Community-Based Child Protection with Palestinian Refugees in South Lebanon: Engendering hope and safety

Abstract

Engendering hope with refugee children is an important role of those working in child protection. This paper reports on one part of an evaluation of a community-based child protection project working with Palestinian refugees in southern Lebanon. Validated tools were used to measure levels of hope in 222 children and young people before and after social work intervention. Results were compared to a smaller group of similar children who received no intervention. Children who received social work intervention were shown to have significant improvement in hope. Results highlight the need for early intervention and in some cases intensive contact.

Key words: Refugees; Hope; Palestinian Refugees; Child Protection; Measurement; Humanitarian Aid Social Work; Humanitarian Aid Case Management

Introduction

The aim of this paper is to show the impact of an intensive social work intervention on a problem saturated multi-generational refugee community which relies on community/voluntary engagement and family cooperation rather than strong State-centred child protection frameworks or consistent statutory/state-regulated responses. Quantitative measures of hope were chosen to contribute to the evaluation process because of the role hope plays in strengthening resilience and protecting refugee communities to increase social well-being. Engendering hope was also an important component of the approach used by international non-governmental organisation (INGO), Foundation Terre des hommes

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Lausanne (Tdh), social workers working within a child-focused, participatory and strengths-based child protection framework. .

The importance, and challenge, of engendering hope with refugees through helping relationships to increase social well-being has been given some attention in the literature already. This has mainly focused on the role of hope as key to overcoming adversity in relation to pre-migration experiences, post-traumatic stress disorder (PTSD), adaptation and post-migratory stressors (Miles 2000; Hosin 2001; Goodman 2004; Hardgrove 2009; Luster et al 2009; Yohani 2010). Hope building in particular is reported as a key component of healing for those who have experienced trauma, loss and despair (Brohl 1996; Wessells 1999; Goodman 2004; Yohani 2010), and is therefore an important part of a protective environment for children. The importance of providing ongoing support to refugee children and families to increase social well-being is increasingly being recognised, especially within refugee camps and in the early years of adaption (Kia-Keating and Ellis 2007; Ellis et al 2008; Montgomery 2008; Yohani 2010). Yet the Palestinian refugee context, with camps established in Lebanon and neighbouring countries since 1948, draws attention to the long term needs of refugees when trauma is transferred to, and re-lived by, new generations who are born as refugees (Khamis 2005).

The politically charged and protracted situation for Palestinian refugees which continues to exert new trauma and despair each day presents certain challenges for the hope building, especially with vulnerable families living so close to their homeland and site of continued conflict. Day to day life in the Palestinian refugee camps and 'illegal gatherings[1]' in South

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[1] Illegal gatherings are locations frequently adjacent or in the near vicinity of Palestinian refugee camps which have been established to accommodate the overflow of population due to the boundaries of the camp having not been changed since their creation in 1948 or 1967. Illegal gatherings are under constant threat to be dismantled.

Lebanon is shaped by unequal rights, marginalisation and chronic socioeconomic disadvantage alongside significant political and military instability (Makhoul et al 2003; Halabi 2004). The political consciousness of Palestinians is inseparable from 'a collective hope' regarding the 'right to return' to the Palestinian home land and consequently a Palestinian nation. For generations Palestinian children have been born as refugees in a context of statelessness, despair and on-going insecurity about where they belong and whether they are safe. Because of this, the collective hope of the 'right to return' can take precedence over immediate and personal hopes or ambitions (related to relationships, education, family or employment, for example) which are placed on hold until the larger hope is realised. This has significant consequences for hope building and social well-being both on personal and social levels.. The right to return's presence in the lexicon and daily consciousness of Palestinian refugees sits at the heart of what the future 'will' look like and consequently permeates how children are socialised and people manage their lives, relationships, possessions and politics. Vicarious hope can be seen to function where parents hope for things for their children which they don't believe they will experience themselves such as the right to return, full inclusion as citizens, better access to health, education and employment, for example. The symbiotic relationship of despair and hope cannot be separated from initiatives and humanitarian aid projects that aim to increase social well-being and child protection.

