rights; 5. Hope and meaning).* GO to Well-being pillars

Resilience

Tdh understands resilience as the capacity of individuals, families, communities, organisations and institutions to face adversity and positively exist and interact within their different political, social, economic, health and environmental contexts. For Tdh, there are three different levels of resilience, namely coping, adapting and transforming:

Coping capacity is needed to address ongoing shocks, reduce vulnerability and prevent inequality from becoming entrenched. It creates sufficient stability for planned adaptive and transformative changes.

Adaptive capacity is required to adjust to ongoing change and uncertainty, given that systems do not remain stable for long.

Transformative capacity considers new risks and challenges that changes may cause, and respond to the immediate needs, as well as pursuing longer-term objectives. Children and families/communities engaged in decision making and relief interventions have an increased sense of controlled capacities and reduce their perceived vulnerabilities allowing them to transform negative experiences and shocks and contribute to increased safety and security in the community[11]. GO to Resilience Capacities

Under its triple nexus approach, Tdh underscores that resilience strengthening interventions should **always ultimately look at supporting transformative capacities**, to maximise the impact and sustainability of interventions. The idea is not only to help children, families, communities and systems to cope and adapt in difficult situations but also, even at the early stages of humanitarian support, to enhance the capacities for transformation in order to pursue longer-term objectives for change.

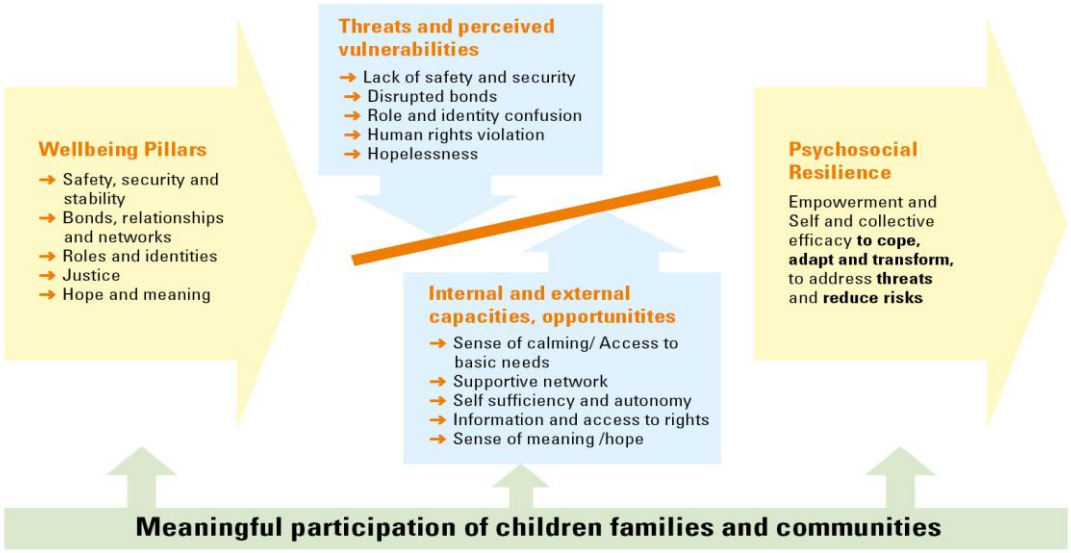
[9] IASC Guidelines for mental health and psychosocial support in emergency settings" Inter-Agency Standing Committee, 2007.
[10] Interagency Standing Committee. Guidelines for mental health and psychosocial support in emergency settings (IASC, 2007).
[11] Coping, Adaptive and Transformative: Resilience framework. *Tdh Resilience, draft working paper. 2017.*

Psychosocial resilience (PSR)

The term "**psychosocial resilience**" articulates how the **Mental Health and Psychosocial well-being domains intersect with resilience capacities** (coping, adaptive, transformative).

PSR (as a state) is considered to be a consequence of a dynamic set of abilities that an individual child, a family or a community possesses and circumstances they find themselves in (i.e. resilience capacities), which can be enabled and enhanced by strengthening the external protective factors that surround them, as well as further developing their inner resources and strengths.

Each well-being pillar highlights necessary elements to build and strengthen resilience, as well as outcomes under each pillar (domain-specific resilient capacities). When 'objective and perceived capacities' are strengthened across the different well-being pillars, and structural resources and opportunities are available, using a participative and empowerment approach will in turn increase resilient coping, adaptive and transformative capacities.



GO to PSR theory of change

Participation

Article 12 of the Convention on the Rights of the Child defines Child participation as children's right to be heard, whereby children's views are given dure weight in matters concerning them. The UN Committee on the Rights of the Child defines children's participation, in their General Comment No. 12, as an: *... ongoing process, which includes information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes*[12].

[12] See Committee on the Rights of the Child, General Comment No. 12 (2009) The right of the child to be heard, paragraph 3

Accordingly, child participation does not just mean children taking part in activities or being asked for their opinions. Rather, *"It means that they are involved in wider processes, including decision making, to help empower them and to develop key life skills. This is clearly dependent upon the situation and context. For example, it will depend upon the capacity of children and also the operating context"*[13]

A rights-based approach to child participation should respect the nine basic requirements set out in General Comment 12 namely: Transparent and informative, Voluntary, Respectful, Relevant, Child-friendly, Inclusive, Supported by training, Safe and sensitive to risk, Accountable[14].

Active participation requires and relates to internal and external factors:

- **Appropriate information** (age, gender, culture and capacities' related appropriateness). Information is power and meaningful right-based participation enables informed (and active) decision-making;
- **Skills or psychosocial abilities** (combining attitudes, behaviour, knowledge) enabling people to actively participate, such as communication skills together with a degree of self-confidence and self-esteem;
- **Opportunities** (assets, safe space and audience) for participation.

GO to Participative & Inclusive approaches

Agency

Agency is referred to in academic research as the **a state** describing **the degree to which a person or a group of persons have the ability to make purposeful choices , and be autonomously involved in their own activities, and in group activities in which they participate'**[15].

Agency is strongly determined by **people's individual assets** (material, human, social, political or psychological) **and capabilities of all types: human** (such as good health and education), **social** (such as social belonging, a sense of identity, leadership relations) **and psychological** (self-esteem, self-confidence, the ability to imagine and aspire to a better future), **and by people's collective assets and capabilities, such as voice, organization, representation and identity**.[16]

Empowerment (and expanded Agency)

Empowerment literature highlight similar descriptions and elements: **Ongoing process** of enabling individuals to **make their own decisions**; to **exercise control over own lives**; to **enhance assets and capabilities**; to **challenge forms of oppression**; to **transform reality** and **to participate, negotiate with and to influence.**

Empowerment is often described as **a multi-dimensional process** of gaining confidence and control over one's life and is also referred to a process of expanded agency[17], it requires require **holistic attention to social, political,**

[13] *Tdh fundamental Elements for child protection good practice* "A guide to promoting quality child protection across all programmes, , Tdh, 2019, p14
[14] For additional information and definition on those requirements please check the detailed MHPSS definitions document *HERE*
[15] How to distinguish empowerment from agency. Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013
[16] Agency and Empowerment: A review of concepts, indicators and empirical evidence, Emma Samman and Maria Emma Santos, Department of International Development, University of Oxford, 2009
[17] Jay Drydyk, How to distinguish empowerment from agency. Department of Philosophy, Carleton University, Ottawa

economic, cultural and spiritual elements. In contrast to resilience, empowerment is intrinsically related to power dynamics, deprivation and/or oppression.
''People are empowered in so far as they become better able to shape their own lives'' [18].

As such, it involves **creating and supporting enabling conditions** (i.e. the **opportunity structure**), and individuals and groups **developing an (awareness of their) ability to effect change** (i.e. their **agency**)[19].

It can result in improved **individual** well-being, as well as **collective** - i.e. at the family, organisational and community levels - through developing mutual support and strengthening organisational networks [20].

From Tdh's perspective, empowerment of children, youth, families and communities is a process of meaningful participation, through increasing psychosocial abilities and supporting structural opportunities, promoting an increased sense of self and collective efficacy and reducing perceived vulnerabilities.

GO to Participative & Inclusive approaches

Sense of efficacy

Tdh understanding of sense of efficacy is **the feeling or belief of control over positive outcomes**. Reversing the negative sense of "can't do" contributes to a sense of control and accomplishment. This should be a central goal of interventions which aims to support individuals, families or communities to overcome adversity. This can be achieved by fostering the perception that others are available to provide support, and by supporting families who, in turn, provide sustenance to their members [21].
In this sense, the sense of efficacy is the perceived capacity of "being able to deal with a situation".
GO to Participative & Inclusive approaches

2.2 Core elements of the MHPSS Framework

As noted in the introductory sections, the MHPSS Framework brings together five core elements, which should be considered collectively and regarded as interrelated. However, for clarity and to ease understanding, each of the elements are discussed in this section separately.

18 Self-determination theory exposed by Alkire and referenced in How to distinguish empowerment from agency. Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013
19 Agency and Empowerment: A review of concepts, indicators and empirical evidence, Emma Samman and Maria Emma Santos, Department of International Development, University of Oxford, 2009
20 Jennings, L. B., Parra-Medina, D. M., Hilfinger-Messias, D. K., & McLoughlin, K. (2006). Toward a critical social theory of youth empowerment. *Journal of Community Practice, 14*(1-2), 31-55
21 *Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence. Psychiatry: Interpersonal and Biological Processes 70 (4), 283-315*SE Hobfoll et al (2007).

CORE ELEMENT 1
Five well-being pillars

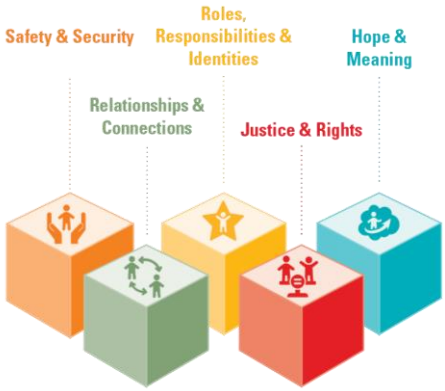


Figure 1: Tdh Five well-being pillars

The five well-being domains, including risks, vulnerabilities, capacities and resources collated under each of the five pillars, as shown in Figure 1, are summarised below. The five pillars' structure was based on two specific academic research models already in use within Tdh's programming: **Hobfoll's** five essential elements for immediate and mid-term mass trauma intervention (Hobfoll, 2007)[22] and **ADAPT model**: a conceptual framework for psychosocial programming in post conflict settings (Silove, 2013)[23]. Tdh further elaborated those models by incorporating other necessary elements based on extensive desk and academic review and our field experience, which link to well-being, to create a framework for MHPSS which is comprehensive.

The pillars' interdependence must be kept in mind. **Operationally, this interdependence can be attained by ensuring the application of the four transversal principles** (Meaningful right-based participation and empowerment, Community based MHPSS, Contextual approaches, Gender and diversity responsiveness and transformation) which should always be systematically considered.

Zooming in 3: *Compared analysis of ADAPT and Hobfoll pillar-based models*

This document provides a review of both theoretical frameworks being used within Tdh psychosocial interventions through a brief description of each models' principles and pillars, comparative analysis, common objectives and a final mixed model suggested to frame Tdh MHPSS programming.

Zooming in 4: *Detailed Pillars' guidance sheets*

The guidance sheets in the hyperlink provide a detailed description of each pillar (vulnerability risks, main expected outcomes and activities). While the table included below provides just a summary overview of the five pillars. These sheets also **include a Theory of change with detailed expected outcomes for each pillar, as well as considerations in terms of child development and examples of activities for different outcomes at each well-being pillar level**, all across the IASC pyramid.

From a child-development perspective, children's well-being and resilience are linked to their stage of development. The relevance of the five well-being pillars, and factors associated with each of these, evolve over time as also changes the capacities of children. The pillar approach, looked at through a child-development and child-participation lens, can provide a guiding structure to enhance capacities and reduce vulnerabilities at different development stages. In link with our Health program targeting children under five years old, it is relevant to look at the specificities of preschool children in relation to their needs associated with the five pillars of well-being (see detailed pillars' s guidance sheet)

For example, from a child development perspective for the safety pillar, young children depend on their caregivers for survival and safety whereas adolescents find themselves in a complex stage and require emotional coping strategies. As such capacities to strengthen and vulnerabilities to reduce will be different, so as the level of participation from the child to identify and address them.

[22] Hobfoll et al (2007). Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence. Psychiatry: Interpersonal and Biological Processes 70 (4), 283-315.
[23] Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post conflict settings. Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 11(3),237-248.

Five well-being pillars presentation

1. FEELING SAFE - SAFETY, SECURITY AND STABILITY

Feeling safe, calm, and having control are basic elements for any human being. The meaning and weight of these elements at particular moments in life change over cultures and contexts. **Security** refers to the physical aspects of protection; measures to ensure protection from danger. **Safety** relates to emotional/internal aspects of protection and the condition of feeling protected and having control over risks (from external-physical and internal-emotional threats). **Stability** refers to the re-establishment of a sense of normality, or predictability over changes (external environment and internal emotions, feelings and experiences).

External and internal key factors contributing to perceived vulnerabilities:

1. **Threats to physical integrity**, including deprivation of basic needs.
2. **Emotional instability**, impairing reactions: worry, fear, anxiety related to oneself and to loved ones
3. **Uncertainty** and lack of information in unstable situations contributes to lack of safety
4. **Perceived dependency**, helplessness and lack of autonomy in managing emotions or high dependency on external aid.

