



DeCID Thematic Brief N° 1

Working With Children Affected by Displacement

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Co-designing social infrastructure with children affected by displacement (DeCID).

The DeCID project aims to develop a new approach for the participatory design of social infrastructure for children in urban areas affected by displacement.

In partnership with humanitarian actors, local communities, municipalities and academics, the DeCID team will develop a practical toolkit to support those involved in the co-design. DeCID is a project led by The Bartlett Development Planning Unit (UCL) and CatalyticAction, and funded by UKRI through the Global Challenges Research Fund.

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Photo cover: children playing in BASMA playground in Ghazze, Lebanon, by CatalyticAction

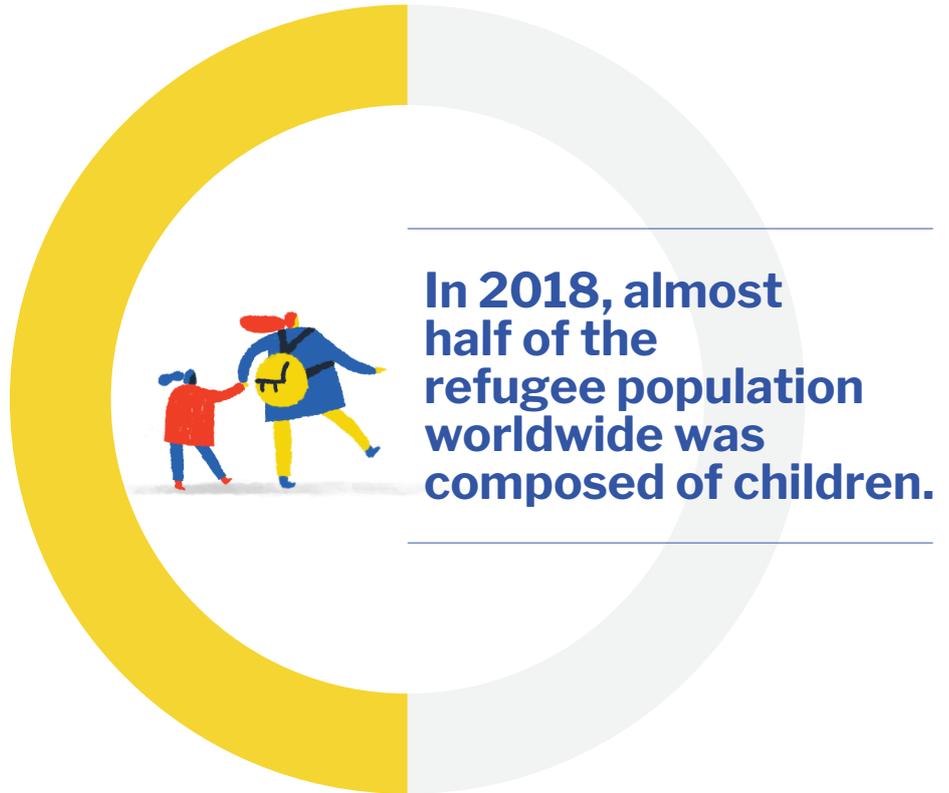
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KEY POINTS

- Children may experience highly distressing events before, during and after forced displacement, and these may have long-lasting effects. Such events may result in physical disability and deterioration of physical health, cultural and social losses, and psychological suffering such as post-traumatic stress disorder, depression and anxiety.
- Children's individual responses to traumatic events differ and depend on the complex intersection of many factors.
- The proximity of parents or caregivers to children during terrifying events can significantly mitigate the effects of these experiences on children.
- Some of the most widely reported factors provided by communities that may protect refugee children and help them overcome highly distressing experiences are high quality schools, childcare facilities, and safe spaces for play and learning.
- Children are agents and rights holders, are powerful co-creators of knowledge, and are experts in their own lives. Children's participation provides researchers and practitioners with a unique understanding of and knowledge into children's life experiences.



