

The Importance of Child-Friendly Spaces for Children's Well-being

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Abstract

Children are adversely affected by war and conflict, often getting displaced and forced to become refugees in very volatile conflict situations. They are compelled to evacuate their residences and relocate to areas that may lead to an unconventional setting for children, such as refugee camps. Child Friendly Spaces (CFSs) are facilities created by organizations and governments to prioritize the well-being of children during catastrophes. The objective of this study is to comprehend the importance of child-friendly settings, specifically focusing on the contribution of Social Workers (SWs) employed at CFSs in enhancing the welfare of children. The methodology approach used is qualitative descriptive research, which involves conducting many semi-structured interviews using three different formats: one-on-one, focus group, and mini group interviews. Interviews were done with: (Community Mobilizer; Facilitator and Social Workers) who have had or now have employment in the CFSs for a duration of one to several

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years, including different phases and diverse settings such as camps, schools, youth centers, and Juvenile Children Reformatory(JCR). The study's results indicate that Child Friendly Spaces play a crucial role in promoting the well-being and providing psychological support for children. SWs play a vital role in CFSs, since they bear significant role to identify children who have unresolved issues such as difficulty in interaction, lack of attention or curiosity, and lack of enjoyment in activities. The study findings have substantial implications for parents, policy makers, and educators about the role of CFSs and SW in emergency circumstances. However, it is essential to consider the viewpoint of children as well; Hence, more inquiry is required from this standpoint.

Key words: Child friendly space; children's well-being; psychosocial support; Social worker.

List of abbreviations:

- CFSs: Child Friendly Spaces.
- JCR: Juvenile Children Reformatory
- PSS: Psychosocial Support.
- PSWB: psychosocial well-being
- SWs: Social workers
- ISIS: The Islamic State of Iraq and Syria
- IDPs: Internally Displaced People.
- DSA: Director of Social Affair.

1. Introduction

Child-Friendly Spaces (CFSs) are receiving growing attention as a main intervention strategy, as shown by their inclusion in several agency and inter-agency writings that provide guidelines for humanitarian response. The objective of the CFSs is to improve the ability of children and young people who have experienced tragedies to recover and thrive. This is accomplished via community-driven, coordinated initiatives that occur in a safe, child-friendly, and engaging environment.

Forced displacement affects millions of people worldwide, children account for almost half of the population. Child refugees originating from conflict zones face several threats to their safety and well-being. They face the potential dangers of physical and sexual abuse, participation in military training and recruiting, separation from their families, early marriage, and engagement in child labor. Extensive research indicates that being forcibly displaced as a result of war significantly raises the likelihood of developing post-traumatic stress disorders, severe mental

illnesses, common mental disorders, and behavioral issues (Reed et al., 2011; Tol, Song, & Jordans, 2013).

Humanitarian agencies are increasingly using CFSs as the main method of intervention to improve the mental health and psychosocial well-being (PSWB) of children in crisis circumstances. These institutions are seen as providing a safe environment for children to restore a sense of normalcy (Ager et al., 2013; UNICEF, 2009; Wessells & Kostelny, 2013).

Ever since ISIS appeared and seized control of some areas in Iraq in 2014, several people and families have been forced to leave their homes and become displaced. Consequently, a large number of youngsters are now encountering substantial social and psychological difficulties due to being compelled to depart from their residences. These hurdles include educational isolation, social interaction difficulties, and psychosocial disorders.

CFSs have been used in humanitarian endeavors in the Middle East (namely Lebanon, Jordan, Turkey, and Iraq), sub-Saharan Africa, Southeast Asia, South Asia, and Latin America. CFSs are specifically designed to operate during the first six-month period of an emergency (Abdulah and Sedo, 2022: 14). Programmes are often carried out in a tent or other temporary structure and serve as a component of a short- to medium-term response (UNICEF, 2009). Community-based family services facilitate the collaboration of communities in enhancing child safety and supporting their skills, especially in the aftermath of disasters (Ager et al., 2013).

Currently, there is a lack of emphasis on assessing the impact of structured programming approaches used by humanitarian groups, more precisely by SWs, for children in crisis settings (Blanchet et al., 2017). Collecting and reinforcing data on the advantageous effects of CFSs and the role of SW on children and adolescents, particularly in terms of safeguarding, advancement, and mobilization, is of utmost importance. The present paper examines the function of Child and Family Services CFSs, with a specific focus on the impact of SW on the welfare of children in refugee camps located in the Kurdistan region. Using a qualitative study technique, SWs, community mobilizer and facilitator employed in CFSs were interviewed and asked important issues, including the definition of CFS.

Two questions are addressed in this study.