Within academic literature hope has been described as an *'overall perception that one's goals can be met'* (see Snyder et al 1991, for review) or *'to believe that something positive, which does not presently apply to one's life, could still materialise'* (Miles 2000 p138). Although under-researched, hope is considered an important concept when working with refugee children particularly in response to despair, linked with concepts of resilience and coping (Sndyer et al 1997; Lazarus 1999; Miles 2000; Hosin 2001; Goodman 2004; Luster et al

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2009). Even in contexts of poverty, insecurity and inequality, such as the Palestinian refugee camps, there are still important protective factors present for children such as high self-esteem, doing well at school, family relationships, religion and faith which brings emotional and social benefits, peer networks and community belonging. These can all be drawn upon to encourage 'hopeful thinking'. 'Hopeful thinking' which is related to notions of perceived competence and control, is associated with increased health and well-being outcomes, especially when children face health or social problems (Snyder et al 1997). Research on hope with vulnerable young people reveals the importance of a sense of connection (O'Leary & Robb, 2009), self-agency and futuristic aspiration (Robb et al 2010). Hope can lead to actions which seek to improve unsatisfactory situations to increase social well-being drawing on a strengths-based framework, whereas hopelessness is associated with giving up, inactivity or despair (Goodman 2004; Miles 2000).

There has been limited research on the levels and nature of hope in refugee children (Miles 2000), especially those receiving support from a community-based intervention. However there is evidence to suggest that intervention from adults can be important for engendering and encouraging hope in children (Bronfenbrenner and Morris 1998; Luster et al 2009; Yohani 2010). While previous studies exploring the role and nature of hope in refugee children have predominantly used qualitative methodologies (Miles 2000; Hosin 2001; Goodman 2004; Luster et al 2009), quantitative measures have also been developed to identify 'hopeful' attitudes and behaviours in children across a wide variety of contexts (Sndyer et al 1997). These measures were used as part of a wider evaluation of Tdh's community-based child protection project to identify whether or not engagement with social workers in child-focused and participatory protective activities led to increased ratings of

personal hopefulness, resilience and coping. The results from these measures, complemented by a single case study from the project, will now be presented.

Methods

Aims and objectives

The overall aim of the research was to monitor and evaluate the impact of a community-based child protection project run in the Palestinian refugee camps and gatherings in South Lebanon by Terre des hommes (Tdh), a child-focused INGO. Part of this process was to gather data which would give an indication of any significant changes in hopefulness that could be associated with a direct intervention by Tdh.

R*esearch questions*

The results presented in this paper seek to address two research questions

1) What are the levels of hope in this population of extremely vulnerable children? And;

2) Did Tdh's community-based social work intervention increase levels of hope for extremely vulnerable children in the Palestinian refugee camps and gatherings?

Research context

Conditions in the Palestinian refugee camps and gatherings are marked by overcrowding, poor sanitation, poor socio-economic conditions, limited access to health, education and social services and a lack of employment opportunities (Abbas et al 1997; Suleiman 1997; Laithy at al 2008; UNRWA 2014).The three camps involved in this research are some of the oldest in Lebanon and are home to over 65,000 people, almost half of which are under 26 years old (UNRWA 2014). See table 1 for further details about the three camps.

The context in which children grow up in these camps and gatherings is characterised by unequal rights, chronic socioeconomic disadvantage, continued volatility within internal politics, trauma and emergencies, Lebanese political instability and a residual threat of war with Israel. This creates precarious conditions for a stable protective environment for children.

Unsurprisingly many child protection risks arise in this environment which increase levels of hopelessness and despair including; school dropout; child labour linked to financial exploitation and abuse; poor physical health; poor mental health; sexual and psychological abuse; exposure to conflict and violence; problematic use of alcohol and drugs; and lack of social space and recreational activities for both children and youths (especially girls) (Bahani et al 2009; Khamis, 2005; Peltonen and Punamaki 2010; Makhoul et al 2003; Reed 2012; Khader et al 2009). While there are some formal legislative and professional frameworks of child protection in Lebanon and related services, these are rarely operationalized within the refugee camps as governance and provision of services are maintained by several Palestinian groups and the United Nations Relief Works Agency (UNRWA). Few child protection frameworks and direct intervention services exist which go beyond consciousness-raising apart from limited health and education services or the provision of basic cash subsidies (Suleiman 1997; UNRWA 2012c).