INTRODUCTION

By the end of 2018, armed conflict, persecution, human rights violations, deteriorating political and socioeconomic conditions, and violence had led to the forced displacement of 70.8 million people worldwide, of whom 41.3 million were internally displaced, 25.9 million refugees, and 3.5 million asylum seekers (UNHCR 2019a). Natural disasters led to the internal displacement of over 17 million people worldwide in 2018 alone (Internal Displacement Monitoring Centre 2019). In 2018, almost half of the refugee population worldwide was composed of children, and around 138,600 children were unaccompanied or separated, although these numbers are significantly underestimated.

This research brief aims to shed light on the difficult events that children experience before, during and after forced displacement, highlighting forcibly displaced children's unique vulnerabilities and the effects of their experiences on their overall wellbeing. It draws attention to the necessity of restoring regular school attendance and play opportunities in displaced children's lives, acknowledging the importance of the environment for children's play. Finally, the brief provides details on how to conduct participatory research with displaced children when planning interventions, including how to engage with children, stressing the importance of child participation for both children and research. ■

CHILDREN'S EXPERIENCES OF CONFLICT, VIOLENCE AND DISPLACEMENT

Children experience both direct and indirect effects of conflict, violence, and displacement. Prior to forced displacement, children may be directly exposed to many distressing events including experiencing and witnessing physical torture, injury, assault and rape, experiencing malnutrition, disease, and problems with water and sanitation, witnessing explosions and gunshots, and seeing dead people. Children may themselves take part in violent acts through being recruited as child soldiers or suicide bombers. They may live under siege or hide in basements while their homes are bombed. Moreover, children's routines, their family life and education are disrupted.

When children and their families leave their homes behind, they do so in search of safety. However, displacement exposes children and their families to a wide range of additional distressing and dangerous events. These include threats to their safety, loss, adversity, and separation from families and communities. Unaccompanied children are more exposed to risk (Reed et al. 2012). Most people who flee war, conflict and disasters stay within or close to their home countries, with the intention of returning home once the conflict ends. Most displaced people live in low- and middle-income countries, where they are exposed to continuous threats to their wellbeing and security, and where many live in poverty.

Poverty is a major burden for children and their families, leading to high levels of stress, and forcing children into child labour and early marriage. Children also experience the breakup of their families and communities and are burdened with challenges including changes in family dynamics, where children take on the role of providers for the family, or become carers for younger siblings or parents who have been physically or psychologically affected by their experiences.

Children's experiences may differ according to age and gender. In conflict situations, parents may tend to restrict and protect girls, whereas boys may be allowed or even encouraged to participate in the conflict (Qouta, Punamäki, & El Sarraj, 2008). This leads to different experiences and levels of exposure to conflict among boys and girls. Overall, research findings show that girls tend to be more at risk of sexual violence, whereas boys are more prone to exposure to nonsexual violence during conflict, however children from both genders can be exposed to both forms of violence (Masten and Narayan 2012). Regardless of their different experiences, forcibly displaced children endure grave violations of their rights as set out in the United Nations Convention on the Rights of the Child (UNCRC) (United Nations 1989).

It is important to note that children from host communities are also affected by the influx of refugees into their regions. Since most refugees resettle in low- and middle-income countries, poverty is usually a factor affecting not only refugees but also host communities. Children from both host and refugee communities may experience issues with safety in their environment (Severijnen and Steinbock 2018). The influx of refugees

into their areas may limit the ability of children from host communities to play in playgrounds or courtyards, as these spaces may become overcrowded or turned into spaces for refugees to live in. Both refugee and host community children may face barriers to school attendance. Increases in traffic and costs of transportation, and decreases in income may be some factors affecting school attendance of host community children. Moreover, food consumption, access to healthcare and health problems, access to play spaces and time to play may be negatively affected among both refugee and host communities. 

EFFECTS OF CONFLICT, VIOLENCE AND DISPLACEMENT ON CHILDREN

Experiences of violence, loss and displacement may have long-lasting effects on children. Prolonged exposure to stress, conflict and violence in early childhood has been found to have many negative effects linked to the continuous activation of the body's stress-response system. Studies have found changes in the trajectory of brain functioning among young children exposed to violence and conflict, which can lead to further problems with social-emotional wellbeing, physical health, learning and memory in later life (O'Kane 2015).