- 1-What does a child-friendly spaces do for the well-being of a children?
- 2-What is the role of SWs at the CFSs?

2. Literature review and theoretical perspective

A Child Friendly Space (CFS), as defined by international standards, is a community-organized initiative that promotes the resilience and well-being of children and young people who have been affected by disasters. It achieves this through structured activities in a safe, child-friendly, and stimulating environment (Child Protection Working Group (CPWG), 2012). CFSs are a well-established approach to meeting the safety and psychological needs of children during both natural and man-made emergencies. They serve as temporary and secure environments where children can regain a sense of normalcy and promote their personal well-being in difficult situations.

Child-friendly settings are first established as a strategic response to the need for comprehensive support for children during crises, especially in countries that do not have a favorable environment for children. These locations provide convenient and community-focused methods that cater to a diverse range of age groups. Originally designed for children between the ages of 7 and 13, the inherent adaptability of a CFS model can accommodate children of various age groups (UNICEF, 2009). According to Abdulah and Sedo (2022: 15), CFSs are considered the most effective operational strategy for providing critical assistance to children during crisis situations and in the aftermath. For example, a comprehensive research was conducted in numerous countries to investigate the impact of a CFS on several variables such as protection concerns, psychological wellness, developmental assets, and community resources. The study included 1,010 children and 1,312 caregivers from catchment regions in Ethiopia, Uganda, Iraq, Jordan, and Nepal. A significant enhancement in the areas of protection concerns, psychological well-being, and developmental assets was seen in children between the ages of 6 and 11 (Hermosilla and et al, 2019: 2).

Professionals are attracted to CFSs because they provide a flexible programme with adaptable activities that may be quickly implemented in challenging conditions (Kostelny and Wessells, 2013; Madfis, Martyris and Triplehorn, 2010; Metzler et al., 2013; Save the Children, 2009; UNICEF, 2009). The aims of CFS programming often include some primary goals, as stated by Metzler et al. (2013). CFSs have the objective of improving the emotional and social well-being of children and, in some cases, supporting the acquisition of skills and knowledge. Furthermore, CFSs serve as a mechanism for protecting children from mistreatment, exploitation, and/or aggression. Additionally, CFSs may prioritize the mobilization of communities to strengthen community systems that provide assistance, safeguarding, and nurturing for children. CFSs typically consist of establishing a safe physical environment equipped with facilities for play or

education, providing training and assistance to facilitators from the local community, and arranging organized activities on a regular basis using the resources at hand (Ager et al., 2013; Wessells & Kostelny, 2013).

There has been a growing body of research that has focused on solutions to address challenges connected to protection and well-being (Mukdarut et al., 2017; Brown et al., 2016). Research has investigated both targeted therapeutic treatments and general treatment and preventative strategies.

Several individuals have significant duties and play a crucial role in CFSs, including one particular category known as SW. Social workers have a great responsibility since they are essential in ensuring the safety and fostering the development of children in these surroundings, and undertake significant duties in child-friendly environments. In times of crisis, they get training to effectively address and manage any emergencies that may arise inside the CFS. They provide urgent assistance and support to children and families affected by disasters, helping them with the immediate effects and facilitating their access to essential services and resources.

In terms of assessment, they identify children who may need targeted support as a result of trauma, displacement, or bereavement. This assessment allows for tailoring therapies to meet particular individual needs. After the assessment process, SWs provide psychological support to children to help them adjust to the challenges they are facing. This support may include offering counselling, group therapy, or play therapy to help children express themselves and cope with their experiences in a safe environment (Denov, and Shevell, 2020: 5).

SW play a vital role in facilitating the reunification of families or finding suitable alternative care choices when children are separated from their families or carers. Lamponen and Aarnio (2024) assert that they assess the suitability of caregivers, provide support throughout the process of reuniting families, and supervise the well-being of children in alternative care settings. Psychosocial support will be provided via the implementation of case management, in which SW will organize and supervise cases involving children at risk in CFS. They develop individualized care strategies, provide access to necessary resources, and monitor progress to ensure that the needs of children are effectively met.

Ensuring the establishment and maintenance of a safe and protected environment inside the CFS is another task of SW. They implement child protection regulations and procedures to discourage abuse, exploitation, and neglect. SW promptly attend to any matters or incidents pertaining to the safeguarding and welfare of children. The necessary training equips SW to provide trauma-informed care to children who have encountered or witnessed traumatic situations. The

organization creates a supportive and empathetic environment that acknowledges the impact of trauma on children's behavior and emotions (Rabiau, 2020: 85).