Bahani et al (2009) found limited awareness of child protection generally in the camps, no professional frameworks and little or no knowledge of the Lebanese Legislation (Law 422) or related services to protect children from abuse and violence. Generally there was little faith in

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the capacity of Lebanese Authorities or local Palestinian power structures, such as Popular Committees, Community Committees and school directors to intervene in child protection matters with very few examples of positive intervention. None of the internal Palestinian structures of governance in the three camps had an official focal point or practice orientation for responding to child protection risks reported or identified by them. Children and youth had no forum to raise their concerns and it was found there was little or no coordination or networking amongst child protection actors in camps and gatherings. Local organisations working with children, such as Vocational Training Centres and Scouts had little or no training in even basic child protection.

Child Protection Intervention

In recent times, few INGOs have been involved in child protection projects that provide a direct service to Palestinian Refugees in South Lebanon (Suleiman 1997). In fact child protection is a relatively new concept for United Nations (UN) missions in conflict situations and does not feature significantly in UNRWA activities or professional frameworks (UN 2011). The transient nature of INGO intervention over the last 50 years and poor negotiation of complex and controversial political issues has also led to high levels of mistrust between the Palestinian community and INGOs (McKenzie 2009; O'Leary and Squire 2012). In recognition of this, following a participatory project development research process, a two-year community-based child protection project was established in 2009 by Tdh in the three refugee camps and three illegal gatherings in southern Lebanon to provide direct intervention for protecting children while at the same time building a child protection system Tdh's child protection philosophy locates the child in the centre of any initiatives, to act as a starting point when working towards ensuring their rights with the duty bearers who surround them (Tdh, 2011). In light of this, due to the lack of formal child protection structures operating in

the camps, a child-focused, participatory and strengths-based approach to child protection was adopted with community and family cooperation at its heart, to promote sustainability. Child and families were encouraged to jointly identify protective mechanisms within their sphere of resources and influence while drawing on the wider community services and support where available. Engendering hopefulness and an overall perception that changes can be made and goals are possible to achieve was a key aspect of the intervention to increase overall social well-being and child protection.

Overall objectives of the project were to a) provide direct home and community-focused child protection services, b) strengthen existing child protection networks, c) empower children and youth, increasing hope by facilitating their participation in community action and d) to assist communities to transform child protection related conflict in non-violent ways. These objectives were translated into four axes of intervention and resulted in activities such as; training and coaching, social work/case management, family visits, stakeholder visits meetings and networking, events, and youth micro projects.

The delivery of direct child protection services involved setting up a social work service to support extremely vulnerable Palestinian children and their families through referrals made by UNRWA, Palestinian authorities and other community members, as well as outreach activities by Tdh social workers. Six social workers, supported by a manager, were employed to work in the three camps and three gatherings using a case management and child-focussed approach underpinned by explicit community engagement. Neutrality in terms of political and religious bias was maximised by working transparently with all political, para-military and community groups active in the camps and gatherings. All social workers underwent an

extensive induction process and were supported through ongoing supervision and training, with the infusion of organisational culture, norms and values prioritised.

Research methods and tools

While the wider evaluation drew on a number of different quantitative and qualitative data sources this paper reports on results from a validated 'hope' instrument for 8-16 year olds (Snyder et al 1997) used to assess children's self-efficiency, self-agency and ability to see a pathway to solve problems and achieve goals. This measure was selected because it's relatively short and simple to administer while also having been validated for Arabic speaking communities and widely used around the world in different contexts to measure hope in children (Abdel-Khaleka and Snyder 2007). Translation to Arabic involved back-translation techniques and an engagement with compatible meanings across languages and cultures (Abdel-Khaleka and Snyder 2007). The tool was trialled in the refugee camps prior to use and all of the social workers received training on how to administer the tool and ensure high data quality. While hope is a loaded concept in the Palestinian context, as previously discussed, the measures used directed children and young people to consider the personal nature of hope as it pertains to increasing their own social well-being.

Two types of the hope instrument were administered: one for children aged five to 14 (6 items with a 6 option scale, minimum score = 6, maximum = 36) and one for youths aged over 15 years (6 items with an 8 option scale, minimum score =8, maximum = 48). Total scores were created by adding together scores from each statement. This tool was administered by a social worker at the beginning and end of their intervention resulting in a pre and post intervention measurement of hope.

While the original 'hope' tool was validated to measure two sub-scales within the one tool (agency sub-scale and pathways sub-scale), a Principle Component Analysis (PCA) of this data indicated that the scale is reliable at measuring only one overall component. This is supported by a very high Cronbachs Alpha score of .93 which indicates high internal reliability for the tool as a whole. Higher total scores therefore represent higher levels of hope, reflecting a perceived capacity to initiate and sustain action toward a desired goal which improves social well-being and produce routes to these goals, embodying both agentic and pathways thinking (Snyder et al 1997).

