**Summary**

1. Our joint ‘Building Child Resilience’ Programme dovetails directly with the UK Government’s key focus on prevention and stabilisation. This project helps prepare people for effectively developing peace through its immediate impact on the resilience and mental health of both populations.

2. Project CHERISH was launched in 2003, at the height of the second *Intifada*, to address the on-going exposure to traumatic events experienced by children and young people born into an intractable conflict. CHERISH seeks to provide children and communities with the coping skills needed to deal with the present reality and to prepare themselves for the future. CHERISH works with the existing service infrastructure to build capacity and build bridges.

3. The Cherish Project focused on working with young people on both sides to help deal with the trauma they have suffered and to build their resilience to deal with difficult and challenging times in the future. Helping people to develop this capacity is the basis of enabling them to cope effectively with the past and foster their basic trust that good things -peace with former enemies - can happen. Trauma therapy in a community setting is therefore an important component in fostering a viable climate for effective citizenship development and co-existence.

4. The lead organisations in this initiative are the Centre for Development in Primary Health Care (CDPHC) affiliated with Al Quds University in Ramallah, the Israel Centre for Treatment in Psychotrauma (ICTP) affiliated with Herzog Hospital and Hebrew University, and the American Jewish Joint Distribution Committee (JDC), with support from UK charity.

5. CHERISH is a professional collaboration that enhances resilience whilst simultaneously strengthening bonds between the public health professionals from both countries. Due to the high-standing of the partners and their connection with two universities, this programme has functioned as a model for egalitarian collaboration.

6. Throughout the past decade our project has provided a catalyst and framework for on-going cooperation between Al-Quds University and Israeli partners with a range of benefits for both communities, maintaining communication and hope and helping to educate others of the importance of maintaining such collaborations despite the great challenges facing such type of work.

7. We have robustly demonstrated that this model works and believe it should now be available to far greater numbers through the establishment of Development Hubs for Trauma and Resilience, one in Ramallah and one in Jerusalem. These would provide a constant place for binational cooperation and therefore create a constant bridge for the exchange of ideas, knowledge and skills to support the normative development of children growing up under constant threat.

8. We would very much welcome support from the UK government for this important project to help build the climate of resilience and understanding vital for a more positive co-existence.
OVERVIEW

9. Our joint ‘Building Child Resilience’ Programme dovetails directly with the UK Government’s key focus on prevention and stabilisation. This project helps prepare people for effectively developing peace through its immediate impact on the resilience and mental health of both populations.

10. Project CHERISH was launched in 2003, at the height of the second Intifada, to address the on-going exposure to traumatic events experienced by children and young people born into an intractable conflict. CHERISH seeks to provide children and communities with the coping skills needed to deal with the present reality and to prepare themselves for the future. CHERISH works with the existing service infrastructure to build capacity and build bridges.

11. Also, the programme continues to build a long-term co-operative framework for improving public health treatment; sharing knowledge and resources; and bringing health professionals together in a proactive and positive co-operative programme whilst creating a more positive environment at the grassroots in the communities.

12. The lead organisations in this initiative are the Centre for Development in Primary Health Care (CDPHC) affiliated with Al Quds University in Ramallah, the Israel Centre for Treatment in Psychotrauma (ICTP) affiliated with Herzog Hospital and Hebrew University, and the American Jewish Joint Distribution Committee (JDC).

13. Crucially, Project CHERISH was officially recognized by Al Quds University and so during times when the Palestinian Universities decided to boycott new collaborations, continued work was allowed. This important factor shows the importance of setting up joint bridge-building initiatives on an egalitarian basis.

14. CHERISH is a professional collaboration that enhances resilience whilst simultaneously strengthening bonds between the two countries. Due to the high-standing of the partners and their connection with two universities, this programme has functioned as a model for egalitarian collaboration.

15. The partners strive to establish Development Centres for Trauma and Resilience, one in Ramallah and one in Jerusalem. These centres would provide a constant place for binational cooperation and therefore create a constant bridge for the exchange of ideas, knowledge and skills to support the normative development of children growing up under constant threat.