They use evidence-based treatments to assist in the healing and recovery of children (Corby, 2003). Furthermore, they may organize educational endeavors, such as literacy efforts, homework assistance, or vocational training, to enhance children's academic progress and future prospects. Additionally, they provide recreational and interactive pursuits that promote children's socialization, imagination, and psychological well-being. They coordinate a diverse variety of recreational activities, including games, sports, arts and crafts, and other leisurely interests. These activities provide a safe environment for young people to express themselves, build relationships, and have fun (Zetlin et al., 2005).

SWs collaborate with other professionals and organizations involved in providing services in child-friendly settings, such as psychologists, educators, healthcare professionals, and humanitarian organizations. They collaborate with specialists from other sectors to provide complete and coordinated support for children and their families. SW also have a significant role in advocacy. SWs advocate for the rights and prioritize the welfare of children in CFS. They ensure that the viewpoints and requirements of children are considered and given precedence in decision-making procedures. SWs may also advocate for the accessibility of essential services such as education, healthcare, and protection (Fennig and Denov, 2019: 14).

Furthermore, SWs engage in proactive and meaningful interactions with families and communities to champion the protection and well-being of children. They provide support and motivation to carers on efficient parenting methods, tactics for ensuring the safety of children, and making the most of available resources. This is classified as a kind of capacity-building. SWs bolster the capacity of CFS personnel, carers, and members of the community to effectively address the needs of children (Rabiau, 2020: 90)

Lastly, they entail supervising the effectiveness of interventions in CFS and evaluating their impact on the welfare of children (Briar-Lawson, 1998). In addition, SWs collect data, assess outcomes, and provide recommendations for improving programmes based on their findings. In addition, they engage with the broader community to enhance comprehension of the need for protecting children, offering psychological assistance, and ensuring the rights of children are upheld in times of emergency. They advocate for policies and activities that promote the well-being and rights of children, both within the CFS and in society at large (Harding, and Libal, 2012: 96).

3. Methodology

The research team conducted interviews with SWs Community mobilizers and facilitators who have experience working in child-friendly spaces for a duration ranging from one to several years, across varying phases, and in diverse settings. Amidst the early phases of displacement and subsequent refugee status, they have been assigned to the Juvenile Children Reformatory (Hasan Sham 2); Darashakran; Qushtapa; Kawrgosk; Schools (Mamzawa); and Youth Centres (Kasnazan, Bnaslawa, Daratu), where they have fulfilled a multitude of roles and responsibilities within the CFS. Several semi-structured interviews were conducted between February 23 and March 12, 2024: telephone (1), in-person (2), focus group (2), and mini-group (1). The interviews were conducted for a duration ranging from 1:15 to 2:00 hours. Thematic analysis is used to analyze the gathered data, and each participant is assigned a code to safeguard their anonymity, which is securely stored by the researchers.

4. Findings

4.1. Children's enrollment in CFSs

There are multiple ways to register children on the CFSs, according to P2:

Participating in CFS is not a choice, but rather that all children should have been involved, even though it wasn't voluntary, the children still enjoyed taking part in CFSs because it offered all their preferred activities and ample time.

There is a variation enrollment of children in CFSs schools, FG2 and P3 stated that:

The CFS teams clarify the benefits of participation at parent meetings held in schools, and instructors frequently contact CFS when they observe a child in need of support. Additionally, families whose children have benefited from CFS can encourage others to do the same by spreading the word. Their parents present their identification cards to CFSs at school, where we register them and collect their information and phone number. While we document all of his/her information on a form and conduct an assessment to determine whether he/she has any communicable diseases (e.g., skin diseases and allergies) or physical ailments (e.g., anemia and malnutrition) that could be affecting their health and prevent physical activity from having an adverse effect, they are patiently awaiting their turn.

However, in the CFSs camps, children are enrolled through family registration, distribution of leaflets to parents and mobile teams or the children can come directly to the CFS site, according to P1:

Children may register for the CFSs camp either directly from the CFSs or through a mobile team; each mobile team is provided with a camp map, and a mobile team consisting of five to six facilitators will visit various areas of the camp, with a particular focus on those areas that are not easily accessible from the CFSs. They set up their tents in a suitable area, streamline the process of enrolling children, familiarize parents with CFS, and participate in educational, artistic, and physical endeavors with the children. In addition, FG1 used door-to-door and brochure distribution tactics.

Participants provided more information about child registration in the CFSs, MG pointed out that:

Using our mobile teams, we visit the neighbourhoods where refugees and IDPs reside in addition to our work in the camps. We set up tents in a suitable location, and on occasion, especially when the weather was hot or wet, the refugees or IDPs would grant us access to their backyards. There, students were registered and activities were conducted. Once or twice per week thereafter, when we revisited the neighbourhoods, the children were delighted to inform one another.