[Insert Figure 1 about here]

Comparison group

The hope tool was also administered to a group of Palestinian children living in a nearby gathering where Tdh did not work. This gathering was chosen because it has similar characteristics and child protection concerns to other Palestinian camps and gatherings in the region, however no specific child protection needs or risks were identified in relation to each child (Bahani et al 2009). Permission was sought from community leaders to access the children living in the gathering and administer the tools. Both instruments were administered twice within a seven month interval.

Case studies

In addition to the hope scale, in-depth case studies were completed with eight children and their families to identify the ways in which the intervention contributed to the hope building process, over all social well-being and protection. The case studies were completed over two years, informed by at least four points of observation and semi-structured interviews

completed by the lead researcher, case work notes and discussion with the managing social worker. One of these case studies will be presented in this paper to add depth to the quantitative data on the role and impact of hope building by the intervention.

Ethical and security issues

There are a number of complexities associated with research within a refugee setting including issues of security and community consent. Firstly, the research was conducted within an ethical framework that was informed by both Tdh and the *authors own institution,* which included working within Tdh's child protection policy. Consent was formally sought from all participating parties (including governing organisations and representatives) by the social workers and information concerning the purpose of the research explained. The tools used were administered at the beginning and end of intervention on selected cases where the child consented and had the language skills (i.e. over 5 years) to answer the questions. At each subsequent interview in which the tool was administered parties were asked if their consent was still valid.

Due to regular security concerns in the region, all social workers and researchers were included in Tdh's security policy and regularly briefed on security risks. Social workers worked in pairs where they could be kept in regular communication with the main office. Household-based risks were managed by the social worker through regular risk assessments and extensive lone working policies.

Data analysis

Quantitative data were examined through SPSS 19 using a range of univariate, bivariate and multivariate techniques, including descriptive statistics, frequencies, paired sample t-tests,

correlations and multiple regression analysis. Existing data from Tdh concerning the number of overall contacts with the children and main needs identified were analysed descriptively while data arising from the hope instruments were analysed in more depth to identify characteristics that may help to explain trends and differences in outcomes.

Key explanatory variables of better understand hope as an outcome included gender, age, school level, length of Tdh involvement (number of days between case open and close dates) number of contacts with social workers, pre-intervention health score and post-intervention health score.

The qualitative case studies have been analysed through thematic analysis focusing on hope, well-being, outcomes and key intervention components.

Results:

Overview of all cases

A total of 888 'cases', which refers to the aggregated number of individual children's (0-18 years) case files were opened across the two years of the project, resulting in an excess of 5900 family visits and contact with 3882 individuals when taking into account the wider family involved with each child. The hope tool was used with a sub-sample of 222 children referred for direct social work intervention during two, three month periods across the two years.

Child protection risks identified during assessment

It is important to highlight that the measurement of hope was used with children who had been referred to Tdh because of a child protection concern, rather than with the general population of children in the Palestinian refugee camp. In total, 316 child protection risks were recorded across 222 cases as identified by the social workers working in the camps and gatherings. These included school dropout, child labour, problematic substance use, health problems, poverty, family conflict, neglect and physical, sexual or emotional abuse; which reflected the risks found in the scoping assessment completed by Tdh. While school dropout was the most common reason for referral, initial and further assessments often found a whole range of more complex child protection concerns including child physical and sexual abuse. It was in regard to these assessed needs the intervention was focused and for which the role of hope in building resilience and increasing social well-being was central.

Hope

The mean level of hope across all camps and gatherings at the first assessment for children was 17.28 (sd=5.49; n=122) and for youth was 28.41 (sd=8.62; n=100) and at case closure the mean level had increased to 23.91 (sd=4.57; n=122) for children and 35.26 (sd=6.47; n=100) for youth (see figure 2), indicating an improvement during the period of intervention. A Paired Sample T-Test was conducted separately for children and youths to compare mean total scores at assessment and case closure, to see if the change evident in figure 2 was statistically significant. This showed a high level of statistical significance for both children (*t*=-13.65,p<.001) and youths (*t*=-10.34; p<.001). Even though children recorded a higher increase in levels of positive change than youth, they started at a lower level.