WHAT THE PROJECT SOUGHT TO ACHIEVE, AND WHY THIS IS IMPORTANT

16. The Cherish Project focused on working with young people on both sides to help deal with the trauma they have suffered and to build their resilience to deal with difficult and challenging times in the future. Helping people to develop this capacity is the basis of enabling them to cope effectively with the past and foster their basic trust that good things -peace with former enemies - can happen. Trauma therapy in a community setting is therefore an important component in fostering a viable climate for effective citizenship development and co-existence.

17. The strategy of CHERISH is to build professional bridges for a value-free topic, i.e. creating optimal conditions for traumatised children to build their life skills relatively unhindered by the ongoing conflict. CHERISH was designed as an ecologic framework that would ultimately provide a network of trauma responses across
services in a community to ensure that children and families did not fall between the cracks. Therefore, it was important to find ways for the component teams to familiarise themselves with the work of the other teams and to consider ways to leverage their activities with one another.

18. Young people comprise approximately 50% of the Palestinian population and almost 40% of the Israeli population, so we believe they should be targeted as the highest priority sector in both societies. Around 10% of Israeli adolescents and 40% of Palestinian adolescents suffer from Post-Traumatic Stress Disorder, figures that are all the more startling given that children under 18 are such a high percentage of both populations. The existence of untreated trauma has been linked to a higher incidence of violence within these communities (particularly in schools), impacting negatively on social cohesion.

19. Co-working and building mutual respect and understanding starts with the psychosocial professionals – exemplified by project leaders Danny Brom (Herzog Hospital Trauma Centre) and Mohammed Shaheen (Al Quds) – and then permeates to trainers and teachers on both sides. School teachers deliver our programmes and are hugely influential in building the resilience of their students.

Framework for achieving goals

20. The most important projects conducted in cooperation between the CHERISH partners were:

The Building Child Resilience Intervention

This programme lies at the heart of the project and was developed to help school communities deal with the ongoing conflict and threat of terror. The model involves training and empowering teachers to deal first with their own distress and then with that of their students. Sessions consisting of psycho-education, skills development and training encourage teachers to take their new found knowledge and skills and apply them in the classroom.

21. UK charity One to One Children's Fund has been involved in this project not just as a funder but as a catalyst for, and active participant in, its development, delivery and evaluation. This has included the funding of current and past Child Resilience Initiatives, which include translation of Hebrew materials into Arabic for the early years programme. (These materials and manuals could potentially be used by the Palestinians for a similar early years’ initiative, subject to funding). Also, Jenny Altschuler, One to One’s Clinical Director helped facilitate a meeting in Cyprus of the Israeli and Palestinian professionals working on the CHERISH programme and enabled the project partners to present their joint work to an audience of psychosocial professionals at the Tavistock Clinic in London.

22. The duration of these programmes has been either for one scholastic year, or six months, depending on the type and level of challenges facing the schools. In each intervention 60-100 students and 20-40 teachers participated. The programme has been implemented in 4 rounds of school based interventions in different locations in the West Bank. Each intervention involved the training of teachers in different aspects of psychosocial support (ranging for 8-12 sessions), followed by screening of students to determine the challenges that they face as a pre-test, and then supervising the teachers in delivering similar sessions applied to children in the age range between 10-17 years old. The main training sessions included:
1. Introduction & the Stress continuum and stress influence
2. Strengthening your personal coping style
3. Being in your body
4. Knowing your feelings
5. Controlling your emotions with your mind
6. Dealing with anger and rage
7. Dealing with fears
8. Coping with grief and loss
9. Turning crisis into an opportunity
10. Boost your self-esteem
11. Building your support system
12. Seeking a better future

Throughout these interventions, formal and informal meetings were conducted between the Israeli and Palestinian managers and professionals involved.

23. The Cherish model was developed jointly and benefitted greatly from the expertise on the Israeli side helping to significantly improve the skills of Palestinian trainers. Several meetings were conducted to discuss the design, tools, training material, evaluation and documentation of the projects. In addition, intensive communications between the two sides were conducted by telephone and email.

24. We also facilitated two major meetings between Palestinian and Israeli professionals and staff to discuss the opportunities and challenges of the partnership between the two sides. This provided a forum for us to develop strategies to deal with challenges and helped greatly to foster better understanding and good personal relationships despite the intense political environment in 2010. Both meetings were held in Cyprus with workshops for 30 participants from both sides running over 3 days.