4.2. CFS's Activities

CFSs provide a wide array of activities, which, according to the child's age and intended use, each exert a substantial influence on their life. The age distribution and nature of the activities are substantially influenced by the setting and structure. Some individuals classify the ages of 6 to 9 as 10, 14 as 14, and 15 as 18, whereas others provide a more precise definition of age. P3 and FG2 contended that:

We start the process of preparing children for formal education when they reach the age range of 4-6 years. Our program encompasses instruction in phonics, fostering collaboration, cultivating teamwork, and facilitating social interaction with peers. Furthermore, we educate kids on the significance of school. Our instruction includes helping individuals in adapting their sleep patterns, dietary choices, and overall self-care, including oral hygiene and personal grooming.

Moreover, Stories may function as a technique for instructing about both typical and atypical touches. "I have ownership over my own body." Children aged 7 to 9 get instruction on identifying their emotions, coping with situations, and regulating their anger. How do we distinguish between rage and violence? What strategies may we use to regain emotional equilibrium after experiencing distress? Similar to the hues of traffic signals, the color red signifies the need to halt, orange indicates the need to use caution, and green signifies the permission to continue. Photographs help to recognize negative emotions and precisely determine the moment and locations of discomfort. Activities are often carried out in two teams to facilitate their exploration of life's triumphs and setbacks, as well as to learn how to effectively manage and adapt to both. Simultaneously, develop the capacity to cooperate and function collectively as a cohesive unit. Activities for children between the ages of 10 and 13 are comparable, however with a more comprehensive elucidation. Individuals between the ages of 14 and 17 participate in the same exercise, but with a distinct approach, which aims to develop their ability to visually recognize and identify objects or phenomena. The individual's sensory experiences, bodily manifestations of symptoms, and ideas are all considered.

In addition, FG2 included a more comprehensive account of the activities conducted in the CFSs: At CFSs, children get instruction in essential life skills, such as interpersonal communication, dispute resolution, and adherence to CFSs regulations, fostering respect for others. In addition, we provide youngsters with education on effectively managing the consequences of negative experiences in their lives, including aspects such as perception, emotions, bodily manifestations, thoughts, and recurring memories. The events organized by the CFSs have such significance for children that we even engage in them with the children of our relatives inside the confines of our homes.

Children at CFSs not only learn how to deal with unfavorable situations, but they also get a significant quantity of teaching, learning, and abilities. P1 Claimed that:

The Hassan Sham camp offered a variety of activities that were both enjoyable and instructive, including vocational and craft-related pursuits. Children were given the chance to showcase and sell their items in a craft exhibition, with the profits being returned to them.

At CFSs, talented students get focused attention and are provided with many chances. FG1 proposed the following:

The CFSs implement specific initiatives to identify and showcase the exceptional abilities and skills of gifted children.

MG Mentioned that, how children receive resilience from CFSs in times of household trauma:

Displacement causes families to undergo shock and destabilization, which has a notable effect on children as they engage in activities provided by CFSs. By using strategies to circumvent unfavorable circumstances, individuals might enhance their childhood experience and get more enjoyment from it. Our mobile teams were sent to provide assistance to youngsters in the local communities by visiting locations with a high concentration of refugees and displaced individuals. Establish tents in appropriate sites and provide education to refugee and internally displaced families on CFSs and their importance for both evacuated children and children from host families attending CFSs.

The activities of CFS are designed and implemented based on the requirements and preferences of the children. P2 said the following:

Various activities were offered daily, including athletics, art, storytelling, physical exercises, and crafts. We provided drawing tools to children who were unable to articulate their feelings verbally. Through sketching, they were able to communicate their sensory ideas. We have observed that youngsters from military backgrounds often depict images of firearms, munitions, canines, and felines in their drawings.

Regarding children with impairments, the majority of participants said that CFSs provide an avenue for their active involvement in many activities. In order to prevent experiencing discrimination in the presence of a kid with a disability, it is important to choose an activity that is appropriate for the specific kind of impairment and may be effectively carried out and integrated. The CFSs are designed to accommodate and provide access for handicapped children.

4.3. CFSs and promoting children's well-being

The significance of mental health cannot be exaggerated; Children might get afraid and encounter many mental ailments during wars, conflicts, and natural catastrophes. P3 highlighted the evident challenges that families face before joining CFS:

A significant number of parents visit CFSs expressing concerns with their child's timidity, anxiety, social seclusion, and difficulty engaging with others.