Bivariate analysis was completed on the hope change scores to identify the factors which significantly impact on this change using key variables such as gender, age, number of contacts, length of intervention, change in health score, pre-intervention hope score and post-intervention hope score. A weak but significant correlation was found for both children and youths between change in hope score and number of contacts with a social worker ($r=-.33,p<.001; r=-.33,p<.001$). The more contacts had with a social worker the more positive change in total hope score. A stronger and significant correlation was also found for both children and youths between pre-intervention hope score and change in hope score ($r=-.65,p<.001; r=-.67,p<.001$). Those who started with the lowest scores showed the most positive increase in total hope scores. Age was also found to have a weak but significant correlation with change in total hope score for children, but not youths ($r=.21,p<.001$). Younger children recorded more positive change than older children. Post-intervention hope score was also found to have a moderate and significant correlation with change in hope score ($r=-.41,p<.001$). Children with the highest post-intervention hope scores showed the most change.

When these explanatory variables were put into a multiple regression model (using enter method and list wise exclusion of missing cases), three predictors of change in hope score were identified for children; camp (ref category) or gathering ($\beta=-3.421$; $p<.01$; $n=120$), number of contacts ($\beta=-2.47$; $p<.05$; $n=120$) and pre-health score ($\beta=-.573$; $p=.053$; $n=120$). However this model only had an R of .445 and an R_2 of .198, indicating that these variables only account for 20% of the variance of change in hope score for children. When pre-intervention hope score ($\beta=.638$; $p<.0001$; $n=122$) was put into the model, all other variables

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became insignificant, and with pre-intervention hope scores remaining in the model alone the R increased to .647 and the R_2 to .419. However this suggests that other factors not captured by the variables above also contribute to the change in hope scores for children.

Two predictors of change in hope scores were identified for youth; number of contacts (β=-.295; p<.01; n=100) and pre-intervention health score (β=-.573; p=.001; n=100). However this model only had an R of .401 and an R_2 of .161, indicating that these variables only account for 16% of the variance of change in hope scores for youth. When pre-intervention hope scores (β=.485; p<.0001; n=122) was put into the model, pre-intervention health scores became insignificant and with pre-intervention hope scores remaining in the model with number of contacts (β=-.195; p<.01; n=100) the R increased to .706 and the R_2 to .498. This suggests that other factors, not captured by the above variables, also contributed to the change in hope score for youth.

Comparison group

In regard to levels of hope, given the small number of youths in the comparison group only 16 responses on the child instrument were analysed. While hope scores for the intervention group increased over time, hope scores for the comparison group significantly decreased over the same time period (*t*= 2.19,p<.05). This is illustrated in Figure 3, showing that the comparison group had slightly higher hope scores to begin with than the Tdh serviced group, but this was reversed when measured again at a later period.

[insert figure 3 about here]

Case study

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In October 2009 Nadia (13 year old female) was referred to the service because she had stopped attending school. During the first home visit Nadia was highly resistant to returning to school. Observation revealed she was very stressed, with chunks of hair falling out over recent weeks. It emerged that two of her younger siblings were also close to dropping out. Their father died two years earlier and their mother was struggling to gain enough income to support her four children (the eldest child being 20 years old and severely disabled).

Observations over time showed that the children rarely spoke and were quite isolated. Needs of the family were discussed with the mother. Problems included extreme poverty, poor living conditions and the fact the disabled sibling required 24-hour care. It was revealed that Nadia is often the main carer.

Tdh offered some help to improve the living conditions of the home by providing furniture and ensuring safe electric wiring. The children were reluctant to leave the house but the social worker persisted, calling often on the family for short visits, and gradually a trusting relationship was established. The two youngest of the children return to school and Tdh supported this with some resources for their studies.

Nadia, however, remained resistant to school or to engage in any activities outside the home. Nadia revealed she felt responsible for the daily care and support of her disabled older sibling. Tdh examined ways to encourage Nadia to engage in other activities, such as vocational training. This required working with the whole family, particularly supporting the mother to encourage Nadia to visit some vocational centres, and ensuring responsibility for the disabled sibling is shared. Relatives and neighbours agreed to provide some care when the rest of the family are out, for example.

In July 2010 Nadia undertook a hairdressing course, and was happy to engage the researcher in conversation about her wishes for her future as a hairdresser. This marked a significant change from previous visits when she was withdrawn and would not make eye contact.