Main positive safety related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. Meaningful access **to basic needs** (through access to quality services) **:** girls and boys (child, adolescent, or young person), families, and communities must **have their basic needs addressed in a dignified way**. Coverage of essential access to food, water and medical care is of great impact in providing a sense of calm. Linked to this is predictability; knowing where to access basic needs on a regular basis promotes a sense of controlled capacities (not only eating today, but how I will ensure basic needs for tomorrow and the near future). Meaningful access means that a service is accessible without barriers. (Non-discrimination towards minorities, age-appropriate, culturally appropriate, physically accessible (for the elderly, chronically ill, or persons with disabilities).
2. **Predictability:** Children, adolescents, young people and families must have appropriate information related to external factors (security, access to basic needs and services) and internal coping reactions (active/avoidant, adaptative/ maladaptive, emotional or problem-focused coping strategies)
3. **Sense of calm: Children, adolescents, young people and families should have an increased sense of calm / or a decrease in overwhelming emotions**. Emotional regulation capacities contribute to a sense of controlled capacities and allow increased survival capacities and access to basic needs.
4. **Sense of controlled capacity over outcomes: children, adolescents, young people and families have increased sense of control through relevant and meaningful right-based participation in defining their safety priorities and in actions to address these.** Participation in relief interventions promotes a sense of controlled capacity and competence, it increases capacities to effectively access basic needs, providing information and an overall sense of calm and safety.

Interventions adapted to girls and boys (child, adolescent, and young people), families, and communities promoting safety, addressing capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid, from appropriate information and orientation (Level 1), community based engagement and recreational activities for children (Level 2) to focused or clinical management of impairing distress reactions (Levels 3 and 4).

2. FEELING CONNECTED - RELATIONSHIPS, BONDS AND NETWORKS

Feeling connected is essential for well-being. This is obvious for young children, whose survival depends mostly on their caregivers providing a protective environment and meeting basic needs, but it is also true for any human being. Additionally, relationships and connections are key for accessing survival-related information, as are peer support and physical and material assistance.

Families are often the main providers of mental health care, and a primary axis of intervention within communities, but peers and wider relationships and networks are also essential. These are resources and opportunities to strengthen capacities; by sharing experiences and practical solutions; by giving space for emotional understanding and acceptance; by supporting the normalisation of reactions and experiences; and providing mutual support for positive coping. All these can support community and group response to address common concerns.

People, as separate individuals, may have resilient behaviour and positive coping mechanisms, but it is through shared experiences and common goals among peers and networks that those positive and adaptive capacities can become even more empowering, and can support transformative capacities.

External and internal key factors contributing to perceived vulnerabilities:

1. **Disrupted bonds and connections.** Isolation, separation, emotional and physical barriers to connectedness
2. **Undermining relationships.** Harmful care arrangements and environment.
3. **Disrupted collective efficacy.** Collapse or neglect of religious networks, peer support groups (young people, mothers, grassroots activists…), traditional healing practices and resources, customary justice and conflict-mediation systems.
4. **Perceived helplessness and dependency.** Agencies, organisations and others 'helping' not encouraging participation and self-agency.

Positive bonds and network-related outcomes will depend on increased capacities and on reduced perceived vulnerabilities:

1. **Meaningful supportive networks**: children, adolescent young people and families/caregivers have an increased positive sense of belonging to protective networks. Engagement and mediation with community-based mechanisms and traditional practices to support relief and protection. Supporting families and caregivers to enable their protective capacities (supporting rather than teaching).
2. **Social competences and support seeking skills**: **children, adolescents, young people and families/caregivers have increased support-seeking skills and social competences** (strongly linked with Pillar 3). Learning how to identify the need for social support, who to turn to, how to communicate, and how to engage with people from different backgrounds, are valuable abilities, especially for young people.
3. **Promoted connectedness**: **children, adolescent, young people and families with an increased feeling of connection to loved ones.** Being re-connected enhances the sense of safety (strongly linked with Pillar 1) and contributes to achieving meaningful protective networks.
4. **Networking and collective efficacy**: **Youth/community members/families have an increased ability to engage in, lead and influence community actions**. Feeling that collective actions are useful and lead to positive outcomes promotes a sense of individual and collective efficacy, and of empowerment (strongly linked with Pillar 3). In turn this contributes to strengthening connectedness and group cohesion.

Interventions adapted to children, young people, families and communities which address capacities and resources for each separate outcome should be provided at all layers of the IASC MHPSS intervention pyramid, from practical support for community networks, reactivation and engagement (Level1), through families, schools and peer support (Level 2), to focused case management and clinical family interventions such as family therapy (Levels 3 and 4).

3. FEELING ACKNOWLEDGED, WORTHY - ROLES AND IDENTITIES

Being aware of, and feeling acknowledged for who we are, what we do and/or where we come from is essential to build individual and collective identity. Having skills, capacities and resources which contribute to valued **gender and diversity roles**[24] also strengthens our self and collective efficacy, and contributes to acquiring positive coping mechanisms, as well as longer-term adaptive and transformative responses.

External and internal key factors contributing to perceived vulnerabilities:

1. **Identity confusion and labelling.** Instability and constant adaptation of roles, with risks of alienation, marginalisation, discrimination and stigmatization, expectations linked to gender roles, undermining of self-confidence, acceptance or esteem; intergenerational or inter-ethnic tensions.
2. **Perceived helplessness and disrupted livelihoods.** Dependency, deprivation and survival-led negative coping strategies, means of subsistence, gender and diversity roles, deprivation of skill-building opportunities and alternatives, unemployment and dependency on basic needs, all might lead to frustration due to incapacity to fulfil an established role and responsibility

Positive roles and identity-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. **Meaningful gender and diversity roles and positive identity construction**: **Girls and boys and young people report increased self-esteem and self-acceptance.** Internal reflections on personal image can greatly influence self-esteem and perceptions of personal ability and self-efficacy. Acquisition of appropriate life skills is key to developing self-confidence and building meaningful roles and identities. Families, communities and society have also an important role to play in building positive identities and roles for girls, boys and young people; this is why this outcome is closely linked with pillar 2, "feeling connected". Building positive identities, even when at the internal level, is directly connected to relationship with and perception of others.
2. **Perceived autonomy**: **Young people/families have perceived self-sufficiency and autonomy to pursue life projects.** Perceived autonomy and self-sufficiency contribute to a sense of efficacy and self-esteem, decreasing perceived vulnerabilities
3. **Perceived efficacy: Increased perceived capacity for young people to engage in and lead their own projects, contributing to family and community development**. Perceived control over outcomes contributes to an increased sense of efficacy, autonomy and confidence, leading to the promotion of self-esteem and acceptance**.** Youth skill-building and livelihood interventions have a powerful role in supporting opportunities to define what we would like to do, and who we would like to become (linked with Pillar 5).

Interventions adapted to girls, boys, young people, families and communities addressing capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid, from participatory analysis of gender and diversity related roles and priorities (Level 1) ensuring integrated livelihood and formal and informal education interventions, through safe spaces (Level 2) for girls, boys and youth engagement, focused cognitive, emotional, social and learning skills (Level 3), to focused or clinical management of psychosocial maladaptive roles and confusion (Levels 3 and 4).

[24] Gender and diversity roles link with Gender and Diversity as defined by Tdh; refers to the combination of factors that make up an individual or group's identity, including biological sex, socially constructed gender norms, age, (dis)ability, sexual orientation, ethnic background, race, religion, etc.- See Tdh *Policy on gender and diversity*. Tdh Lausanne, 2019

4. FEELING RESPECTED - JUSTICE AND RIGHTS

Feeling respected and considered (or on the contrary disrespected, deprived and affected by political violence, oppression, abuse of power, or the victim of direct human rights violations) plays a key role in a person's sense of justice. The healing characteristics of justice are an essential, but often neglected pillar of well-being and resilience building processes. MHPSS interventions, which avoid acknowledgement and understanding of cultural, and structural underlying vulnerability conditions, and of socio-political injustice, may pathologise (that is to regard or treat as psychologically abnormal) and be harmful. For example, anger as a normal and adaptive emotional response to injustice, but it is often labelled as deviant and repressed, leading to further mental health deterioration. Frustration and disappointment, stemming from a failure to achieve social justice[25] must be acknowledged.

Actions limited to understanding and advocacy without direct tangible support necessary to address violations, access to basic needs and a larger fulfilment of culturally and self-defined human needs, can enhance perceived helplessness, hopelessness (linked to Pillar 5) and deprivation of dignity.

External and internal key factors contributing to perceived vulnerabilities:

1. **Human rights violations and political violence.** Social justice implications on psychosocial suffering, cultural appropriateness of human rights and moral values understanding and respect. Dignity deprivation.
2. **Structural and underlying conditions of vulnerability. Perceived helplessness.** Prolonged exposure to deprivation of basic needs, political and structural violence, as well as invisible or labelled and marginalized groups, these impact on youth and adolescent roles and identities (link with pillar 3), Humanitarian foreign aid always poses the risk of perpetuating structural dynamics of power.

Positive justice and fairness-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. **Information and access to rights**: **Children and young people/families/communities have increased understanding of their rights, of justice system dynamics and power structures.** Consciousness of discrimination, power dynamics and structural injustice boosts people to access collective resilience in response to identity-threatening situations. Knowledge regarding laws, rights, how to navigate systems to address injustice, claim and access rights, all these contribute to reducing perceived vulnerabilities and helplessness.
2. **Perceived agency: Children, young people/families/communities have increased capacities to address rights violations and injustice.** Strengthening capacities and age-appropriate internal resources to deal with frustration, the choice of priorities and actionable solutions is essential. Interventions which support the identification of common concerns and the conception of group responses to address them, these promote a sense of efficacy and reduce the likelihood of negative coping mechanisms.
3. **Perceived acknowledgement and dignity: Children and young people/families/communities report an increased sense of dignity; Young people report having increased space to express themselves; Children, young people, families and communities reported being consulted and treated with dignity** within humanitarian and development interventions and being involved in feedback mechanisms. A respectful humanitarian approach and dignified informed participation in decision-making are paramount in restoring dignity

Interventions adapted to girls, boys, young people, families and communities, which address capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid; from humanitarian staff training on power abuse and accountability, participatory analysis and appropriate information dissemination regarding systems and access to rights (Level 1), to safe spaces and youth engagement methodologies for youth-led expression and collective support initiatives (Levels 2 and 3) and non-pathologising clinical interventions such as transcultural psychotherapy (Level 4).

[25] There are four interrelated principles of social justice; equity, access, participation and rights. These principles can be considered from an individual or a collective lens.

5. FEELING HOPEFUL - HOPE AND MEANING

Feeling hopeful about the future is essential for human development, motivation and well-being. All individuals require a coherent narrative, or story, in order to make sense of and give meaning to their lives. Life projects and goals based on cultural, religious and spiritual identities are paramount in defining a meaningful future and giving hope. It might be seen as an ultimate step for resilience, but it also becomes a means to building resilient individuals and communities, as having hope and a sense of meaning is also the key to fulfilling the four previous pillars (hope and meaning provide strength to achieve emotional stability in adverse situations, to build supportive networks and to define or redefine meaningful roles and identities, thus fostering dignity and acknowledgement).

External and internal key factors contributing to perceived vulnerabilities:

1. **Lack of meaning, sense of unsettlement or aimlessness.** Disruption to the sense of continuity of life, worldviews and systems of belief.
2. **Hopelessness.** Damaged trust after deprivation and cumulative injustices.

Positive hope and meaning-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

a) **Sense of meaning**: **Girls, boys and young people/families/communities have increased capacity for developing realistic plans and objectives to build or continue meaningful life projects; young people with increased engagement in transformative peer support actions.** Supporting resources, capacities and agency, strengthens the freedom of individuals, families and communities to pursue activities and life projects. Self-defined meaning helps to establish a coherent narrative that allows people to make sense of their lives.

b) **Hope**: **Girls, boys, young people/families have increased or renewed "zest for life".** Developing coherent plans and setting achievable and measurable goals help to build life projects that can help to mitigate negative coping capacities when faced with threats, and in promoting self and collective efficacy in order to build hope and a meaningful future.

Interventions adapted to girls, boys, young people, families and communities, addressing capacities and resources for each outcome, are to be provided at all layers of the IASC MHPSS intervention pyramid, from participatory analysis of strengths, values, cultural, religious and spiritual systems of belief (Level 1), through space spaces for peer mentoring and support and appropriate case management goals (Levels 2 and 3) to culturally adapted clinical management of impairing distress or disorders (Level 4).

CORE ELEMENT 2
Resilience capacities

The MHPSS Framework includes Tdh approach to resilience, which recognises that there are three key capacities that make up resilience, as shown in *Figure 2.* This includes the capacities of girls, boys, families, communities and systems to cope, adapt and transform in the face of shocks and stresses.