According to their assessment, my kid regularly utilizes their mobile phones, is consistently late to school, has significant shyness in class, displays excessive hyperactivity, experiences disrupted sleep, and demonstrates inconsistent behavior. Simply by interacting and engaging with other youngsters, significant transformation occurs in their lives within three months; the majority of them do not need specialized assistance. Our CFS program consistently serves 160 children due to the significant demand. Additionally, there is now a waiting list of over 1,700 children seeking to access our CFS services. Currently, we have enhanced our willingness to accommodate children who are facing difficulties or experiencing trauma. CFSs provide optimal conditions for a child's holistic development, including their mental, physical, psychosocial, intellectual, and emotional growth. CFs provide children the opportunity to explore their gifts and enhance their abilities.

Based on the previously described activities carried out in CFSs, it is evident that CFSs serve a crucial role in promoting the well-being of children. The required proof is delineated based on the consensus of the majority of participants. The FG2 strongly stressed the issue: A little over ninety percent of children enrolled in CFSs actively participate in activities, and the majority of them report experiencing positive improvements as a result of their involvement in the program. Children who do not get therapy through activities are treated using other means and are not neglected.

Similarly, MG said that:

CFS is established with the purpose of offering children a secure and pleasant setting in which they may enjoy themselves and engage in meaningful activities. Children who have had negative experiences benefit from psychosocial support (PSS) given in CFSs via different activities. By actively engaging in the program for a duration of three months, individuals can fully recover from traumatic events and experience significant growth in their physical, emotional, social, and psychological well-being. They will also be able to communicate and interact with society and their surroundings in a normal manner. This positive outcome is achieved due to the comprehensive training of the CFSs workforce in effectively treating children. In addition, children who had higher levels of resilience were less impacted by negative experiences, derived more pleasure from the games and activities, and exhibited a strong desire to return to CFS. youngsters at CFSs

have the opportunity to explore and develop their talents. For example, we saw that a group of youngsters at a CFS showed exceptional artistic ability. They were able to create many drawings using their own ideas, after being provided with drawing materials by us. We organized an exhibition for them, and they expressed great satisfaction with the outcomes of their efforts.

Likewise, P2 Referred, participating in CSFs gives children many beneficial: They maintain a positive rapport with their peers and are open to expressing their ideas, while not being extroverted. They actively explore their talents and abilities, cultivate various skills, and enhance their social aptitude. Residing at a CFS will facilitate his recovery and enable him to regain his usual demeanor after a distressing and traumatic incident. Several participants in CFSs reported several success stories, and we will now provide three of them. P3 described a specific example as follows:

Following a traumatic experience, a youngster of four years old had an inability to communicate verbally. The children, aged 4 to 6, were integrated into CFS and given more support from SW and community mobilizers. The child's speech returned to a perfectly normal state after undergoing two courses. The kid is enrolled in CFS for a duration of three months, which corresponds to one course. He was granted permission to participate in the third round due to his family's appeal and the child's inclination and circumstances. FG1 exemplified the good influence of CFS on youngsters facing challenges in their lives:

At one of our camps, a woman took an eight-year-old kid to CFS. Nevertheless, he exhibited a state of seclusion, refrained from engaging with other youngsters, and remained unresponsive to our inquiries. After receiving support from other children and being cared for, we subsequently relocated him to another organization for psychosocial support (PSS). After three months of engagement, he has achieved the ability to interact, answer questions, and make significant changes in more than 70% of his life.

P2 brought up a case in the CFS Jail:

Three siblings, who are the offspring of ISIS fighters, were imprisoned in foreign correctional facilities and exhibited indications of warfare and aggression. Upon their entrance to CFS, the eldest brother took hold of the hands of his two younger siblings. He is demonstrating his accountability for them while concurrently displaying his power to safeguard them. None of the other youngsters were inclined to approach them, and they refrained from engaging

with them. Nevertheless, as we included them into CFS activities, provided them with music lessons, and reintroduced them to their childhood realm, they seamlessly assimilated with the other children and exhibited typical behavior.

4.4. The role of SW at the CFS

According to the majority of participants, SW have a significant impact on CFS, particularly in detecting and addressing severe situations or recommending cases to specialized intervention. FG2 emphasized that:

CFSs experienced a substantial influx of children who were in extremely difficult conditions. Upon the successful completion of the required tasks, the youngsters experienced a sense of security and joy. This outcome is a direct consequence of the diligent endeavors of the CFS team, which comprises professionals in the field of social work. The social worker's responsibility is to identify children who have unresolved issues such as difficulty in socializing, lack of attention or curiosity, and lack of enjoyment in activities. These children will receive treatment from SW through individual sessions, in collaboration with the team leader. If the individual is not treated at that location, they will be sent to a specialized treatment facility through the cooperation of the organization. Collaborating with other teams, SW have a vital role in CFS). Furthermore, we have gained knowledge on this matter from the comments provided by the parents of the children and the outcomes of the assistance.