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The loss of parental support figures during displacement is particularly damaging to children's mental health. Research has consistently shown that **the proximity of parents or caregivers to children during terrifying events can significantly mitigate the effects of these experiences on children** (Masten and Narayan 2012). Younger children may display acute symptoms of trauma and distress, particularly when 'they are separated from parents, their parents have intense reactions, or when they are exposed to intense media reports' (Masten and Narayan 2012, pp.241-2).

In cases where children are not separated from their parents or caregivers, the children's relationship with their parents and their parents' ability to protect and care for them may be affected by parents' depression or mental health problems, high levels of stress, or preoccupation with daily problems. The mental health of children's parents or carers, particularly their mothers, has been found to affect children's own mental health, even when children themselves have not lived through armed conflict (Masten and Narayan 2012).

Children's individual responses to traumatic events differ based on factors including gender, age, personality, cultural background and personal and family history, in addition to the nature of the traumatic events they are exposed to, and the frequency and length of their exposure to the events. Children's exposure to violence, the degree of their exposure to threat, the accumulation of adverse experiences, and the duration of the exposure all increase the possibility that children acquire mental health problems. The type of event the child witnesses or is exposed to can lead to increased psychological difficulties. Events that target the individual child, the child's family or the child's home are particularly significant (Reed et al. 2012).

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Post-migration violence also affects children's mental health. For instance, displaced children who experience bullying by peers may develop depression, anxiety and psychosomatic symptoms. Research shows that older children tend to be more prone to depression than younger children and that depression is more prevalent in girls than boys. Boys, especially those exposed to multiple traumatic events, are more susceptible to externalising disorders such as disruptive, aggressive or hyperactive behaviour. However, there do not seem to be gender-related differences regarding PTSD (Reed et al. 2012). Moreover, regarding long-term displacement, studies with diverse populations from different countries show that reduced social support is a main factor affecting refugee children's mental health. For instance, depression may increase over time if children and adolescents do not receive adequate social support.

Some behavioural traits are commonly exhibited among children who experience trauma and stress-related disorders. These include re-experiencing events, dissociation or having difficulty concentrating, avoidance of situations, people, thoughts that they may feel are threatening or very emotional, being highly alert, hyper vigilant or irritable, aggression, having no behavioural boundaries or acting out of control, learning difficulties, fear of being abandoned or that something bad could happen, losing trust in others and changing their attitudes towards life and the future, extreme lack of self-confidence and self-worth, regressive behaviour (sucking their thumb, wetting the bed), and physical complaints (younger children tend to complain about stomach aches, loss of appetite and nausea; adolescents tend to complain about migraines, headaches, stomach, back and neck pains) (UNHCR 2019b). Common symptoms among young children may include becoming clingy and

fearful, sleeping problems, regression, aggression and restlessness. Unlike other traumatised children, forcibly displaced children are often exposed to additional risks including living with parents or carers who are also experiencing trauma or stress, having irregular status in the host country, living in poverty, separation from their family and community, and experiencing multiple traumas. However, while posttraumatic stress disorder, anxiety, depression and psychosomatic and behavioural complaints are common among refugee children, not all children exposed to conflict and forced displacement suffer from stress and trauma. 

SCHOOL AND PLAY

Several factors are important for the adaptation of children facing extreme adversities. These include close and supportive relationships and communities, religious beliefs and practice, self-regulation and self-efficacy, hope, and believing that life is meaningful (Masten and Narayan 2012). Stability and social support, including support from parents and friends, positive school experiences and family cohesion are key protective factors for displaced children. As previously noted, refugee children's separation from their parents or carers can be detrimental for their mental health and wellbeing, whereas parental support and acceptance can have very positive effects. In addition to family relationships, the community plays an important role for displaced children and their families. Some of the most widely reported factors provided by communities that may help refugee children recover following highly distressing experiences are high quality schools, childcare facilities, and safe spaces for play and learning.