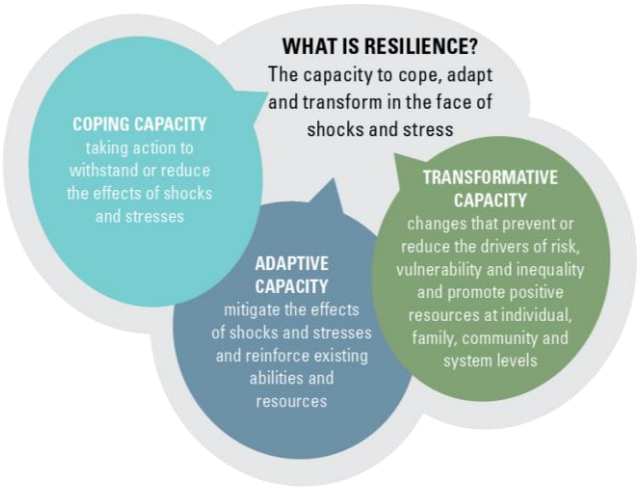


Figure 2 : Resilience capacities

The CAT (Coping, Adapting, Transforming) Capacity levels present a dynamic approach that incorporates both the internal capacities of the children, families and communities and the external capacities within their wider protective 'ecosystem'- These levels are not sequential i.e. transformation capacity targeted programming can begin alongside activities focused on building positive coping strategies, however it is understood that contributing to transformation is a long term process.

Well-being and resilience are not always directly related positively. More resilience does not mean increased well-being, and an excellent well-being state does not always mean more resilient capacities. Nevertheless, they are interconnected and complementary concepts. For example, when increasing/strengthening dignified participation and empowerment, this can impact both the well-being (the pillar) and the resilience of the child/family/community systems.

The framework offers an articulation of how the well-being domains intersect with resilience capacities (coping, adaptive, transformative). Each well-being pillar described highlights necessary elements to build and strengthen resilience, as well as outcomes under each pillar (domain-specific resilient capacities). **When 'objective and perceived capacities' are strengthened** across the different well-being pillars, using a participative and empowerment approach, they will in turn increase resilient coping, adaptive and **transformative capacities**.

Tdh recognises the need to build the resilience of not just girls and boys, but also their families, communities and the different systems themselves (health, education, child protection, etc..) in order to create overall Systemic Resilience, and to go beyond coping, to be able to adapt and transform.

Coping and Adaptive capacity is needed to restore and maintain levels of functioning and basic development, in the context of ongoing shocks and reduce children's vulnerability and prevent inequality from becoming entrenched. It entails accessing basic needs external resources and appropriate information with better internal emotional self-regulation, making them feel safer. This enables children, families and communities to adjust to ongoing change and uncertainty, given that systems do not remain stable for long. Coping and Adapting creates sufficient stability for planned transformative changes.

Building transformative capacity should take into account new risks and challenges that transformative changes may cause. Children and families/communities engaged in decision making and relief interventions have an increased sense of controlled capacities and reduce their perceived vulnerabilities allowing them to transform negative experiences and shocks and contribute to increased safety and security in the community.

CORE ELEMENT 3
Socio-ecological approach

Children live in communities and are members of families. Children, and their families, cannot be separated from the context and environments in which they live.

The socio-ecological approach[26], as shown in *Figure 3*, places an emphasis on the different layers (individual, family / peers, community and society) and the ways that each layer is affected by and effects each of the other layers. In practice, the various layers can be both part of the problem (and risks) relating to well-being, and also part of the solution (protective factors). For example, a child's sense of identity will be shaped in part by their relationships with their family and peers.

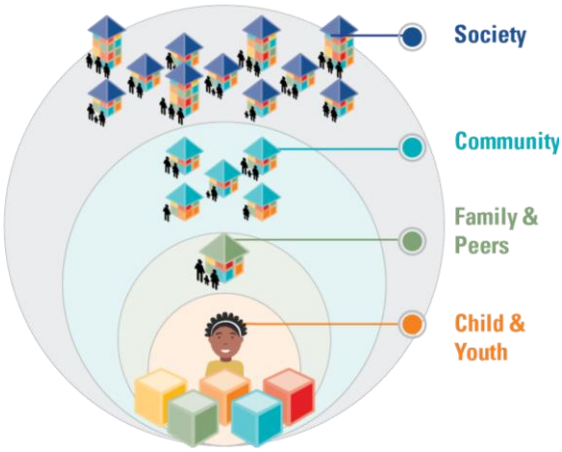


Figure 3: Socio-ecological framework

Zooming in 5: Well-being pillars checklists for Case management and Community based approaches

Children, youth and family case management – well-being checklist

Community-based and traditional practices – well-being checklist

Each well-being pillar of Tdh MHPSS framework includes key vulnerability factors, capacities, resources, expected outcomes and potential interventions at individual, family and community level. Each layer represents the different possible entry points and target groups for MHPSS programmes (for example if interventions primarily target individual children/youth, family environment, community structures and dynamics, or system strengthening).

CORE ELEMENT 4
IASC MHPSS intervention levels

The multi-layered interagency (IASC) perspective of MHPSS, as shown in *Figure 4*, identifies interventions and target groups for services across four levels. Together, these four levels represent the continuum of MHPSS interventions.

It is essential when identifying MHPSS needs to look at services through the MHPSS continuum. **Each level is equally important**

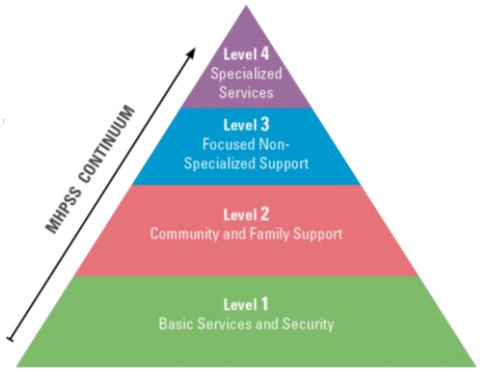


Figure 4 : IASC MHPSS intervention pyramid

[26] Child protection Minimum standards, The Alliance for Child Protection in Humanitarian Action, standard 14 "applying a socio-ecological Approach to child protection programming" , p 165 , 2019

in the prevention of individual and collective distress, and to support MHPSS. Referral mechanisms between the difference services and across the different layers are also required to ensure proper MHPSS support.

Under the five well-being pillars, activities are suggested under each pillar, in order to achieve the various outcomes and goals which span all levels of the IASC MHPSS pyramid. Note that Tdh MHPSS Framework is aligned with the interagency common goals and outcomes of MHPSS established by MHPSS IASC (for further details please refer to a brief note which shows the *alignment between IASC and Tdh MHPSS M&E framework.*

CORE ELEMENT 5
Participative and Inclusive approaches

The four transversal principles and essential processes are integrated as core elements in the framework in order to articulate interventions which target psychosocial well-being dimensions, as well as empowering processes and resilient capacities, and this, at individual, family and community levels. **This articulation of well-being dimensions and resilient capacities aims to guide not only MHPSS interventions**, but also to support and encourage a Mental health and psychosocial approach within other multi-sectorial interventions, and to ensure well-being and resilience-based objectives form part of all emergency and development operations.

1. Meaningful right- based participation towards Agency, empowerment and psychosocial resilience

Meaningful **rights-based approach to child participation** supports the implementation of participatory practices and uphold international standards of quality as defined in **the nine basic requirements** of child participation set forth in General Comment 12 (Informed, transparent, voluntary, respectful, relevant, child-friendly, inclusive, safe and accountable participation)[27]. These requirements foster meaningful and ethical approaches to participation that are **intrinsically linked to strengthening agency and empowerment.**

Enhanced agency supports empowerment and increased psychosocial resilience, which in turn, feeds back to increased empowerment, leading to further agency and participation.

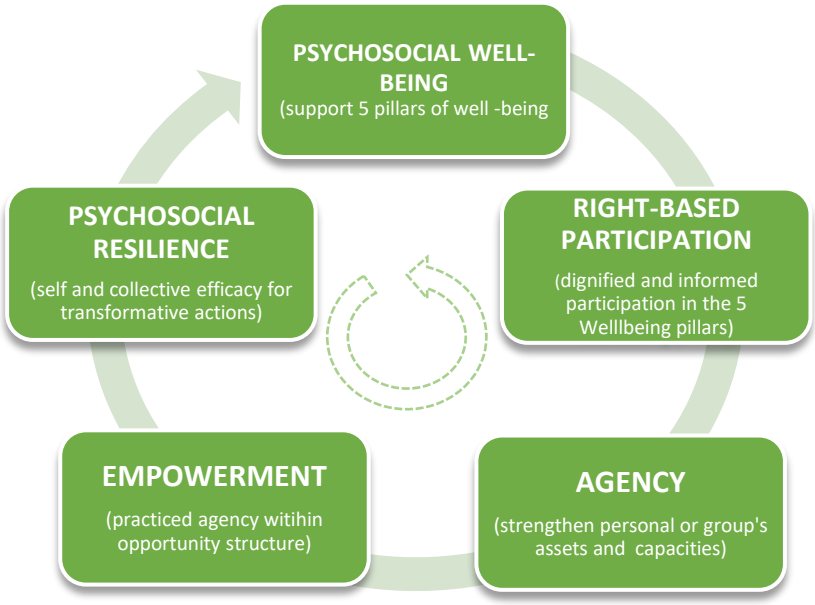


Figure 5: Participation, Empowerment and Resilience; a path to strengthening the psychosocial resilience

Hence, empowerment is presented as both an outcome of the exercise of agency and participation and a driver of agency.

[27] For full description of the nine requirements for right-based participation, please check the *detailed MHPSS glossary* .You can also see those requirements and access a monitoring template for those in " *Tdh fundamental Elements for child protection good practice "A guide to promoting quality child protection across all programmes"* , Tdh, 2019

In the same way, psychosocial resilience is both an outcome of the exercise of empowerment and a driver to empowerment.

It is the **empowerment** and **the sense of self and collective efficacy** that provide the capacity not only to cope and adapt, but also **to positively transform adverse situations**.

While the well-being pillars provide the structure to analyse all psychosocial well-being dimensions, it is the participation and empowerment considerations, and the **way these support each well-being dimension, which will contribute to the development / enhancement of resilient capacities**.

Psychosocial abilities or skills required within the empowerment process (such as problem solving, creative and critical thinking, decision making) underpin evolving resilience capacities (not only for coping and adapting, but also positively transforming). *"Empowerment has to do with shaping one's own life by one's own choices. It occurs not just when people's lives get better, but when people make their lives better."*[28]

As highlighted previously, empowerment does not only require **psychosocial abilities** or skills, but also additional **structural opportunities and resources**. Therefore, the MHPSS Framework considers the different common elements and required resources for empowerment process into:

- **Internal capacities**: personal and social capacities; psychosocial abilities or skills (combining attitudes, behaviour, knowledge), i.e self-esteem, communication, cooperation, management of emotion, negotiation, flexibility, Building positive relationships, etc.
- **External resources**: basic needs, assets, appropriate information, and "opportunity structure" to exert agency. (The opportunity structure refers to the broader institutional, social, and political context of formal and informal rules and norms within which actors pursue their interests. In other words, the opportunity structure is what enables (or not) agents to become effective)

External resources are, in that sense, essential. For this reason, Tdh takes a multi-sectoral and holistic approach to children's needs, aiming to provide a range of basic services, recognising the linkages between food, shelter, healthcare, system- structured opportunities and psychosocial well-being. **The combination of external resources and internal capacities underscores the essential role of integrated interventions in operationalising Tdh MHPSS framework, and in effectively promoting resilient psychosocial well-being.**

GO TO SECTION 3

2. Community based MHPSS[29]

Community-based approaches to MHPSS (CB MHPSS) are based on the understanding that communities can be drivers for their own care and change, and should be meaningfully involved in all stages of MHPSS responses. **Affected children, families, and communities are first and foremost to be viewed as *active participants* in improving individual and collective well-being,** rather than as passive recipients of services that are designed *for them* by others. Thus, using community based MHPSS approaches helps families, groups and communities to support and care for others in ways that encourage recovery and resilience. These approaches also contribute to restoring and/or strengthening those collective structures and systems which are essential to daily life

[28] How to distinguish empowerment from agency. Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013
[29] Extracted from" community based approaches to MHPSS programmes- A guidance note " IASC MHPSS RG- 2018

and well-being. Linked to Tdh MHPSS framework, the relevance of pillars, the priority of actions and approaches will vary over cultures and communities, and therefore applying a community-based approach is key.

Zooming in 6: Community based Interagency MHPSS guidance

IASC Community-based approaches to MHPSS programs- A guidance note

IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement

IOM has led the development of this manual which was compiled with the support of 100 experts from various agencies (including Tdh), NGOs and academic centres and links to m-re than 200 tools, articles and technical websites. As such, the manual is meant to be a reference for MHPSS experts working in the field, beyond IOM programming.

Online guide & Toolkit for Supporting Community-led Child Protection Processes -the Child Resilience Alliance

The purpose of this Guide and its companion Toolkit is to offer a sustainable approach that is led by communities rather than by experts or non-governmental organizations (NGOs). Community led approaches can take many forms, but all of them feature community power, dialogue, and decision-making-including by children. Community-led approaches generate high levels of community ownership, enable stronger harm prevention and sustainability, and decrease dependency on NGOs and externally led child protection initiatives

3. Contextual approaches

Depending on the cultural context, age, gender, stage of child development and moment of life, the five well-being pillars and their contributing factors will be perceived, valued and interpreted with different orders of priority. The role of community based MHPSS is not to disrupt and change cultural beliefs and practices through external views, but to support the necessary resources for individuals, families and communities to strengthen their well-being, and to direct their own adjustments in order to build resilience. The failure to do this undermines attempts to increase / strengthen well-being and resilience, as it effectively works in ways opposite to what are necessary to enhance well-being and resilience (for example through not supporting agency).