While Nadia was still attending training in hairdressing in Jan 2011, Nadia (now 14 years old) expressed worries about her future once the course was finished. A local hairdresser offered her work but for very low wages. The social worker facilitated a meeting with the vocational training centre and the employer. An agreement was reached that Nadia would attend another year of training and would work two days a week for the employer for an agreed fee.

The case study shows how the Tdh social worker engaged in hope building activities with Nadia through a combination of psycho-social support, responsive care planning, increasing family communication, provision of resources and advocacy. The helping relationship with the social worker facilitated a greater engagement by Nadia in meeting her goals and increasing her own social well-being. Over time Nadia was able to share her hopes and fears with the social worker, and actively participate in the solving of identified problems with the social worker and support from her family.

Discussion:

The hope tool used measures a child's capacity to initiate and sustain action toward a desired goal which would increase social well-being, and to produce routes towards these goals. This

is critical in the Palestinian refugee context which is characterised by immediate socio and economic barriers and a long term context of national statelessness and powerlessness. Hope or despair regarding school achievements, future employment or family life are all set within a larger context of insecurity – in relation to their length of stay in a camp or gathering, the types and amounts of services which may or may not be provided for them and the ongoing internal and external conflicts which impact on family and community life. It was recognised by Tdh that changing levels of hope and the perceived ability to make changes in life needed to take into account a complex community identity. As shown though the case study, this was done by working hard to involve a wide range of community members in protecting children and increasing their personal well-being within and alongside the case management approach.

While the data indicates some improvement in hope following engagement with Tdh social workers, there are some limitations to the findings of this research. The hope scale is based on the premise that children are 'goal directed' and that their goal-related thoughts can be understood according to two interrelated components: agency and pathways. The tool has been developed in a 'western' context based on western understanding of 'goal directedness', which may not manifest in the same ways in the Palestinian context, although the tool has been validated for use with Arabic speaking populations. The tool was therefore complemented by the collection of qualitative data through individual case studies to help interpret the results, as highlighted by the case study presented above. There was also a risk that participants may react favourably to questions at the post intervention collection of data to please the social workers, for example. However this was mitigated by different workers collecting post intervention data rather then participants' regular social worker along with the sometimes significant gap between pre and post measures (which would make it difficult for

participants to remember their initial responses). In addition families were randomly visited by the lead researcher while the tool was administered to ensure appropriate use.

In addition, the effective sample size for this study was quite small due to the difficulties of drawing together a large comparison group from communities where Tdh did not work. Whilst there were statistically significant differences between the group not receiving assistance and the children in receipt of Tdh services, the comparison group was quite small. Therefore it is difficult to use this as evidence for the changes being wholly attributable to Tdh intervention, and the data does suggest there were other factors which contributed to the increase in hope not captured by this data. This research captures a snap shot in time and measures associations rather than causal relationships. However, the widespread change for those receiving Tdh intervention does indicate that change is partly related to the project's support.

Intervention from a supporting and helpful adult is certainly associated with increased levels of hope and well-being in the literature. Caregivers and caring professionals can play an important role in building or maintaining hope when children are recovering from trauma or adjusting to a changed life (Frank & Frank, 1991; Herth, 1990; Jevne, 1993; Luster et al, 2009; Yohoni, 2010). Positive development is said to take place when a child engages in increasingly more complex activities on a regular basis with one or more persons with whom the child develops a strong mutual emotional attachment (Bronfenbrenner & Morris, 1998). Farran et al (1995) conceptualize hope as multidimensional, and view this connection as the relational aspect of hope. In their seminal work on children and hope, Snyder et al. (1997) also outline how adults can raise hope in children by teaching goal formation, modelling problem-solving, and inspiring agentic thought which contributes to overall levels of well-

being. These studies and literature provide a foundation for the importance of adult relationships during challenging experiences, such as those which Palestinian refugee children in Lebanon continue to experience, although research indicates that such relationships need to be hope focused.

The results highlight some key implications for those adults seeking to improve levels of hope for children living in refugee camps. It appears that foundation characteristics prior to intervention have significant implications for determining levels of change in hope rather than specific characteristics of the intervention. The greatest levels of change in hope were with those who had the lowest levels to start with. This can also be seen in the case study. These results are particularly encouraging because it appears that it is possible to raise hope in situations which seem most hopeless, thereby enhancing confidence children's ability to make changes which will increase well-being. Increased hope which supports resilience and strategies of coping also helps boost the protective environment for children at a personal level. The multi objectives of the project therefore meant increased levels of protection for the most vulnerable at a micro level, while also supporting increased protection at a macro level through engagement with other child protection actors. This ecological approach is particularly important in response to serious child abuse, such as sexual abuse, which can shatter personal resilience while being incredibly sensitive to raise within the community (Drumm et al 2004).