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SCHOOL

Restoring routine, play, and order in refugee children's lives as well as support from families and communities may help children recover from their difficult experiences. One of the main ways of returning routine into children's lives is to resume their schooling. Schools and preschools are highly important for children's development and recovery. Through regular school attendance, children build meaningful stable and trusting relationships with their peers and teachers. Scholastic achievement builds children's feeling of competence, and interactions between children and their peers or teachers helps their formation of personal identity, their self-esteem and their ability to talk about and make sense of their experiences. The school provides children with structure, play and learning opportunities, a feeling of meaning and purpose,

and support. However, while schools are vital for refugee children's recovery, low quality schools where teachers are unqualified and where corporal punishment and bullying are widespread, can lead to detrimental impacts on children and further traumatisation, and causing children to drop out of school. In Lebanon, many additional barriers stand in the way of children attending school. The Vulnerability Assessment of Syrian Refugees in Lebanon (UNHCR, UNICEF, and WFP 2018) report states that **over half of Syrian children living in Lebanon were not attending school in 2018**. The main barriers to attendance were costs of transportation and educational materials, and the need to work.

PLAY

Although play has been researched from many different perspectives and theoretical lenses across disciplines, there is still no unified definition for the term play. Play can manifest itself in many ways. Play can range from being imitative, where copying is key, to pretend in nature where children use their imagination to create. Play can be social, where children play in pairs or in groups, with peers or with adults, or can be solitary. Play can be free-flow, where a child makes independent decisions about what and how to play, or can be guided or structured, where adults have a greater input into children's play. However, from a child's perspective, play is free, self-controlled and self-initiated, voluntary, natural and unlimited, spontaneous, active, and fun (Wiltz and Fein 2006). Play involves pretending, making up rules, and using objects symbolically, and is typically risk-free and **tends to focus on the process, not the end product**.

While children across cultures and communities engage in play, play differs across cultures, contexts and time (Cohen, 2006). Different communities may hold diverse understandings about play, adults may nurture or support children's play in different ways, and children may practise play differently. Gendered identities and expectations as well as work responsibilities may also shape children's play opportunities.

Benefits of play

Different types of play provide children with a range of different benefits and can support the development of multiple skills and dispositions. Play types, or different behaviours that children exhibit when playing, have been categorised in diverse ways. Hughes (2006) identifies 16 play types as represented in Table 1. It is worth noting that these categories may not necessarily cover all the different ways children play, and there is often overlap between two or more categories. However, it may be useful to recognise them since 'engaging in each one is a necessary corollary for a child's healthy development' (Hughes, 2006, p. 33). If it appears that children are not engaging in the whole range of play types, it is important to question whether the children are choosing not to do so, or whether other factors such as the environment, available resources or adults' attitudes are limiting children's play. Table 1 draws on Hughes' (2006) play types and on Casey and Scott-McKie's (2017) play types toolkit, listing some of the diverse skills and dispositions that children might develop when engaging in different types of play.

Play is important for children's learning and academic outcomes and for their holistic development. It can have a positive impact on children's

emotional wellbeing as it may reduce depression, anxiety, aggression, and sleeping problems (Burdette and Whitaker 2005). Play may enhance children's adaptive systems, affecting their wellbeing, resilience and health (Lester and Russell 2010), and this can be especially important for children who have experienced forced displacement. For instance, play provides pleasure and enjoyment, it develops emotion regulation so that children can calibrate their emotional reactions to unexpected events, develops children's stress-response systems, promotes attachment, allowing children to maintain and regulate social relationships, and develops creativity and learning. Children can safely take risks in play and it has often been used as a therapeutic tool with both children and adults.