4. Gender and diversity responsiveness

The gender and/or diversity (G&D) of individuals can affect their "lived experience" of the five well-being pillars, both positively and negatively. An individual's gender or diversity may expose them to specific violations which requires an adapted programming response. For example, harmful socially constructed norms can influence the perception of roles and responsibilities, thereby affecting their psychosocial well-being (Pillars 2 and 3). Ignoring these norms, or leaving them unchecked, can lead to violence, including Gender-Based Violence (GBV) (Pilar 1).

In terms of diversity, Tdh recognises the concept of 'intersectionality'. This refers to the way different aspects of a person's social or political identities might combine, which can lead to multiple forms of discrimination. For example, a child with a disability and from an ethnic minority could be highly marginalised and require additional services. Understanding intersectionality is important in analysing the complexity of the exclusion dynamics which differ according to the context. A person's experiences are influenced by a multitude of identities that interact or overlap, and programmes must seek to ensure that these are addressed together.

In line with the Tdh Policy on Gender & Diversity[30], MHPSS interventions should strive to be at minimum "responsive" to the specific needs, opportunities, capacities, and desires of individuals from all genders and diversities. Where possible, interventions should seek to be "transformative" and address / challenge the root causes of inequality[31].

The Participative and Inclusive approaches underscore the importance not only of what is done, but how interventions are done. These and other operationalisation issues, together with guiding tools and examples are provided in the following section.

[30] Tdh Policy on gender and diversity. Tdh Lausanne, 2019
[31] Achieving "responsive" or "transformative" levels of G&D sensitivity requires multiple actions during the project cycle, and these are reflected in the operational section of this guidance.

Section 3 : Operationalising the MHPSS Framework

3.1 Distinguishing MHPSS Interventions and approach

Tdh's MHPSS Framework aims to reinforce and serve as an updated operating framework to both implement specific MHPSS interventions and to ensure that a mental health and psychosocial approach for well-being and resilience is mainstreamed across all programming.

Bringing Tdh MHPSS Framework within the objectives of a programme's Theory of Change aims to contribute to increasing the capacity of Tdh regional hubs and country delegations to design and contextualise structured interventions and approaches supporting Mental health and psychosocial well-being, which allows for and encourages the prioritisation and integration of such activities resulting in a more holistic and qualitative set of interventions. Therefore, this section of the guidance begins by explaining how the MHPSS Framework applies to specific programming or to children with particular vulnerabilities.

GO to Theory of Change

MHPSS interventions are specific activities to reduce distress and suffering, to increase coping mechanisms, prevent mental health deterioration and improve well-being of children and their families.

GO to MHPSS interventions

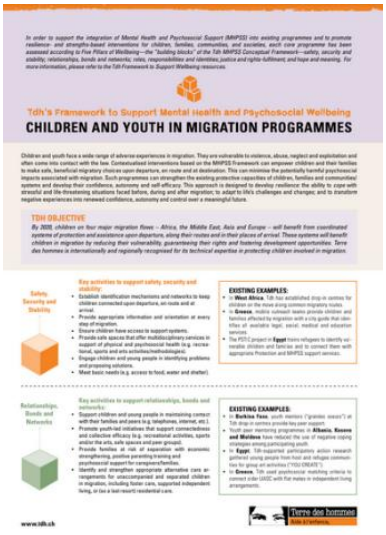
MHPSS approach is the way to engage with, assess and analyse a situation, build an intervention, and provide an integrated multi-sectoral response, considering psychological and social elements .

GO to MHPSS approaches

MHPSS interventions in Tdh child protection programmes

In order to *ensure appropriate understanding and operationalisation of Tdh's five well-being pillars linked to Tdh's programs and specific contexts and target groups (children in migration, children's access to justice, children in humanitarian contexts, and 0 to 5 y-o children in the Health program), short briefing documents are proposed below, highlighting recommended* MHPSS interventions and sharing project's examples from the field.

MHPSS intervention for children and youth in migration



Children and young people involved in migration can face a wide range of difficult situations and potentially traumatic experiences. These include **uprooting and family separation** during key developmental stages; **hostile environments and prejudice** in host communities; **prolonged stateless conditions**; **administrative detention** due to inappropriate legal systems and for political reasons; **lack of access to basic needs** (shelter, food, health assistance and education); and **violence and abuse** upon departure, during travel, and in the place of arrival (transit or final destination).

The MHPSS Framework identifies a range of objectives to address and reduce psychosocial consequences; the well-being pillars have been reviewed in light of the specific needs of children involved in migration, exposed to multiple stressful situations, and repeated or prolonged threats. The framework includes general considerations adapted to the programme under each pillar, as well as examples identified by relevant field delegations.

GO to the full document

MHPSS interventions and approach for children and youth access to justice

Children in contact with the law, both as victims and offenders, **face exposure to detention, stigmatization and other negative experiences during critical stages of role and identity construction.** These experiences threaten their long-term physical, emotional and social well-being. Safe, contextualized, child-friendly interventions based on the MHPSS Framework can empower children and their families to cope with detention, understand legal processes, go through diversion and alternative to detention options with adequate support, access appropriate services that help them achieving a safe and sustainable reintegration, providing them with the resources to become active citizens with opportunities and away from crime. Such interventions can reduce recidivism and strengthen the existing protective capacities of children, families and communities/systems.

GO to the full document

This approach is designed to develop resilience: the ability to cope with the stressful and life-threatening situations faced during and after contact with the law; to adapt to life's challenges and changes during rehabilitation and reintegration; and to transform negative experiences into renewed confidence, autonomy and control over a meaningful future.

Zooming in 7: Two resources from Tdh Access to Justice program which integrates an MHPSS approach within prevention of recidivism and reintegration

Theoretical framework to guide interventions with children in conflict with the law. Promoting desistance from crime and restorative justice in Terre des hommes programming. This resource is referring expressly the Tdh MHPSS framework, with the focus on resilience/protective factors rather than risks. *Available in Tdh Knowledge Center-*

Give me a chance, but a real one - How to improve the Reintegration of Children in Conflict with the Law. An analysis of the concept, key standards and practices in the MENA region.

In addition to examples of interventions in "Access to justice" program linked with the five well-being pillars in these two pagers, it is important to note that Tdh is **supporting conflict prevention and social cohesion interventions within this program,** by strengthening access to justice locally for children and youths in west Africa (Burkina). This stream of work feeds our expertise in supporting the well-being pillar 4; "Access to justice and Rights" and will consequently support children's, youth, families and community's well-being.

MHPSS intervention in Emergency and Humanitarian aid programmes

Children, families and communities in acute emergency, protracted crisis or natural disaster settings where Tdh operates, are likely to be exposed to specific issues such as forced displacement, increased violence, family separation, association with armed forces, repeated or prolonged threats as well as living in states of continued insecurity. Tdh MHPSS interventions across different humanitarian contexts aim to respond to urgent needs and mitigate the psychosocial consequences of such difficulties, and therefore contribute to reducing development of long term or acute mental health distress. This is achieved through programs which increase safety, support protective networks, enhance individual skills and empowerment, and thus instilling hope for the future.

GO to the full document

As such, the first response phase of an acute humanitarian situation is likely to prioritise the pillars "feeling safe" and "feeling connected" – as they often are disrupted in such contexts, are essential to long term well-being and form an essential secure base to develop the 3 other pillars. It is however crucial to assess the context and specific needs before deciding on which pillars the response should focus.

Interventions limited to providing assistance, without taking into

Zooming in 8: Well-being and resilience checklists which looks at specific target groups and how to ensure well-being and resilience-based interventions and approach (these checklists were designed for humanitarian interventions but can also be used in the nexus continuum).

- *Unaccompanied and Separated Children (UASC)*
- *Children Associated to Armed Forces, Armed Groups and Violent Extremism (CAAFAG-VE)*
- *Child survivors of sexual gender-based violence (CS-SGBV)*
- *Maternal, new-born and child healthcare in humanitarian crisis* (MNCH)

consideration all dimensions of well-being and its participative and inclusive approaches, risk of only assisting people to cope and adapt, whereas transformative empowerment is essential to improve dignity and well-being. This is why, key ingredients and outcomes linked to self and collective efficacy and agency should be incorporated from the very first stages of any humanitarian intervention. This can be achieved through appropriate information and meaningful right-based participation.

In line with its "child protection in humanitarian crises thematic policy" and the triple nexus, Tdh believes that it is essential to ensure that the Relief, Recovery and Development continuum and to consider a longer-term vision from the early days of its intervention and initiate durable change. As such, the aim is to strengthen Coping-Adaptive-Transformative capacities of populations affected by crisis.

MHPSS interventions and approach for tackling child labour

Between 2016-2020 Tdh had a "Tackling child labour" programme and although this thematic stopped to a specific "program", Tdh continues to actively work in tackling child labour in its other Protection programs (Migration, Access to justice and humanitarian). Thus, we include here the short briefing which was developed specifically on children in labour situation for future interventions in this domain


Tdh's Framework to Support Mental Health and Psychosocial Wellbeing
TACKLING CHILD LABOUR

Upon recurrent risks and threats faced by children in migration are child labour situation. Those children are also facing particular challenges to be informed of their rights and how to access to the justice system. Children involved in the **worst forms of child labour** can go through **potential traumatic and stressful experiences, and the socio-economic environment and resources are key elements to include when addressing the withdrawal of children from worst forms of child labour**.

GO to the full document

MHPSS interventions and approach within Health Program

The health program and mental health and psychosocial support interventions are interconnected.

Children in contact with the health program projects are most often at a vulnerable time, either because this follow-up comes at a crucial moment in their development, either because their state of health is altered but also because the context in which they evolve does not meet all their needs: physiological, security, attachment, fulfilment.

It is therefore essential that their care respects the 5 pillars of well-being; the specific activities of MHPSS must therefore be integrated into the **training provided to health care workers** and in all the activities deployed by the health program **to best support the children towards a harmonious physical, psycho-affective and cognitive development.**

Health program projects and in particular health consultations around birth and during an episode of illness or as part of a follow-up of chronic problems are essential moments for the identification of psycho-affective development disorders or social difficulties and can allow the implementation of specific care. **The use of a MHPSS approach**

for an integrated multisectoral response allowsto best support the child and his/her family towards resilience and well-being.

The perinatal period (pregnancy, birth and the arrival of a child) is an important transition stage from a medical, psychological and social point of view; it can induce or aggravate vulnerability in all parents and requires us to identify their needs for support. **We must support parenthood by responding to the specific needs of mothers and fathers and refer them to appropriate care** when detecting medical problems such as signs of postpartum depression or following the delivery of a stillborn child, for example.

it is essential **to promote the encounter between mother and child so that the bond of attachment is created** from the first minutes of the newborn's life. Thus, early breastfeeding practices are encouraged. **In the specific field of acute malnutrition management, this intervention becomes essential**. Most studies on acute malnutrition (Grantham-McGregor/Rossetti-Ferreira) show a delay in mental development that lasts until adolescence and greater difficulties in adulthood. Improving a family's ability to care for children and to meet their needs adequately and sufficiently contributes to more effective treatment, healthy physical and emotional development of children and reduces the underlying stunting associated with malnutrition.

For example, emotional and physical stimulation through gambling should begin during rehabilitation and continue after discharge, as this can reduce the risk of mental and emotional sequelae.

Integrating MHPSS approaches and interventions within Tdh Health program with the objective of integrating questions on the psychomotor development and social environment of the child within the REC IMCI (Electronic consultation register-Integrated Management of Childhood Illness) could allow an early identification of difficulties of the children and his parents and an orientation towards case management projects for a better protection of children.

MHPSS "approach" for well-being and resilience-based programming in other sectors

Social conditions impact mental health and psychosocial well-being, therefore, any sectors looking at improving these conditions, should include MHPSS considerations as recommended by different interagency guidance and standards[32]. **Tdh MHPSS Framework provides a structure and guiding considerations to be mainstreamed across all sectors of Tdh intervention.**

The MHPSS approach should not be limited to interventions under each separated sector (protection, health, wash livelihood), but should also strive **to promote, as far as possible, multi-sectoral integrated interventions as it can help structuring those intervention in a coherent framework** (five well-being pillar).

Zooming in 9: ***Multisectoral integrated interventions for well-being and resilience strengthening***

The table provides guiding questions and considerations for a mainstreamed structure and approach to *building well-being and resilience through multisectoral integrated interventions.*

[32] IASC Guidelines for mental health and psychosocial support in emergency settings" Inter-Agency Standing Committee, 2007 and Child Protection Minimum standard. CPMS, Alliance for child protection in humanitarian action – 2019

Even when it is not possible to implement all sectors of support in one intervention (livelihood, access to basic need, education, health, wash), **MHPSS should always be taken into account in relation to the objective of our intervention**. For example, it would make no sense to plan an education programme if children are not ready/able to learn because of the high distress (as would affect their cognitive availability). This is why Tdh Framework for Education in Emergencies[33] highlights that three of the 10 key elements needed to ensure education is protective are related to MHPSS support: integration of activities which meet children's psychosocial needs, provision of psychosocial services to children and teachers, and access to other MHPSS services.