In line with FG2, P3 affirmed that SW provide exemplary service to CFSs in the following manner:

Detect youngsters that are encountering challenges via several activities; If a particular activity fails to suit the child's requirements, provide a substitute; Assist those involved in aid efforts and those responsible for organizing communities; The social worker recommends children who need more support and may possibly visit their house. They oversee the CFS. If deemed essential, the parents of the children are informed and engaged in a dialogue to facilitate

their comprehension of how to appropriately care for their children. If a child needs more support, they will be sent to the relevant specialized service.

In the same way, P2 Conveyed his thoughts about the role of SW in CFSs:

The therapy that youngsters got from SW had a significant impact. Their involvement in CFS is substantial since they collaborated with children, their families, got parental approval, and supervised their cases. Upon identifying any instances in CFS that need more assistance, the SW should have prioritized addressing these patients. This approach was very beneficial in alleviating their emotional distress and managing their challenges.

Furthermore, in regards to the roles and treatment given by SW MG pointed out that:

From the inception of the camps, the bulk of SW have been hired in the CFSs. Subsequently, they received training in other areas of expertise and actively participated in the administration of CFSs. SW were subjected to distinct treatment. As a result of the SW thoroughly examining the particulars of their situations and reaching out to the families involved. An endeavor was made to enhance the child's surroundings and scrutinize their conduct. They explored methods of classifying them for certain occupations or directing them to specialized assistance. They formulated a strategy to provide comprehensive assistance to the youngster, while closely observing the effects of their actions on them. On the other hand, they were comfortable interacting with youngsters who were very active.

5. Discussion

Prior research has shown the effectiveness of (CFS) and the positive impact of SW on children's well-being (Abdulah and Sedo, 2022: 14). A thorough study examined the effects of a (CFS) program on protection concerns, psychological well-being, developmental assets, and community resources in specific areas of Ethiopia, Uganda, Iraq, Jordan, and Nepal. In their study, Hermosilla et al. (2019: 2) found a notable improvement in the domains of safeguarding issues, mental wellness, and developmental resources among young individuals.

Furthermore, SW, who have a vital function in CFSs, provide psychological support to children to facilitate their adjustment to the challenges they are facing. This support may include offering counseling, group therapy, or play therapy to help children express themselves and cope with their experiences in a safe environment (Denov & Shevell, 2020: 5). Moreover, they play a vital

role in facilitating the reunion of families or determining suitable alternative care choices when children are separated from their families or caretakers. Lamponen and Aarnio (2024) assert that they assess the suitability of caregivers, provide support throughout the process of reuniting families, and supervise the well-being of children in alternative care settings.

However, prior studies have not particularly investigated the effects of CFSs in the Kurdistan region, nor have they researched the methods by which SW may successfully improve the well-being and psychological assistance provided to children living in emergency situations. From this perspective, this study used a qualitative research technique and conducted interviews with SW who had considerable knowledge and skill in (CFSs).

The objective of this research is to gain a comprehensive knowledge of how these SW may have a substantial influence on the lives of children who have experienced the difficulties and traumas of war.

Therefore, this study has shown that, based on the participants' responses, the CFS is a very effective approach for improving children's overall welfare and sense of protection. The results demonstrated a significant improvement in the mental health of children who took part in the CFS program. These youngsters had a greater sense of safety compared to their classmates who did not participate in CFS activities. CFSs function as a means of protecting children from abuse, exploitation, and violence by establishing a safe and secure environment for them. The children have a feeling of safety as they participate in play in a physically secure setting, under the direct supervision of local facilitators and SW.

This study showcases the positive impact of children's participation in group activities, such as music, songs, games, and educational and recreational activities, on the enhancement of their self-esteem, emotional self-control, and ability to handle difficult situations. Moreover, children who have experienced negative occurrences benefit from getting psychosocial support (PSS) via a range of activities offered in CFSs.

SW' intervention significantly impacted the well-being and growth of young persons. Their involvement in CFS is noteworthy since they interacted with children, their families, acquired parental permission, and supervised their cases. The main responsibility of the social worker is to identify children who display unsolved issues, such as difficulties in socializing, lack of concentration or attention, and a lack of enjoyment in activities. They propose that young individuals who need further assistance may visit their home. If deemed essential, the parents of

the children are informed and engaged in a dialogue to augment their comprehension of how to adequately care for their children. If a child needs more support, they will be sent to the relevant expert service.