Play can also be a useful indicator of children's wellbeing (Tolfree 1996). The content and themes that arise in children's play may determine the problems they face in their daily lives, while the ways in which they play

PLAY TYPES

SKILLS AND DISPOSITIONS DEVELOPED

Creative play, Exploratory play, Mastery play, Object play

Fine and gross motor skills, flexible and abstract thinking, logical reasoning, artistic and creative skills, self-regulation, problem solving, communication skills, confidence, readiness to encounter new experiences, risk assessment

Communication play, Role play, Social play, Fantasy play, Imaginative play, Symbolic play

Language development, communication skills, social skills, emotional intelligence, group work, artistic and creative skills, representation development

Dramatic play, Sociodramatic play

Language development, literacy, communication skills, performance, self-expression, representational thinking, symbolic action, narrative, artistic and creative skills, understanding the world, has a cathartic effect

Rough and Tumble play

Respect for others, emotional and social skills, foundations for personal, interpersonal and physical relationships, judgement

Locomotor play

Whole body coordination, gross motor skills, strength and endurance, communication and social skills, agility

Deep play

Focus and concentration, physical development, risk assessment, confronting fears, understanding the world

Recapitulative play

Physical development, understanding the world

Table 1: Skills and dispositions developed from diverse types of play - drawing on Hughes (2006) and Casey and Scott-McKie (2017)

may determine the extent to which they have been affected by their experiences. Traumatized children's play can become restrictive and highly repetitive and may lack playfulness and joy. In extreme cases, children may no longer play, which indicates the extent to which they have been impacted by their experiences and limits the benefits they may gain through play, both for their development and for their recovery and healing. In these situations, therapists must intervene and work to support and progress children's play by empowering children, helping them to understand and express their feelings, reduce their fear and anxiety, control their anger, and improve their self-control and problem-solving skills (Dripchak 2007).

Through play, children can rearrange their worlds, making them more interesting and less scary. They can create a world where they are in control and can tackle uncertainties and gain skills. Children can express their agency in play, and in play, the 'powerless' can become 'powerful'. However, power in play can be exercised in both positive and negative ways. For instance, children can exercise their power by excluding and bullying other children.

Physical environment and play

Children enjoy playing in environments where they can experience novelty, excitement and fun, but where they also feel a sense of security and stability (Henricks 2006). Rasmussen (2004) distinguishes between 'places for children' and 'children's places'. Places for children are those places that have been designed, built and organised by adults for children, whereas children's places are places that children attribute special meaning to, places that they themselves choose, use, define and create. Children's places may or may not be identical to places created by adults for children. **While adults may build places for children such as playgrounds, these places may not meet children's needs.** Children should therefore be actively involved in designing and planning spaces that are meant for children.

Research has also found that the **physical factors of the environment have a big influence on children's use and perception of their indoor and outdoor environments.** Children may engage in more functional play such as running and climbing when outdoors, whereas symbolic, creative and construction play may be more common indoors (Stephenson 2002; Storli and Hansen Sandseter 2019).

Seeing as play is very important for children's holistic development and wellbeing, adults should protect and promote conditions that support play. Interventions aimed at promoting play should ensure enough unpredictability and flexibility, but also security in the environment so that children can play freely. However, **adults should be careful not to destroy 'children's places' by pursuing their own agendas, by planning without children's input, or by creating play spaces and programmes that control children's play and segregate them.** Lester and Russell (2010) list certain attributes that children prioritise in their 'special space': that 'they are co-constructed by children themselves; they are safe, imbued with a feeling of calmness and a chance to escape; they are secretive and children can hide and not be seen, while at the same time see others; they are unmanaged and often have an untidy

appearance; they are often on the boundary, or ‘in-between’ spaces; they involve the actual or imaginal adaptation of space’ (p.39).

Children value places that are away from the adults’ gaze, places that are private, but where they feel safe to be free and do what they want. While play is vital for children, **lack of play resources such as space, time, materials and people to play with limits children’s play**. In the case of Lebanon, Hoteit (2006) argues that half of preschools in Lebanon do not have outdoor playgrounds where children might play. Moreover, poor urban planning severely limits both host and refugee communities from accessing public spaces where children might play. This is particularly important when children live in overcrowded, small, and sometimes dangerous accommodation. Refugee children often live in poverty, limiting the number of toys and play materials parents can buy for them. Children are also separated from wider family and community members, and are sometimes isolated from their host communities, limiting their access to play partners. 