On another hand, even though MHPSS activities can often be lifesaving, it would not make sense to plan an MHPSS intervention where children and their families do not even have access to basic services such as food and shelter. However, **integrating basic MHPSS through basic services response (such as food and shelter) are crucial in ensuring a quality response and Do no Harm, particularly in humanitarian contexts.**

Mental health and psychosocial support approaches are inherent to the continuum of care for the child, from reproductive health to pregnancy monitoring, support during delivery to make it a positive experience for the mother and newborn, and support for the establishment of a safe, quality bond between the child and his mother reduce the risk of postpartum depression, food difficulty and developmental disorders. Early childhood is a critical time and early interventions have proven to be effective. Caregivers at the health facility and community level need to support parents in caring for their children by providing loving relationships, quality interactions, and a safe environment that promotes health and nutrition that will contribute to the interrelated physical and mental health.

Additionally, and more recently, during the COVID 19 pandemic, the importance of integrating MHPSS in multisectoral interventions (in health and wash responses for example) has been widely recognised by the international community as a crucial element in responding to the social impact of the pandemic, such as ensuring that frontline workers have basic psychosocial skills, which can play an important role in decreasing anxiety or making sure relevant referrals are done. Specific guidance was issued on this topic to ensure the integration of MHPSS in multisectoral operations [34].

3.2 Operationalisation of MHPSS Framework throughout Tdh project cycle stages

This section of the guide for the MHPSS Framework complements the existing general guidance on Project Cycle Management (PCM) available within Tdh and Interagency standards such as chapter 4 (PCM) and 5 (Information management) of the Child Protection Minimum Standards. It offers orientation for applying the general PCM processes, methods and practices both in programmes with a MHPSS approach and in specific MHPSS projects.

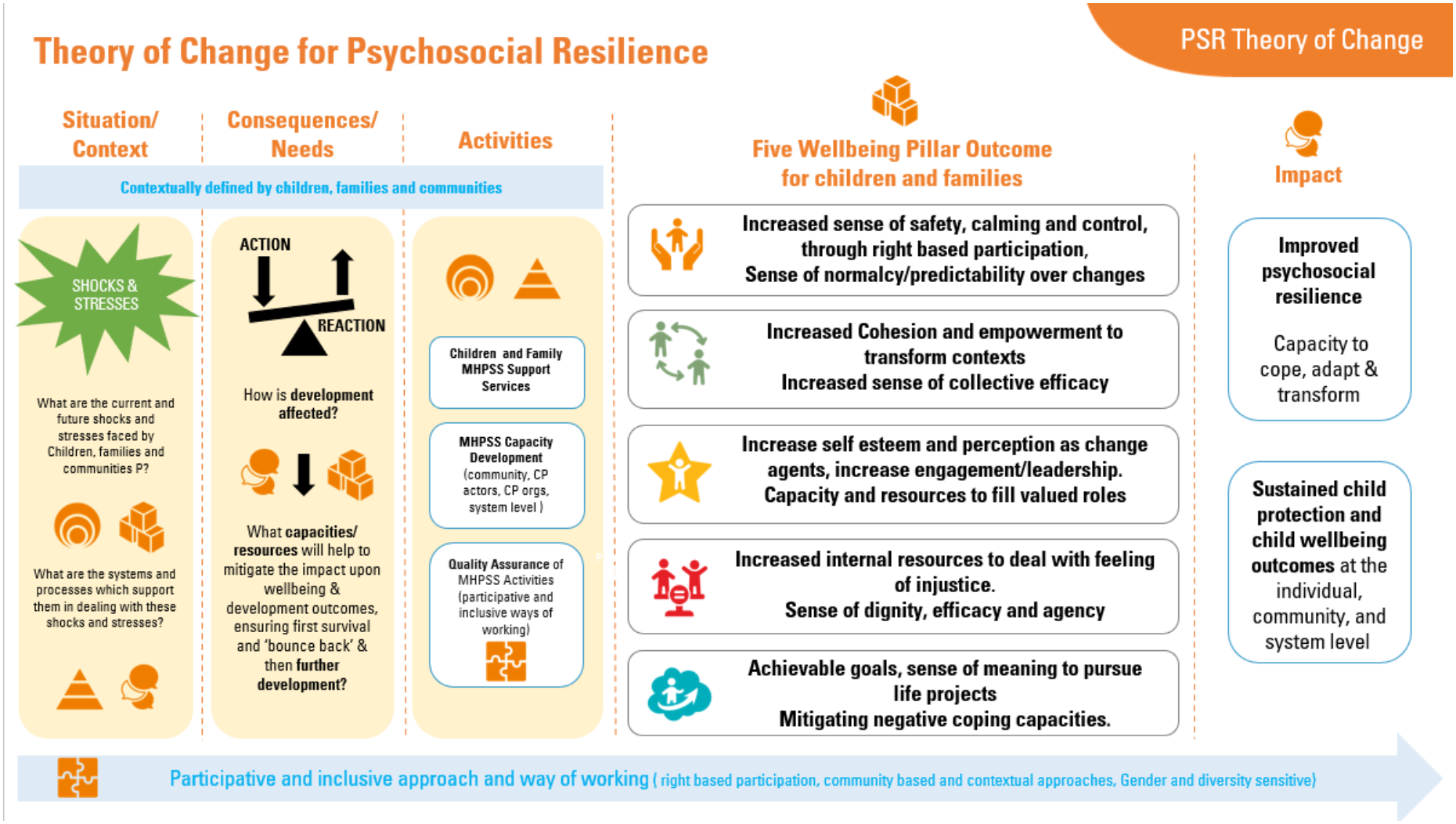
Zooming in 10: "Must Read & Use" Tdh PCM guidance & procedures

- *Project cycle management in emergencies and humanitarian crisis* (2017)
- *Tdh requirements for Monitoring & Evaluation (2019)*
- *Tdh toolbox on Situation analysis, Strategic design, Monitoring, Evaluation toolboxes (available in Tdh Knowledge center)*
- *From data to evidence: data collection method pack (available in Tdh Knowledge center)*

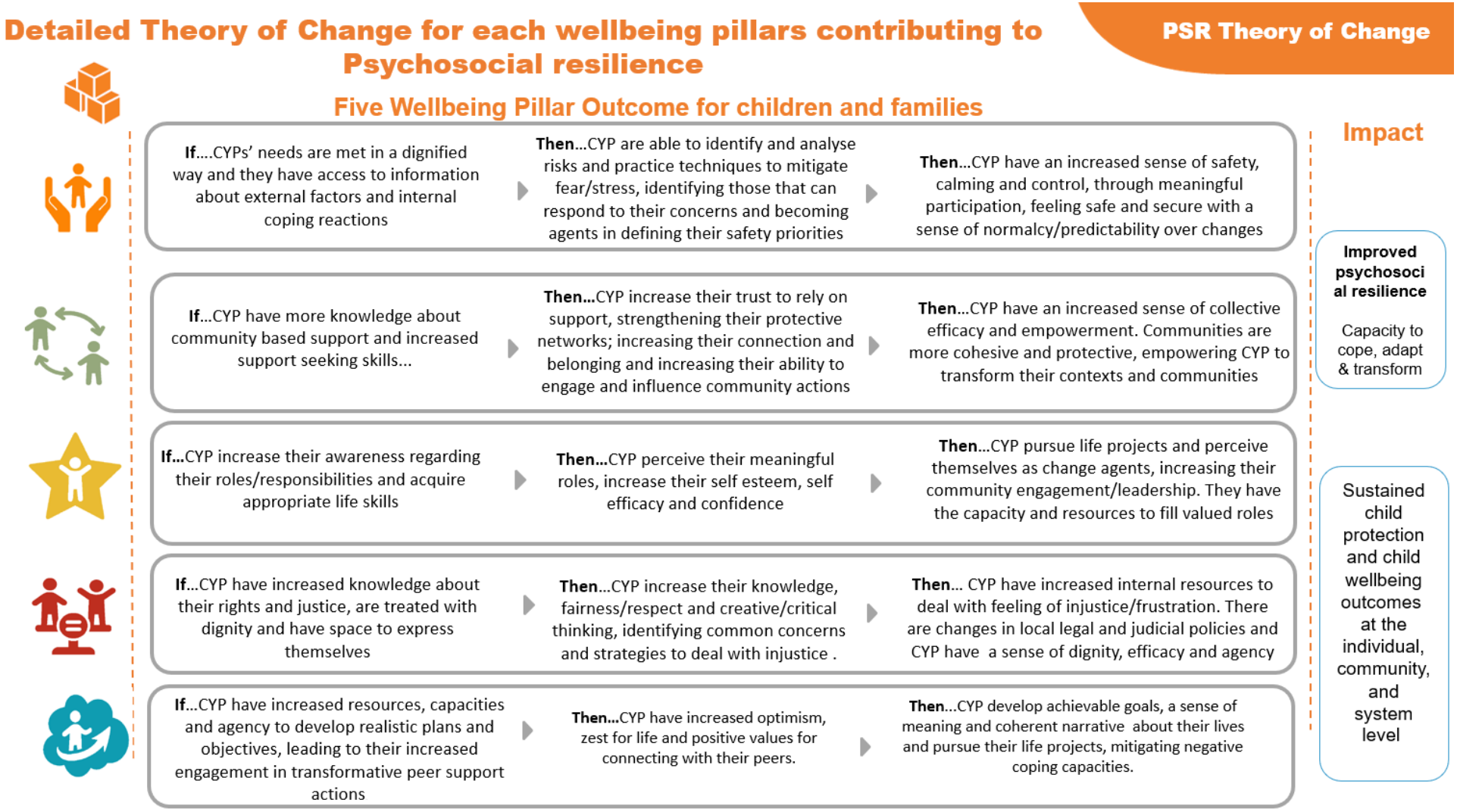
[33] *Blueprint for Tdh action on education in emergencies*, p 9, Tdh, 2018
[34] *Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic, IASC, 2020*

Theory of change for Psychosocial Resilience (PSR)

Tdh has developed a broad 'model' theory of change (ToC) for its Psychosocial Resilience Framework. It indicates the key intervention strategies linked with each of the well-being pillars, and outcomes for an MHPSS intervention. See the following ***Figure 6****, which give an overview of the 'Model'* ***Theory of Change for Psychosocial Resilience*** *Framework.*



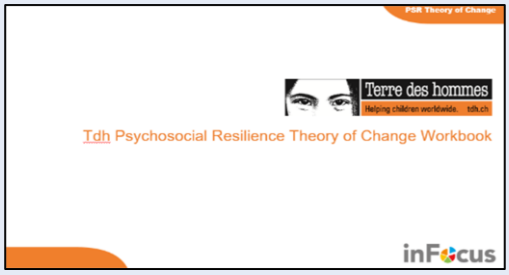
*A more **detailed Theory of change** for each of the five well-being pillars is also available in **figure 7,** below.*



The theory of change can be used throughout the project cycle for:

- **Situation analysis:** staff can use the ToC to orientate study questions and information needed.
- **Project design:** staff can look at the ToC workbook to rapidly develop a project specific Theory of Change, prioritise relevant outcomes and activities for the project.
- **Monitoring and evaluation:** The ToC highlights the key outcomes that we suggest to measure, through a set of pre-defined Indicators and data collection tools. See the Monitoring and Evaluation (M&E) toolbox designed to complement the ToC, that can be customized to fit contexts.

Zooming in 11: ***TDH Psychosocial Theory of Change workbook and user guide***



Assessment / Situation Analysis

Zooming in 12: How to mainstream gender in situation analysis

Tdh has developed tools to support gender analysis. Please refer to a recent guide on *" How-to for integrating Gender & Diversity in Situation Analysis" (available in Tdh Knowledge center)*

Good project design cannot be effective without an understanding of the needs of the different affected groups, the issues and dynamics in their context (also in terms of safety), the existing policy/legal framework and social norms related with the theme/need we are trying to gather, how different groups respond to their challenges, and the extent of their capacities.

A **good situation analysis will enable the team** to understand, for example:

What are the **main causes of distress** and how is this manifested for different groups? How are these linked with violation of child rights (protection)? How is this linked with access problems to other basic services (food, shelter, livelihoods etc.)?

Who are the **most vulnerable groups**?

How are girls/ boys, children with disabilities and children from different social groups affected differently?

What are the **power dynamics** locally? Which sub-groups make decisions or controlling resources? Which groups are excluded or struggle to participate?

What are the legal policies and social norms related with the themes/needs we are exploring?

What are the **positive and negative coping strategies** at individual, family and community levels? What are the existing individual, family and community adaptative and transformative capacities?

What are **people's perceptions** of the situation, of their priority needs and ways to address these?

Who are the **stakeholders engaged** in strengthening the five well-being pillars locally, and how do they behave?

What are the **humanitarian, child protection, MHPSS services available**? How are they functioning? Can people access them?

What would be the **risks in engaging with MHPSS**? What further harm could result from intervention?

Analysing the answers to these questions will allow informed decisions to be made regarding which of the five well-being pillar(s) should be prioritised and how, including how to engage people in programming.

Rapid assessment methodologies used to gather information in the immediate aftermath of a sudden crisis or disaster may not give enough insight to grasp the needs and capacities related to MHPSS. Therefore, any rapid assessment should be complimented with a more focused analysis as soon as the situation stabilises. This should include exploring cultural dimensions, power dynamics, as well as judging how external aid interacts and potentially disturbs local (des)equilibrium.

In order to gather the 'right' information in the most appropriate and ethical way, it is important to carefully choose the right methodology and tools for data collection.

"Needs" assessments and the right-based approach

Well-being and resilience-based programing aims at strengthening people's empowerment and agency, which is fully coherent with a rights-based approach.