The results show the second objective of the project, to strengthen existing child protection networks at a structural level across the community and general awareness of child protection, is essential alongside direct social work intervention with individual children. While universal services such as health and education are important in identifying children

who need early intervention and support these services are limited in the three camps. Therefore, child protection networks need to include wider members of the community such as religious and political leaders, those who lead community groups or associations. Increasing trust both at a micro and macro level with a range of actors and groups is therefore felt as vital for supporting this process (O'Leary 2011). A defining feature of the intervention in refugee camps characterised by complex military and political contexts was the need to engage with all stakeholders in a transparent manner that built relationships of trust towards a practical commitment to work in partnership on child protection concerns. In addition the project sought to engage with religious and cultural processes which protect children and are often ignored or misunderstood by 'outsiders', especially those from the West (Hutchinson et al 2014). While this increased the challenge and complexity of some protection work, the outcomes negotiated provided greater stability for children in the long term.

Results also shows more positive change for younger children than older children, and for children a more positive change than youth, although they started at a lower level. Youth changes were far more modest indicating the lack of options available for young people in the refugee camps. Unemployment levels are particularly high, for example, and there are many restrictions placed on Palestinian refugees in regards to the jobs they can do outside the camps resulting in few options of employment outside of the camps (UNRWA 2014). These findings also support strategies for early intervention to increase hope and agentic thinking before children and young people are fully confronted with the structural challenges and inequality they will face as they grow. The case study also shows the key role social workers played in engendering hope by helping the young person to tackle some of the structural disadvantages in place. Further research that specifically focussed on youth would likely give a clearer definitive understanding of Palestinian young people.

Finally, the case study in particular draws attention to some of the key aspects of hope building and its role in increasing social well-being with Palestinian refugee children experiencing high levels of poverty and structural disadvantage. In such contexts despair and hopelessness are often based on knowledge of personal powerlessness and of how difficult it is to achieve personal goals or protect oneself in the face of huge structural barriers. Hope building therefore needs to take into account both the personal and structural contexts, providing avenues for both personal and structural transformation. Helping adults have a key role to play in hope building in these contexts through enabling children to express their hopes and fears, supporting problem solving activities, opening up communication with family members and the wider community, accessing resources and advocating for their interests with others. Hope building can also support the process of increasing social well-being through supporting a more positive outlook on future aspirations and providing the motivation to develop plans to achieve such aspirations.

Conclusion:

Implementing tools to measure subjective concepts such as hope are complex, especially in real life/action research in a developing world context where it is not always possible to achieve rigorous samples, sufficient control groups and exceptional data quality. Despite these challenges this study does highlight the importance of proactive working with children to foster hope that increases a personal engagement with safety and well-being even in the most socially exclusive conditions. The hope tool and case study does highlight the importance of such concepts, and how meaningful they can be in the everyday life of children. The structural inequalities faced by Palestinian families are not conductive for

facilitating hopefulness nor confidence in their ability to exercise individual or collective agency (Makhoul et al 2003; Bahani et al. 2009). This makes increasing personal hope while engaging the community to challenge structural inequalities an even more important part of not only protecting children but supporting them to be active participants in maximising their own well-being and a sense of safety.

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Figure 1: Instrument Questions

Hope Questions for Children (Snyder et al 1997)					
Options					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1. I think I am doing pretty well.					
2. I can think of many ways to get the things in life that are most important to me.					
3. I am doing just as well as other kids my age.					
4. When I have a problem, I can come up with lots of ways to solve it.					
5. I think the things I have done in the past will help me in the future.					
6. Even when others want to quit, I know that I can find ways to solve the problem.					

Hope Questions for Youth and Adults (Snyder et al 1997)							
Options							
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
1. If I should find myself in a jam, I could think of many ways to get out of it.							
2. At the present time, I am energetically pursuing my goals.							
3. There are lots of ways around any problem that I am facing now.							
4. Right now, I see myself as being pretty successful.							
5. I can think of many ways to reach my current goals.							
6. At this time, I am meeting the goals I have set for myself.							