WORKING WITH CHILDREN AFFECTED BY DISPLACEMENT

Over the past few years, children are increasingly seen as agents and rights holders, as powerful co-creators of knowledge, and as experts in their own lives. Children’s participation provides researchers and practitioners with a unique understanding and knowledge of children’s life experiences. This is even true for the youngest of children, whose voices can be heard when appropriate methods are used.

Children’s involvement in research that makes the most of their abilities and shows them respect can provide them with opportunities that significantly improve their wellbeing.

Children’s participation in research related to violence provides them with several benefits (Laws and Mann 2004). Children’s involvement in research that makes the most of their abilities and shows them respect can provide them with opportunities that significantly improve their wellbeing. Through research, children may acquire knowledge, develop skills, build friendships and wider support networks, and be heard and taken seriously. Children have a right to participate in research, and active participation can help challenge silence and stigma surrounding their experiences with violence, can help them overcome fear and build skills to fight exploitation. Participation in research may help children build self-confidence and critical thinking, teach them how to access information that may be necessary for their survival, and help them heal from their experiences.

The use of participatory methods can be particularly helpful when conducting research with displaced children who have personally lived and experienced atrocities. However, certain guidelines need to be followed to ensure high quality, consistent and meaningful child participation practice. This section draws on several guidelines, toolkits and reports that promote such practice (de Berry et al. 2003; Johnson, Hart, and Colwell 2014; Save the Children 2005; Severijnen and Steinbock 2018; United Nations Children’s Fund 2018).

Before including children in a project, it is important to consider whether their voices will be taken seriously and whether there is a commitment to including them in the research. Ethical protocols and processes should be established. Informed consent should be obtained from both parents/caregivers and children, and relevant and voluntary child participation, as well as transparency, honesty and accountability should be ensured. Field workers should have an understanding of the local context and of children’s roles, and local researchers should be involved in the project. Moreover, field workers should receive training and support to ensure effective child participation. The research should be relevant to children’s lives, and the context and spaces in which the research is taking place (at home, in school, at work, when performing household tasks) should be taken into consideration when determining what methods are appropriate to use.

Researchers should create child-friendly, safe, welcoming, encouraging and enabling environments where children feel comfortable to speak and share their opinions. Researchers should take their time developing trusting relationships with the children, especially those who have gone through distressing experiences. They should ensure non-discrimination and equality of opportunity for all children, and be sensitive to gender, ethics, culture and power relationships throughout the study. Children should feel respected and listened to, and their safety should be of utmost importance. It is worth noting that children may use fantasy or symbolism to represent their experiences or situation. Simple terms should be used when communicating with children and researchers should use age-, developmentally-, and culturally- appropriate methods such as playing, singing and drawing to put them at ease. It is useful for researchers to start with easy activities and questions that help children relax before moving on to more sensitive topics. Researchers who are kind and listen to the children, and who make it clear that there is no right or wrong answer but that all opinions are respected, can make it easier for children to express themselves.

Researchers should not probe about distressing or upsetting emotions or details. They should support children’s emotions without judging them and provide them with opportunities to reduce tensions and stress. It is important that child protection policies are in place from the start of the project and that measures are decided upon to minimise risk of child abuse or exploitation. Field workers should be committed to providing feedback and follow-up to child participants and to evaluate the impact and quality of their participation in the research.

When planning the study, researchers should consider the methods required to answer research questions as well as the context in which these methods are being applied and what skills children will need to use

them. Once suitable methods are selected, appropriate forms of communication should be identified. These forms of communication can include different media such as clay, paper and pencils, dolls, video and photography and other objects from the environment. Several studies (e.g. de Berry et al. 2003; Severijnen and Steinbock 2018) have been conducted with refugee children, including their voices through participatory methods. The studies have been conducted in different contexts and with children of different ages, and methods have been adapted accordingly. 

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