Assessments / situation analysis should not remain focused only on understanding the "needs" of the people. Indeed, only analysing the needs of people would be contrary to the principles that guide the MHPSS Framework and a MHPSS approach.

It is important to also identify capacities of people, the roles they can play, and to build on existing positives mechanisms for coping and protection.

Project strategic design

Strategic design is the process of **deciding where we want to get to, and why**; then choosing from the **different courses of action** available to ensure the best chance of success. In other words, it is the process of defining an objective and developing a strategy to achieve that objective.[35]

The **Theory of Change and Logical Framework** should summarise the "logic of intervention": that is the outcomes to be achieved and how these will be measured (indicators), as well as initial assumptions.

GO to ToC

[35] *Tdh, PCM handbook*, 2017

Zooming in 13: Choosing the right methodology and tools for the situation analysis

Steps	Tools and methodologies
Outline the methodological approach by deciding: What data / information is already available, and what is still unanswered? If it is possible / desirable to incorporate MHPSS questions in a multi-sectoral assessment or in other sector- specific assessment or is a dedicated assessment required? Can a detailed situation analysis on specific well-being pillars or thematically be carried out? What would be the most relevant and appropriate methodology to ensure children, families and communities' participation in the situation analysis? What are the resources and constraints (logistics, security, time, money)? What is the level of evidence required? What are other actors doing? Is there the potential for synergy? Who can be involved in data collection and analysis? What are the risks of involving people in assessment (ethics, do no- harm analysis)?	• *Tdh Data collection toolkits_ Key Resilience and well-being guiding questions for assessment based on the pillars of well being* • *IASC MHPSS interagency assessment tools* • *Tdh Psychosocial resilience Theory of Change and M&E toolbox (see indicators bank, data collection instruments presented further below).* • *Tdh Template Terms of Reference for situation analysis*
Finalise methodology design: Develop analysis plan, data collection tools and work plan. Train research / data collection team Test tools Translation (if required)	• *Tdh Analysis plan template* • *Tdh Method pack resources on bias management, data collection methods (Tdh knowledge centre)*

The outcome of the situation analysis guides the process of decision-making regarding:

Which are the **most affected pillars**, what are the "problems" that must be focussed on and what are the risks (identified unbalanced and most affected pillars –psychosocial needs- in the previous situation- analysis phase)?

What **primary target groups** should be prioritised (children, adults, families, communities)? Within those groups, what will be the selection criteria?

What other **type of support** should be considered as an entry point, or as being necessary to add to the project (livelihood, WASH, education, etc.) to achieve MHPSS outcomes?

What are the **existing coping adaptative and transformative mechanisms** that could be strengthened?

Looking at the socio-ecological model, what are the strategic **entry points**? (intermediary target)

What are the **changes that the individuals, families, communities would like to see** as a result of intervention (outcomes) that could be achieve (GO to PSR TOC)

Considering other existing services, what can be "done" across the IASC MHPSS pyramid of interventions to address psychosocial needs? Which are the well-being pillars that are most affected in achieving those changes?

What **participatory approaches** would be relevant and appropriate? Considering the age groups, gender, exclusion factors, availability, what extent of participation is realistic for the project?

What would be **the essential resources** (human, technical and financial) required for the implementation of those activities?

What evidence is needed to demonstrate that the change has been achieved? (indicators). How can this be collected?

Answers to these questions will also guide the design of most appropriate activities to support, to strengthened or to initiate.

Zooming in 14: Toolbox for project design

- *PCMiE handbook,* Chapter 3 (page 53-74)
  - Problem and objective tree
  - Standard Log frame
  - Risk Matrix
- *Gender and Diversity marker (Available in Tdh Knowledge center)*

Defining MHPSS activities

As part of the project design, it will be necessary to plan and develop the most appropriate MHPSS interventions. For this, and as suggested above, **the framework can help orient key information to collect to plan most appropriate MHPSS activities as per the situation and the context**; most affected pillars, primary target groups and /or strategic entry points to support MHPSS of children, level of MHPSS intervention needed, existing coping, adaptative and transformative mechanisms, differences in gender and diversity resources and risks , most appropriate participatory approaches.

Broad categories of MHPSS activities have been listed within the *PSR Theory of change workbook* beside each well-being pillar in order to support project design. In addition, and in order to facilitate design of activities through different angles and better grasps the interrelation of different elements of the framework and their link with most appropriate types of activities, **we propose also below presentation of MHPSS activities** mostly implemented in Tdh field of operation, **using different "entry points"**: the **IASC MHPSS intervention pyramid**, the **"programmatic " approach** , the **socio-ecological approach** also zooming in some of **Tdh flagship MHPSS activities**.

Range of Tdh MHPSS activities

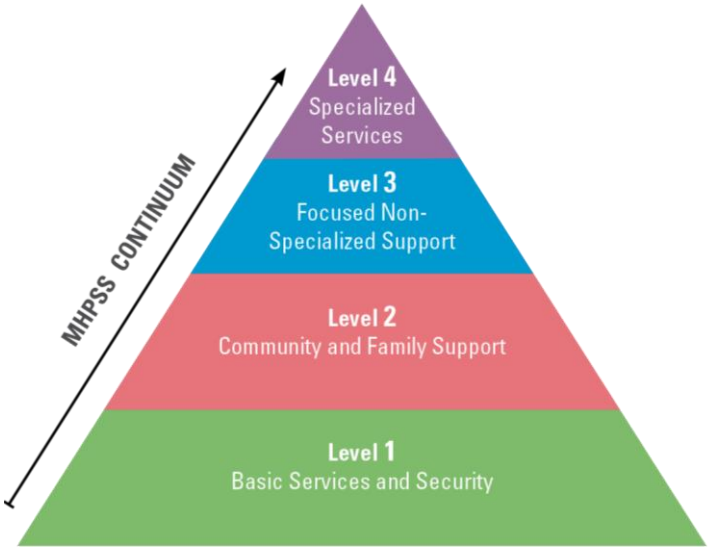
MHPSS activities related to IASC MHPSS Pyramid of intervention include:

LEVEL 4: MHPSS clinical specialised services (e.g. psychological therapy or psychiatric support)

LEVEL 3: Ongoing psychological/ emotional support services (e.g. PM+,); Parenting support services; Case management services; CP and MHPSS training

LEVEL 2: Child & youth empowerment initiatives (e.g. youth-led projects/ advocacy, peer-support groups); Life-skills, training and education services; food security and livelihoods interventions (e.g. cash assistance); Access to safe spaces (e.g. collective multi-services, fab labs, early identification and referral)

LEVEL 1: Access to information: Access to basic services (e.g. shelter, food, water, health)



MHPSS activities linked within Tdh programmes

See below **examples** of specific ***MHPSS activities linked within Tdh programmes*** extracted from the MHPSS guidance sheets for each programmatic approaches .

Migration

EXISTING EXAMPLES:

- In **West Africa**, Tdh has established drop-in centres for children on the move along common migratory routes.
- In **Greece**, mobile outreach teams provide children and families affected by migration with a city guide that identifies all available legal, social, medical and education services.
- The PSTIC project in **Egypt** trains refugees to identify vulnerable children and families and to connect them with appropriate Protection and MHPSS support services.

EXISTING EXAMPLES:

- In **Burkina Faso**, Tdh has developed a positive deviance methodology that promotes communities' ability to find appropriate endogenous solutions to pressing problems.
- In **Greece**, comprehensive interventions (e.g. case management, appropriate care arrangements and tailored skill-building opportunities) have supported young people's hope for the future: "I felt treated with dignity and respect, for the first time as a human, not an animal. Now I feel ready to turn the page and go on".

Access to Justice

EXISTING EXAMPLES:

- In all countries, Tdh advocates for child-friendly justice and alternatives to detention.
- In **Latin America**, all Tdh delegations have adapted practical guidance and training on restorative practices and mediation.
- Restaura-TE programmes in **Colombia** supported adolescents in detention to develop a manual for children and adolescents on navigating the legal system.
- In **Burkina Faso and in Palestine,** a pilot project encourages the use of mediation by prosecutors, traditional justice actors and other stakeholders.
- In **Middle East and North Africa**, a "Reintegration of Children in Conflict with the Law" Guidelines has been developed by Tdh to better support holistic interventions which stress on the importance of the application of the MHPSS framework.

Emergency and Humanitarian aid

EXISTING EXAMPLES:

- Tdh delegations in **Afghanistan, Haiti, Kenya, Albania, Iraq** and **Romania** have contextualised the Tdh traditional games manual and the Movement, Games and Sports (MGS) methodology for different needs (migration, exploitation, juvenile justice, emergency and transversal protection interventions).
- Through Fab Lab in **Burkina Faso**, Tdh offers access to safe spaces that offer training and orientation on digital technologies and supports innovative youth-led projects that can lead to professional opportunities.
- Child and youth committees supported by Tdh in **Kenya** and **Colombia** have proven to be a good tool for strengthening individual roles and identity: "I have a goal, and it makes me happy. People respect our opinion in the community, and it feels good."

EXISTING EXAMPLES:

- Tdh **Kenya** provides therapy sessions for caregivers with substance abuse problems.
- Both Tdh **Colombia** and **Ecuador** emergency response teams have implemented social inclusion/cohesion programmes using football and other sports.
- Tdh **South Sudan** and **Bangladesh** support informal foster carers through integrated interventions.
- Tdh **Iraq** facilitates "tea parties" at community meeting spaces.
- In **Greece**, Tdh used psychosocial matching criteria to match older UASC with flat mates in independent living arrangements.

In 2017, Tdh has conducted a *global mapping on MHPSS intervention,* and identified a number of different MHPSS intervention across Tdh delegations. Field examples and guidance of these interventions have been collected and structured under the **socio-ecological model** in a **MHPSS toolbox**. This toolbox compiles all MHPSS related resources (research reports, training manuals, guidelines and guiding documents on activities, terms of reference, capitalisation reports, M&E tools, etc.) collected

Zooming in 15: Mental health and psychosocial support Toolbox

The *MHPSS toolbox* aims to **facilitate knowledge, information sharing and institutional learning** among delegations and HQ; **support the spread of promising practices and lessons learned from MHPSS field work** and inspire future efforts in this area; **provide an overview of the range of multifaceted** interventions that can be promoted to meet the MHPSS needs of children and families in emergency and development settings; and to **contribute to enhancing the capacity of Tdh to deliver quality MHPSS services** for better outcomes for children, youth and families.

across Tdh. The socio-ecological model structure facilitates the search when designing interventions for children and young people, families, communities or system- strengthening programmes.

MHPSS activities linked with well-being pillar outcomes

Additional examples of **key MHPSS activities across the IASC pyramid and linked with main well-being pillar outcomes** can be also found in the *detailed pillar guidance sheet* .

Tdh MHPSS framework with its four transversal principles underscore the importance not only of specific quality activities, but also of the appropriate **implementation approach** - *how to do things* to really improve well-being, and strengthen resilience capacities. This is achieved through integrated programming and using 'engaging' methodologies.

- **Essential role of integrated programming** using well-being & resilience objectives: Protection and psychosocial support increase personal and social capacities, while education, livelihood, and basic needs supports are essential to increase external and material resources. Improving psychosocial well-being will not only depend on individual psychological processes, capacities and mechanisms, but also on external causes impacting mental health, which must be considered and addressed. **Only integrated interventions can contribute to reducing vulnerabilities and promoting real agency and sense of efficacy**, as these are the key ingredients to building transformative competencies, beyond the "coping" or adapting level. Guidance for integrated interventions are provided in checklists; for interventions for specific child protection concerns (in the Zooming in 8 above) and for multi-sectorial interventions (in Zooming 9 above).
- **Importance of 'engaging' methodologies:** Particularly with children and young people it is critical to use **age, gender and culturally appropriate engaging tools and techniques**, stimulating reflection on psychosocial concerns that matter and have real value to children, to promote **meaningful right- based participation, engagement, agency and dignified empowerment**. Providing safe spaces for peer gathering, peer support, mentoring and knowledge sharing are powerful transversal actions which will enhance child and youth empowerment, agency, efficacy and increase transformative capacities for social action.

Flagship interventions

Thanks to the global MHPSS intervention mapping, **flagship interventions** were also identified in which positive efforts are being implemented across the ecological framework, in particular:

- **Case management:** Identified as one of core Tdh interventions, case management has great psychosocial added value if provided by experienced and skilled staff and conducted in appropriate manner. It becomes a key tool for MHPSS; and its process and structure are useful in transferring appropriate competencies, in reinforcing autonomy and problem management capacities for self-protection, in decision-making and in elaborating positive coping strategies.

Zooming in 16: Case Management as a psychosocial intervention

Ensure that key MHPSS elements are considered in a case management response to reach well-being and resilience objectives.
See the ***case management checklist***.

- **Child and youth engaging methodologies supporting participation, resilience and empowerment**
Sports, arts and play-based methodologies have always been essential components in Tdh programmes. The recently developed toolkits (see zooming in 14) respond to the demand for 'ready-to- use' materials to work with young people. These materials support meaningful right-based participation, contributing to individual and peer support, and promoting empowerment through child and youth-led activities. Some of these curriculums and methodologies have been developed based on **five ENGAGE skills** which were identified as essential to support children and youth's resilience capacities to mitigate risks and increase their self and collective efficacy linked with the five well-being pillars (*see the figure below, showing the interrelation between the ENGAGE skills, the well-being pillars and the PSR outcomes*).