The findings of this study provide further evidence to reinforce the earlier research carried out by Denov and Shevell, which underscores the crucial contribution of SW and their practice in improving the overall welfare of children affected by war (Denov & Shevell, 2020: 10). Moreover, our study showcases the substantial influence that CFSs and SW may have on the well-being of children during moments of emergency, underscoring the need of acknowledging and valuing their contributions. This study indicates that SW should undergo further training and strengthen their skills in order to provide more efficient support to children in CFSs. However, it is crucial to recognize certain constraints. We did not do a comparison study between the research findings and a control group comprising of individuals who had not been exposed to CFSs. Therefore, to have a comprehensive understanding of the importance of CFSs and the role of SW, it is crucial to include the perspectives of the children and their families.

6. Conclusions

Based on the participants' responses, this study has demonstrated that the CFS is a highly effective method for enhancing children's overall welfare and sense of safety. Children who participated in the CFS saw a significant improvement in their mental health, as demonstrated by the results. By participating in CFS activities, these young people had a greater sense of safety than their classmates who didn't. By establishing a safe and secure environment for children, CFSs are able to protect them from abuse, exploitation, and violence. Local facilitators, community mobiliser and SW supervise the children's play in a physically secure setting, resulting in a sense of safety.

SWs play a crucial role in CFSs, since they bear significant role to identify children who have unresolved issues such as difficulty in interaction, lack of attention or curiosity, and lack of enjoyment in activities. These children will receive treatment from SW in collaboration with the team leader. If the individual is not treated at that location, they will be sent to a specialized treatment facility through the cooperation of the organization. Additionally, the social worker recommends children who need more support and may possibly visit their family. pursuing their education, and overcoming socio psychological challenges. The results of this research indicate that in the Kurdistan Region, the large number of refugees and IDPs has led to significant support from CFSs for children impacted by wars and conflicts.

The findings of this study show that the CFSs and SWs have a crucial role in providing help for affected children through assessment and support, psychosocial support, advocacy, case management, community engagement, capacity building, safety and protection, education and skill development, recreation and play, family reunification and alternative care, trauma-informed care, interdisciplinary collaboration, crisis intervention, community outreach and advocacy.

7. Limitations, suggestions and future research considerations

This analysis has several limitations, such as the absence of viewpoints from children and their families, which would provide a more comprehensive understanding of the impact of CFSs and the involvement of SW.

Our recommendation for organizations, policymakers, educators, families, and SW, they must ensure that the necessary resources are provided to enhance the quality of CFSs to achieve the objectives of the Child friendly space. Training the child-friendly space with more staff is a better idea for the Ministry of Labor.

It is possible to recommend that: Conducting the same research with children and their parents, using quantitative methods and scale is necessary.

Ethical approval

Each participant signed a consent form and agreed to participate in this research by publishing their names, excluding the oral consent of the institutions. See appendix (2)

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Appendixes:

Appendix (1): Questions for interviews:

1. How would you describe the CFS?
2. How do children enroll in the CFS?
3. What activities are available in the CFS?

4. Are there venues where children may participate in sports, arts, and socialise with one another?
5. What benefits (Psychologically, socially, intellectually and emotionally) do children get from participating in the CFS?
6. Can you share a story of your success in supporting children in the CFS?
7. Can children with disabilities play on the playground?
8. What are the role of the Sin the CFS?
9. What is your approach to evaluating social work in these areas?
10. What opportunities exist in the CFS for youngsters who have had unpleasant experiences?
11. What challenges do social services confront in the CFS?

Appendix (2) Consent form: Despite this, we have received the approval of the institutions; The consent of all participants has been obtained also:

ره زامه نیدان بۆ بهشداریکردن له توێژینهوه دا

The Importance of Child-Friendly Spaces for Children's Wellbeing: ناو نیشانی توێژینهوه:

من خۆبهخشانه رازی دهیم بۆ بهشداریکردن له توێژینهوهیهدا. ئهگهر ئیستا رازی بۆ بهشداریکردن، دهتوانم بکشینمهوه یان رتهی بکهمهوه وهلامی ههر پرسباریک بدهمهوه یان وهلامهکهی بیگۆرم بهی هیج مهرجیک بۆماوهی دوو ههفته لهوای ئهجامدانی چاوپیکهوتنهکهم؛ ئامانج و سروشتی توێژینهوهکه له لایهن توێژهرهوه بۆم روون کراوتهوه و دهر فایده بۆرهمخسا که له سروشتی توێژینهوهکه تیبیگهه؛ لهوه تیبیگههیشتم که راستهوخۆ سوودمهند نابم له بهشداریکردن له توێژینهوهیهدا به لاکو سودی گشتی دهییت. من رازیم که چاوپیکهوتنهکهم وه زانیارییهکانم له توێژینهوهیهدا بلابکریتهوه و ناوم بنوسریت له توێژینهوهکهدا.