Figure 2: Mean level of hope pre and post Tdh intervention

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Figure 3: Changes in mean HOPE scores over time
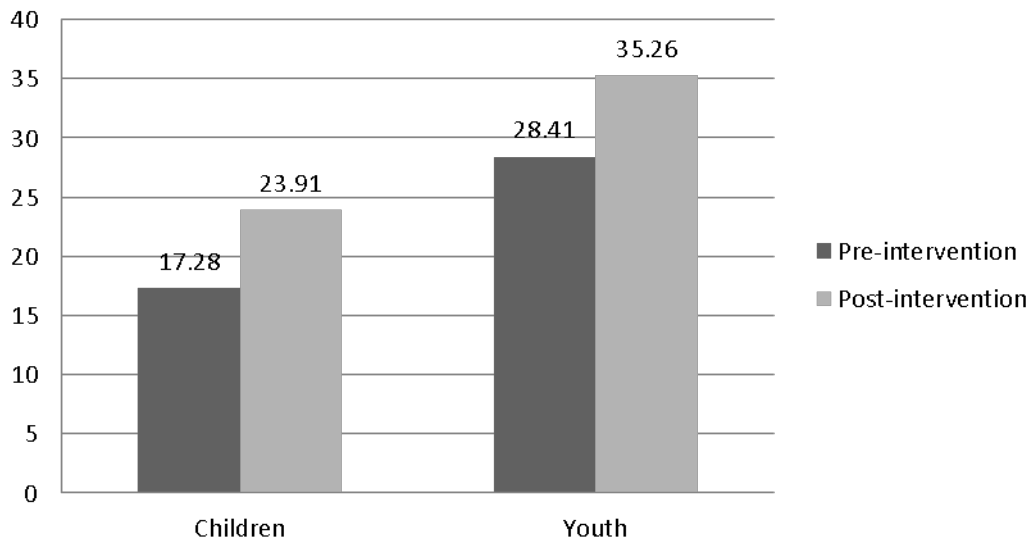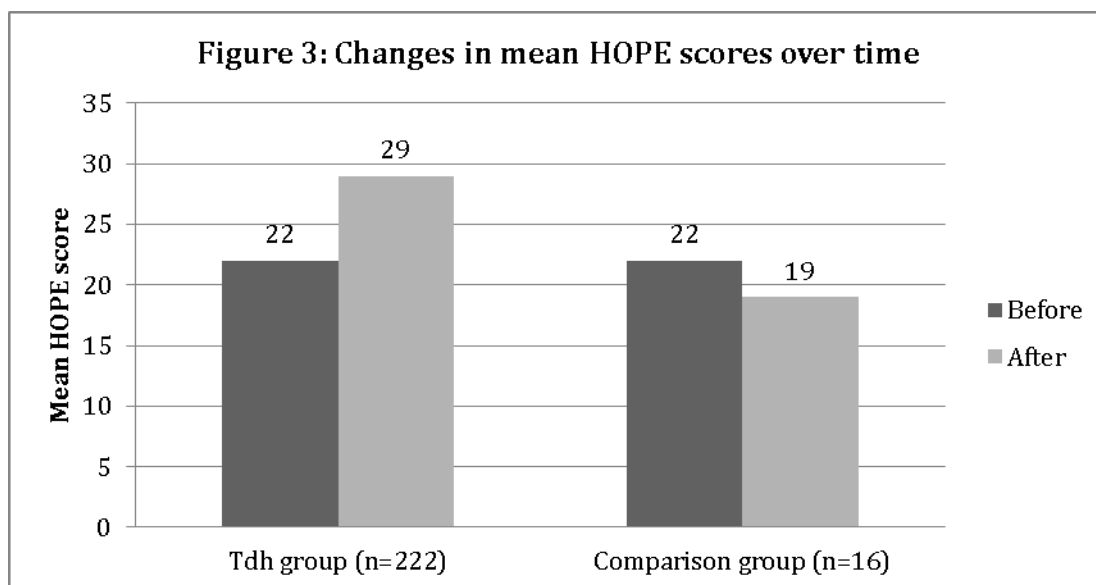
Table 1: Details of Camps

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	Camp 1	**Camp 2**	**Camp 3**
Registered refugees	22789	11254	31478
Number of schools	4	4	4 (including 1 secondary school)
Number of health clinics	1	1	1
Proportion of population 0-12 years	22%	20%	22%
Proportion of population 13-15 years	26%	27%	27%