Zooming in 17: Tdh engaging methodologies

- *Overview of Tdh MHPSS methodologies and 2 pagers on each Tdh MHPSS participative methodologies:* Overview of objectives, target, training implication, etc. for each recent tdh MHPSS methodologies for children and youths
- *YOU CREATE:* Art Toolkit curriculum
- *Movement, Games and Sports (MGS)*
- *Move On and Engage*
- *RIDE ON*
- *Sports for protection toolkit*
- *Football for protection methodology* based on this "Football for protection" methodology an adaptation for India was made, using Kabaddi, a local sport (Kabbadi for protection)

➔ **Comprehensive caregivers' support: Positive parenting and** prevention of violence are the most frequent objective of interventions targeting caregivers and parents. Tdh does not have yet a specific package /curriculum **or guidance on parenting support,** however there are already several good guidance on parenting programs from different organisations which can also be found in the MHPSS toolbox. However, it is important also to consider there is a **need to support parents and caregivers to cope, adapt and transform with their own stress and anxiety**. Problem Management + is one of the methodologies implemented in Tdh field of intervention today to support psychologically distressed caregivers in their own MHPSS well-being.

Zooming in 18: Caregivers 'MHPSS support

☞ **Individual psychological help for adults impaired by distress in communities exposed to adversity**

- *Problem Management + PM+* is a scalable psychological intervention for adults (and used also with youth above 16 y.o) impaired by distress in communities who are exposed to adversity. Aspects of Cognitive Behavioural Therapy (CBT) have been changed to make them feasible in communities that do not have many specialists- This methodology can be provided by trained lay helpers.

☞ **Support on parenting skills**

- *Gender parenting (Tdh Moldova) 2016*: Training program to increase involvement of boys and men in child care and education to prevent violence and abuse against children
- *Child protection sessions for parents and caregivers* (IA doc with Tdh participation from Jordan)
- *Parenting skills intervention.* IRC-SHLS IRC (2016)

➔ **MHPSS capacity strengthening of formal and informal actors working/in contact with children :** In line with the ecological model, strengthening capacity of different actors at community level (community committees, leaders, teachers, health workers, youth) is one of the core components of our MHPSS interventions, which supports sustainable MHPSS mechanism and activities locally. Activities such as outreach activities to identify children and parents needing specific support, setting up open participative spaces to address challenges (multipurpose safe spaces) life skills education support children, families and community MHPSS well-being and resilience.

Zooming in 19: Tdh System strengthening policy and tools

- *Enhancing child protection systems*, Thematic policy, Tdh, 2011
- *Understanding and applying a systems approach to child protection: a guide for programme staff,* Tdh, 2014
- CAP+ *Competency for Actors in Protection (CAP+), Tdh 2017 ,*
  Theory of change, indicators and M&E toolkit for capacity development of child protection actors in Europe (transferable to other contexts)-

Strengthening the capacity of different professional actors working with children (from the social service workforce, education and justice social services, law professionals, paraprofessionals, teachers) in MHPSS knowledge, skills and approaches (child development, active listening, psychological first aid, psychosocial support in case management, etc..) is also crucial to reach systematic inclusion of holistic mental health and psychosocial well-being of children, families and communities in their specific domains of activity and at systems level. This also contributes to ensuring the "do no harm" and "best interest of the child" principles are integrated in their everyday practice and embedded at a system level.

Comprehensive participative assessment of existing actors and resources (skills, existing mechanism and activities, existing capacity strengthening opportunities), as well as main needs as per child protection risks in a context, should always lead the design and strategies for these capacity strengthening activities.

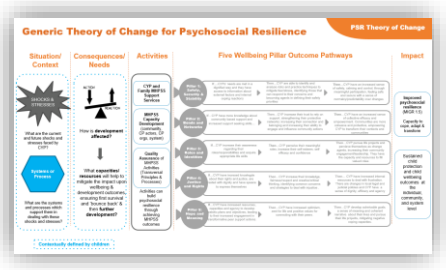
Finally measuring the impact of these capacity building activities by looking at changes in knowledge, attitude and also practices is essential, which is what will ultimately make a difference for children and their families in a given environment.

Monitoring and Evaluation

Recognizing the multiple challenges we face when trying to assess changes to which our MHPSS intervention contribute, Tdh has developed a ***Psychosocial Resilience Monitoring & Evaluation Toolbox*** to guide the teams in evaluating more consistently the changes we would expect for each of the five pillars. This M&E Toolbox brings together in one place tools and processes needed to monitor and evaluate MHPSS outcomes.

The toolbox has **three main components:**

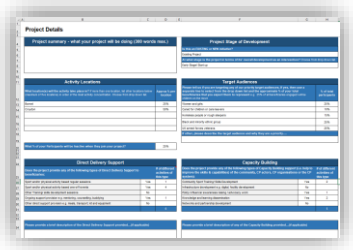
1. Theory of change



What is it? This PowerPoint based tool contains the Tdh PSR Theory of Change (ToC) and outcome pathways.

Why use it? It is designed to support project managers in designing their own project-specific ToC, and prioritizing and selecting relevant outcomes for measurement, across one or more of the TDH MHPSS thematic outcome areas. It is not exhaustive: project specific outcomes can be added.

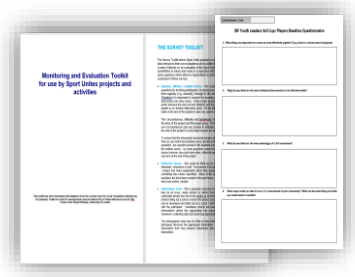
2. Outcome indicator Measurement Workbook



What is it? A central tool built in Excel to support, **M&E planning, indicator selection** and **data management** that is all aligned back to the projects own ToC.

Why use it? The tool will help project managers select relevant indicators & tools & manage their project M&E in one place, whilst ensuring with a consistent format that overall data analysis across all projects is possible in HQ.

3. Data Collection (DC) & Planning Tools



What are they? A set of 3 Data Collection toolkits containing survey questions and other qualitative tools to measure outcomes, along with associated DC planning tools.

Why use them? All DC instruments & measures are aligned to common outcomes/ indicators found in the TDH PSR ToC, including scoring & reporting tips, to save you time & effort.

GO to Presentation on toolbox

The first tool of the toolbox, the PSR Theory of change, is presented earlier in this document.

The second tool, the "MHPSS **outcome indicator measurement workbook** is an Excel file that contains a bank of outcomes statements and indicator per Pillar.

It can be used to select the **relevant outcome and their related indicators** for your project. For each indicator, a set of questions were prepared to be included in your data collection tool. Those questions can indeed be taken as such and inserted in your questionnaires or adapted to be used in a focus group guide, an observation, or a participatory activity. (The set of questions is also available in the third set of tools that compose the M&E toolkit, the "data and analysis planning tools", which gives a global overview of the entire set of questions). These indicators assess changes that are often subjective or relate to soft skills; some are quantitative, other are qualitative.

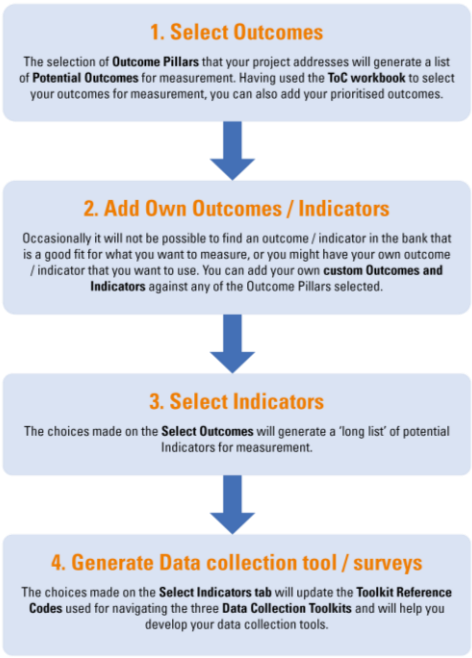


Figure 8: The figure beside highlights the process of developing a customized indicator set for your project using the MHPSS outcome indicator workbook.

Zooming in 20: *MHPSS indicators*

- *Tdh MHPSS outcome indicator list and workbook:* an interactive tool to select and identify indicators and data collection tools
- *Tdh Move-on and Engage set of indicators*: example of adaptation of MHPSS indicators to a specific MHPSS methodology
- *The Interagency Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings,* Revised field test version with means of verification, IASC, *2021.*
- *Tdh global M&E minimum requirements*: highlight on

The indicators aim at capturing three main types of changes:

➔ **Knowledge and skills** (for example about existing services or communication abilities)

➔ **Attitudes, perceptions and feelings** (such as trust towards peers, feelings about role in the community) including self-perception (for example communication skills)

➔ **Behaviour** (such as engagement in projects, social activity)

Some of the indicators highlight coping and adaptative capacities, others aim at capturing transformative capacities acquired through participating in the project / activities.

If you are engaged in a formal research project that requires the use of **scientifically tested and validated tools**, Tdh advises to prioritize *The Child and Youth Resilience Measure (CYRM), which* is a measure of the resources (individual, relational, communal and cultural) available to individuals that may bolster their resilience (More information can be found in the *CYRM user guide, available on Tdh knowledge center).* This measure is included in the Tdh Outcome indicators Measurement workbook to ensure easier access to the scale. The CYRM can also be envisaged as a tool that complements your indicators measurement.

Further information on how to use the outcome / indicator banks and workbook can be found in the PSR M&E toolbox presentation.

Data collection

Having decided what outcomes should be measured and which indicators will be used, the next task is to decide which methods are needed to collect the data in the most appropriate ways.

Although there is a temptation to use closed-ended questionnaires, as this enables easier identification of trends, qualitative and participatory approaches (for example discussions and activities) are more appropriate for 'researching' with children. Such techniques are also useful to understand the change in a 'rich', detailed way.

Children from 8 years old can be readily included, providing the methods are adapted to fit their characteristics (for example using developmentally appropriate questions, not having too many questions etc.). It is also possible to involve children younger than 8 years old in research, but this needs to be very carefully thought through to ensure that their participation is meaningful.

Zooming in 21: *Data collection methods resources*

- *Survey guide for youth and children based on Tdh MHPSS indicators*
- See the *set of materials* piloted in Tdh Iraq and Mali to *assess changes related to Pillar 1 and 2 for an emergency MHPSS intervention.* It includes a methodological guidance and semi-structured (Tdh knowledge center)
- General guidance on Data collection methods: *Handicap & Inclusion guide on qualitative and quantitative data collection Methods*
- *Guidance for Focus group Discussions* with children. It refers to a serie of reference on child friendly data collection methods, explores cognitive bias per age groups and ethical considerations.

There are numerous **standardised tools** such as **The Strengths and Difficulties Questionnaire[36], the Children and Youth Resiliency Measure[37] and the Rosenberg Self-Esteem Scale[38]**. These tools have been largely tested and **are considered as valid for use in many cultural settings**. Other tools are also available, but some cannot be adapted to a different context or made need formal authorisation from the developer before use.

Tdh PSR M&E toolbox includes also three *Data Collection Toolkits*, which complement the theory of change, the outcome indicator bank and worksheet.

Child Survey Toolkit (0-12 y.o)

Youth Survey Toolkit (>12 y.o)

These toolkits contain predominantly **quantitative** outcome measures / questions designed for use **with children / Youth**. There are only reflective type measures / questions (i.e. used just once at the end of a project), and are structured around **outcomes of each of the 5 well-being pillars.**

[36] The Strength and Difficulty Questionnaire is a brief behavioral screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists *https://www.sdqinfo.org/a0.html*
Goodman. R. (2001) Psychometric properties of the strengths and difficulties questionnaire. Journal of the American Academy of Child and Adolescent Psychiatry, 40 (11), 1337-1345.

[37] The Child and Youth Resilience Measure (CYRM) is a self-reported measure of socio-ecological resilience used by researches and practitioners worldwide which explore the resources (individual, relational, communal and cultural) available to individuals, that may bolster their resilience. *https://cyrm.resilienceresearch.org/*

[38] The self-esteem Rosenberg scale is A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press

Quality Indicators Toolkit

This toolkit offers to Tdh Project Managers a set questions to guide group interviews: the "**MHPSS Project Quality Group Interview"** The Group Interview approach is utilized for measuring indicators related to **participation and empowerment, Gender & Diversity**.

The questions / methods included in each of the toolkits are primarily customised and bespoke for Tdh, in order to ensure that they collect the right data against indicators, although they were based on existing / validated tools. These three data collection toolkits can be used to help develop appropriate questions and methods which can then be used to create your own new tools, or which can be incorporated into existing data collection tools and methods.

Data analysis

Zooming in 22: Example of data compilation analysis and report developed on the basis of Tdh Data collection toolkits

- *Tdh Greece (YOU CREATE capitalisation report)*
  Tdh knowledge centre
- *Move on and Engage tools*

Analysis is the process which turns data into meaningful information to help us in making decisions **Analysis requires neutrality, objectivity and critical thinking**. This is especially true considering the fact that we are looking at changes (skills, judgements, self perceptions) that are challenging to assess due to ther subjective and dynamic nature. The M&E toolkit includes qualitative but also quantitative indicators, which means that we quantify subjective changes, which requires to be constistant and rigorous, but also careful with the way we interpret data.

If you use a standardized scale (ex. CYRM and Rosenberg Scale), you will have to study and use rigorously the validated scoring system. Those methods have generally established "tresholds" that are kind of benchmarks to finally assess and qualify a certain "status" (eg. Self esteem levels).