(ئهم توێژینهوهیه بهبایهخهوه دهیهوئیت تیبیگههیشتنیکی قول له روبهری هاوریی منداڵ بخاته روو بهتایبهت بۆخوشگوزهرانییهکانی منداڵ، رۆلی سۆشیال و رکهر و خزمهتگوزاری کومه لایهتی لهو روبهره دا پیشانبدات، وه رۆلی ریکراوهکان مرقایه تیهکان بخاته روو....)

ناوی بهشداربوو: واژۆ:

پیشه:

شوینی کارکردن:

شوینی نیشتهجیونی ئیستا:

ریکهوت:

گرنگی روبه‌ری هاوری منداڵ بۆ خوشگوزهرانییهکانی منداڵان

پوخته به‌زمانی کوردی

منداڵان کاریگه‌رده‌ین به‌جنگ و مملانیکیان، له‌دۆخی مملانیکی قورسدا به‌ناچاری ئاواره‌ ده‌ین یان ده‌ینه‌ پهبه‌ر. منداڵان ناچار ده‌ین شوینه‌ ئارامه‌کانی خۆیان به‌جی به‌ئێن و بگوازنه‌وه‌ بۆ ئه‌وناوچانه‌ی که‌رنگه‌ بیه‌ته‌هۆی نیگه‌رانی بۆ منداڵان، وه‌ک که‌مه‌په‌کان. روبه‌ری هاوری منداڵ ئه‌و شوینه‌یه‌ که‌له‌لایه‌ن ریکخراو و حکومه‌ته‌که‌نه‌وه‌ دروست ده‌کریت بۆ خوشگوزهرانی منداڵان له‌کاتی کاره‌ساته‌کاندا. ئامانجی ئه‌م توێژینه‌وه‌یه‌ تیگه‌یشتنیکی ورده‌ له‌ روبه‌ری هاوری منداڵ و رۆلی سۆشیال ۆرکه‌ر له‌و روبه‌ره‌دا، ریبازی چۆنایه‌تی وه‌صفی به‌کارهاتوه‌وه‌، له‌ریگه‌ی ئه‌نجامدانی چاوپیکه‌وتنی نیمچه‌ ریکخراو، به‌سی شنیوازی جیاواز: فۆکس گروپ و مینی گروپ و به‌ته‌نها چاوپیکه‌وتن ئه‌نجامدراوه‌. چاوپیکه‌وتنه‌کان له‌گه‌ڵ ئه‌وه‌که‌سه‌نه‌ ئه‌نجامدراوه‌ که‌ بۆماوه‌ی سالتیک یان زیاتر له‌ روبه‌ری هاوری منداڵ کاریانکردوه‌ یان کارده‌که‌ن له‌قوناغه‌ جیاواز ه‌کان و له‌که‌مپ و قوتابخانه‌و سه‌نته‌ره‌کانی لاوان و چاکسازی نه‌وجه‌واناندا. ئه‌نجامه‌کانی توێژینه‌وه‌که‌ ئاماژبه‌وه‌ده‌که‌ن روبه‌ری هاوری منداڵ رۆلیکی گرنگی هه‌یه‌ له‌ خوشگوزهرانییه‌کانی منداڵان؛ هاوشانی ئه‌مه‌ش سۆشیال ۆرکه‌ر رۆلیکی گرنگی ده‌گیرن له‌ پێشکه‌شکردنی پالێشتی ده‌رونی و کۆمه‌لایه‌تی بۆ منداڵان له‌تیو روبه‌ری هاوری منداڵدا. ئه‌نجامه‌کانی توێژینه‌وه‌که‌ کاریگه‌رییه‌کی به‌رچاوی ده‌بیت له‌سه‌ر باوانی منداڵان و دارێژه‌رانی سیاساتی په‌روه‌ده‌یی و مامۆستایان له‌سه‌ر روبه‌ری هاوری منداڵ و سۆشیال ۆرکه‌ر له‌کاتی روداوه‌ نه‌خوازاوه‌کاندا. به‌لام گرنگه‌ دیدگای منداڵانییه‌ی له‌به‌رچاوبگیریت، له‌ه‌روانگه‌یه‌وه‌ توێژینه‌وه‌یه‌تیو یسته‌.

وشه‌ کللییه‌کان: روبه‌ری هاوری منداڵ؛ خوشگوزهرانی منداڵ؛ پشته‌گیری ده‌رونی و کۆمه‌لایه‌تی؛ سۆشیال ۆرکه‌ر.