In Tdh toolkit, there is no scientifically tested scale with its scoring system to assert that a child has a certain level of "resilience" or PSS status. If you want to demonstrate that there was an improvement in the child PSS condition, that you will have to examin the trend comparing baseline – endline data (if you work with a stable group) or using reflective questions.

The trickiest part is certainly making decisions about thresholds to determine whether a change has been observed significantly" and to what extent it might be due to Tdh intervention; All the art resides in the interpretation you are making out of the data, and your capacity to mitigate bias and explain the methodology and its limitation.

Remember, analysis is not "just" about giving number and trends (descriptive analysis) to feed into our indicators, but also enriching with qualitative data and triangulating, and reach other levels of analysis (explanatory, interpretative, and prescriptive analysis)[39]:

- What is there in the data? (exploratory analysis)
- What is happening-felt-expressed, for whom, where, when, how? (descriptive – summarising and compare)
- Why is this happening-felt-expressed, how come? (explanatory – connect and relate)

During our analysis we should always recognise and be transparent about the **limitations** of the data we have collected and the conclusions we can draw. For example, if we did not have adequate translation, or if the conditions

[39] For more information see the *analysis Spectrum,* Acaps (2013) *Compared to what ? Analysis thinking and humanitarian assessment.* Technical brief.

for deploying the survey are not optimal, as could be the quality of the recording (for interviews), and hence the reliability of the analysis would be hampered. Recognising the limitations of the data does not devalue it, but it helps us, and others, to make sense of the conclusions we make.

Analysis must help us feeding into our indicators and be accountable. But first and foremost, it must allow us to learn and readjust our interventions for the best interest of the children. The analysis process should therefore bring us to a more prescriptive level:

- "What else? "What should be done?" (Prescriptive analysis – suggest and advise)

Involving children in situation analysis and M&E

By adopting a participatory approach that includes children in the design and implementation of a project's M&E processes, Tdh can ensure the voices and experiences of its primary beneficiary group - children and young people - are a core input into the successful implementation and subsequent improvement of project outcomes.

Including children in M&E processes, over and above being participants and providing information, also reflects the aspiration that MHPSS should be mainstreamed into all actions, and itself **may be helpful in promoting children's well-being and resilience.**

Engaging children in M&E requires special precautions to be taken:

- Make sure that there is the **time and resources** to properly accompany the process
- Ensure that **skilled staff** are mobilised to work with children
- Do not **misuse participation**. Avoid tokenism and manipulation.
- See Tdh M&E requirements. Section on **ethics, page 19**. Highlights: **ethical considerations for engaging children in** M&E p.48
- Consult ERIC website: www.Childethics.com for more insight on ethical research involving children

Zooming in 23

Guide to involving Children and Youth (CYP) in the Monitoring and Evaluation (M&E) of a Mental Health and Psychosocial Support (MHPSS) intervention-
Available in Tdh knowledge center

With care, thought and creativity children can be involved throughout the M&E process. One example, to illustrate how children can be included, is from Jordan, where a **Child-Led M&E project** was piloted. Experience from this project has identified four initial ways that children can participate.

Defining the situation and contextualising Psychosocial resilience

During the situation analysis or baseline study, in order to identify, define and describe the shocks and stresses the beneficiaries face and their consequences, a workshop-based approach can be organized with youth (aged 13+), to engage in an interactive MHPSS resilience mapping exercise.

Children and youth identify and provide insights into what they consider impact most on their lives, and the supports they think would be helpful in mitigating the negative impacts. This includes supportive behaviours, relationships, actions and activities that they, their parents / caregivers and families, the community and other actors might engage in. This exercise also provided useful insights into the PSS resilience capacities that children most value, contributing to the most effective design of MHPSS interventions.

Testing M&E tools

All data collection tools should be tested during a pilot round of data collection and feedback gathered in terms of their comprehension, the time needed and overall experience. This feedback can be incorporated into a final revision and update of tools prior to their use for data collection purposes.

Data collection and administering tools

Children can be involved in collecting data, using the tools. This comprises two stages: Engaging children in the creation of a focus group guide based, for example, on vignettes they co-develop during a facilitated workshop; and training and supporting children to collect the data.

Data analysis

The pool of children engaged in collecting data are involved in a data analysis workshop. On the basis of a synthesis of early findings staff can facilitate a discussion to explore the findings and to identify possible explanations. This can also include the children making recommendations.

Being mindful of methodological challenges when monitoring and evaluating MHPSS interventions.

The M&E toolbox was developed in full acknowledgement of the methodological challenges we usually face when assessing the changes of MHPSS interventions. The attempt is not to "automatize" M&E or make it fully similar everywhere. It is worthwhile to conclude this operational guidance with a note of caution.

It is widely recognised that MHPSS outcomes are difficult to measure in development settings and humanitarian action. One of the **biggest challenges when attempting to evaluate such interventions** is working out how to measure changes in well-being and resilience. Particularly since problems are often **complex** and projects of short duration, it can be questionable whether any positive changes observed will be sustained in the longer-term or to what extent the intervention may have contributed them. Indeed, many factors may explain why the perception of well-being can change such as the socio-political and family context plus events that are unrelated to the projects (for example spikes in insecurity, population movements or other assistance). In addition, MHPSS changes are rather **dynamic, context dependant and subjective - rather than objective and observable facts**. Quantitative techniques are often unable to grasp the nuance of this kind of changes, and the **risk of bias is high**. Finally, well-being and resilience **outcomes are intrinsically connected with the realisation of other positive changes** in the life of people, and cannot occur unless basic needs (i.e. hygiene, livelihood, physical safety etc.) are met.

However, these **challenges can be** mitigated against through a number of ways. These are summarised below, but it is also important to highlight that developing an appropriate methodology for any evaluation, including designing tools, is a skill and needs the right expertise as well as good common sense.

- **Focus** on the most important outcomes and indicators and not try to measure everything. A few indicators which are thoroughly and regularly measured, and which provide reliable information, is better than numerous pieces of data that is unreliable.

- During the consent- giving process, make sure that children and their parents are given clear and appropriate **explanations of the process and the purpose** and have the opportunity to ask questions about it to ensure they understand the objectives of the M&E and their involvement. This is critical for managing expectations.
- Ensure that the staff carrying out interviews/observations are **qualified** (both knowledge and experience) to do so and have the opportunity to practise with each other to become familiar with the tools, such as interview questions.
- **Make sure to understand the context** – for example, what can be said and by whom? Make sure to adapt any standard method-tools and types of questions to children's cognitive and emotional level and ensure that methodologies take into culture, power dynamics, local languages and terminology.
- **Give children the greatest opportunity to express themselves** freely through participatory and qualitative approaches.
- **Attend to ethical issues from the outset**. For example: develop clear informed consent procedures, set minimum age for participating in evaluation processes; establish procedures for reporting and follow up response mechanisms; put in place procedures to guarantee confidentiality; assess risks and benefits for children, families and community members to be engaged and ensure their comfort and privacy.
- Take action if any protection or **safeguarding** issues arise.

Regularly review the monitoring and evaluation procedures and **be prepared to revise** in the light of new information. For example, if a series of Focus Group Discussions have been planned but it becomes obvious, even though it was not identified as an issue in the planning stage, that girls participants are reluctant to speak freely when the group members include boys, then change the method and processes used (such as girls only / boys only groups or conduct interviews as an alternative).

Ethical and safeguarding considerations: Make sure that you explore what are the risks linked with engaging children in M&E. It might unintentionally cause the following issues:

- Create 'fatigue' among children or even cause further-victimisation if they are asked about difficult events and experiences or hurt children with unintended offensive questions or inappropriate communication.
- Generate expectations that cannot be fulfilled.
- Cases may be disclosed, when there is no capacity to provide the necessary assistance.
- People may face discrimination and stigma if they disclose sensitive issues and confidentiality is not ensured.
- There may be negative repercussions for those who speak out about situations, especially if they say things which those 'with power' disagree.
- Data could be used incorrectly (unintentionally or intentionally) by a third party if not well protected.

Last thoughts and next steps

The purpose of the tools and references included in this guidance is to inspire and guide Tdh project teams and must always be used with critical thinking: the political and security context, the local cultures, the resources available, the community dynamics… are crucial factors which will have to be considered prior to using a tool, method or an approach. This is paramount in making sure that the Do no Harm principle and the best interest of the child always guide our actions, from situation analysis, to designing an MHPSS intervention/project, monitoring and evaluating our project. We do so through our approach of accompanying children, families, communities and systems to cope, adapt and transform challenging situations and environments, becoming the actors of a sustainable mental health and psychosocial support outcome for themselves.

Tdh we will review the MHPSS operational guidance periodically by proceeding to field consultations and regular desk review to integrate emerging evidence-based learning from the academia and field practitioners and new tools will be developed as needed.

Meanwhile, please direct any feedback on this MHPSS operational guidance to Maria BRAY, Global CP and MHPSS advisor *maria.bray@tdh.ch*.

Resources

Documents mentioned in the guidance (hyperlink to documents)

- *Detailed glossary*
- *Alignment of MHPSS framework with and IASC*
- *Bibliography MHPSS framework*
- *MHPSS Full report mapping*
- MHPSS FRAMEWORK 2 pagers programme (*Migration, A2J, Humanitarian, Child labour*)
- *MHPSS framework Poster*
- *PSR M&E toolbox*
- Zooming in 1: *Mapping of MHPSS Intervention: Summary of key findings and Recommendations*
- Zooming in 2: *Tdh Fundamental Elements for Child Protection Good Practice*
- Zooming in 3: *Compared analysis of ADAPT and Hobfoll pillar-based models*
- Zooming in 4: *Tdh well-being pillars guidance sheets*
- Zooming in 5: Well-being checklists under different socio-ecological interventions
    i. *Case management well-being check list*
    ii. *Community-based well-being checklist*
- Zooming in 6: Community-based CP & MHPSS guidance
    i. IASC Community-based Approach Guidance note
    ii. *IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement* (https://www.iom.int/mhpsed)
    iii. *A guide for supporting Child Led Response* (https://communityledcp.org)
- Zooming in 7: Resources from Tdh Access to Justice program which integrates an MHPSS approach within prevention of recidivism and reintegration
    i. *Theoretical framework to guide intervention for CICL- Desistance*

ii. *Give me a chance but a real one*

- Zooming in 8: Well-being and resilience checklists for specific interventions and target groups
  i. *UASC well-being checklist*
  ii. *CAFAAG well-being Checklist*
  iii. *SGBV well-being Checklist*
  iv. *MNCH well-being Checklist*
- Zooming in 9: *Multi-sectoral interventions for well-being and resilience-based objectives*
- Zooming in 10: "must read & use" Tdh PCM guidance & procedures
  i. *PCM in Emergencies*
  ii. *Tdh requirements for M&E*
  iii. *Situation analysis toolbox*
  iv. *Data collection method pack* (Tdh Knowledge center)
- Zooming in 11: *Tdh Psychosocial Theory of Change workbook and user guide*
- Zooming in 12: *"How to mainstream gender in situation analysis" (Tdh Knowledge center)*
- Zooming in 13: Choosing the right methodology and tools for the situation analysis?
  i. *Key resilience and well-being guiding questions*
  ii. *IASC MHPSS assessment Guide*
  iii. *PST Toc and M&E – toolbox*
  iv. *Template ToR*
  v. *Analysis plan template*
  vi. *Tdh method pack – bias data collection* ***(Tdh Knowledge center)***
- Zooming in 14: Tdh Toolbox for project design
  i. *PCM iE*
  ii. *Gender & Diversity & Age Marker* ***(Tdh knowledge center)***
- Zooming in 15: *MHPSS Toolbox*
- Zooming in 16: Case Management as a psychosocial intervention: *Case management well-being check list*
- Zooming in 17: Tdh engaging methodologies
  i. *Overview of Participative methodologies and 2 pagers on each Tdh MHPSs participative methodologies*
  ii. *You Create*
  iii. *Movement, Games and Sports (MGS)*
  iv. *Move On and Engage*
  v. *RIDE ON*
  vi. *Football for Protection*
  vii. *Sport for protection*
- Zooming in 18: Caregiver MHPSS support
  i. *Problem Management +*
  ii. Tdh *Gender sensitive parenting*

iii. *CP sessions for parents (Jordan)*

iv. *Parenting skills intervention* IRC

- Zooming in 19: System strengthening policy and tools
  i. *Enhancing CP systems*
  ii. *Understanding and applying system approach*
  iii. *CAP+*
- Zooming in 20: MHPSS indicators
  i. *Tdh MHPSS outcome indicator workbook*
  ii. *Tdh Move ON & Engage Set of indicators*
  iii. *IASC MHPSS M&E toolkit*
  iv. *Tdh requirements for M&E*
- Zooming in 21: Data collection methods resources
  i. *Survey guide for youth and children based on MHPSS indicators*
  ii. *Tdh Iraq Assessment* ***(Tdh Knowledge center)***
  iii. *HI guide*
  iv. *Tdh FGD with children guide*
- Zooming in 22: Example of Data collection survey developed thanks to the Tdh Data collection toolkits
  i. *Tdh Greece report (Tdh knowledge center)*
  ii. *MOVE ON & ENGAGE tools*
- Zooming in 23: *Guide to involving Children and Youth (CYP) in the M&E of a MHPSS intervention (Tdh knowledge center)*