25. Throughout the collaboration, joint training sessions were conducted in Israel and Jerusalem (East and West) to develop the capacity of both sides in how to build resilience of children. These joint training sessions helped to develop the partnership as well as the professional capacity to deal with children’s challenges.

Recognising the Needs of Children in Primary Health Care

26. A central challenge in addressing psychosocial trauma among children is recognising their symptoms. In many cases, parents and professionals alike mistake the symptoms as medical or behavioural problems. Primary care clinics, therefore, are a key setting for identifying children in need and enabling treatment. The Primary Health Care (PHC) model is a framework for improved collaboration between primary care and mental health services in identifying and treating children with trauma and other psychosocial symptoms.

27. In this model, a mental health professional (MHP) is embedded in a primary health clinic, working with clinic staff to identify patients in need of psychosocial assistance. Clinic staff are encouraged to refer patients with psychosocial symptoms to the MHP, who sees patients in the clinic, and can either provide treatment or refer children and families to necessary services. The clinic staff are also taught to use simple screening tools (which were translated to Arabic and Hebrew and culturally adapted) to increase their ability to identify children in need in a timely fashion. The MHP
serves as a role model and resource for the clinic staff on recognising different types of psychosocial symptoms.

28. Based on the lessons learned from the pilot implementation, as well as continued consultation with both medical and psychosocial teams, a manual for implementation has been prepared.

Model for Youth Peer Support

29. Adolescence is a complicated stage of development. Youth are in the process of cultivating their own identity, separate from the adults around them. More than at any other stage, adolescents are likely to keep feelings about traumatic experiences to themselves, making it more difficult for parents and teachers to recognise symptoms and refer young people to proper care. As adolescents often turn to peers rather than to adults in times of need, this component aimed to find ways for them to support one another.

30. A training manual for work with youth leaders to build resilience among peers has been developed. This Youth Resilience Model highlights the need for raising awareness and improving skills to address psychosocial issues among youth leaders. The model is designed to be adaptable to different cultural contexts and levels (ages) of youth leaders, flexible to address different issues that may arise and consistent with the minimal time youth groups/youth leaders have available for "training".

31. A 6-session training program for youth leaders covers the following core issues:

- Self-awareness/self-regulation – understanding stress in mind-body perspective, how do we feel about the world
- Empathic communication
- Building resources/coping finding and utilising personal strengths, outside sources of support
- Providing significance (hope and meaning) to events.

32. The training program was tailored to fit the youth programmes in each community:

- In the Israeli community, the work focused on 2 target groups: 1) youth movement managers, young adults aged 21 – 22 (post army), who implement programming for a local branch, and 2) youth leaders, aged 16 – 18, who work with younger children in a local branch.
- In the Palestinian community, the work focused on groups in community centres, some through the Quaker youth programme. Groups consisted of young people aged 14 – 16, with separate groups for boys and girls. Many of the groups had focused previously exclusively on civics and democracy. In the words of one leader, this new component, "made a difference. It added a human element to the rights and obligations".

Bereaved Families Assessment and Pilot Intervention
33. CHERISH undertook the challenge of addressing the complex issues facing families who have lost children as a result of the conflict. The process involved two stages. In the first stage, in-depth assessments were conducted among members of 15 Israeli and 20 Palestinian bereaved families to better understand their psychosocial needs as individuals and as a family. In the second stage, the information gained from the interviews was shared with the families and a discussion ensued to help the families identify what help if any they would be interested in to ease their situations. Families who were interested were connected with community services available. This innovative approach was designed to focus on the family unit.

**Evidence of success**

34. The project provided a catalyst and framework for on-going cooperation between Al-Quds University and Israeli partners with benefits including:

Better understanding of the realities of children and young people on both sides of the conflict which helped us to develop the capacity of our key specialists in dealing with clinical interventions to help those suffering from war-related mental health challenges.

Helped initiate a project for building the resiliency of Ramallah city in the West bank Palestine, which was successfully approved and funded, creating a new opportunity for the city to be better equipped to serve citizens of Ramallah especially the poor and vulnerable children.

Helped train at least 20 social workers and psychologists in developing counselling and psychosocial support who currently serve in different clinical settings.

Enriching the curriculum of community mental health with experience in school-based and ecological intervention to help children with trauma-related conditions.

Establishment of a psychosocial program at Al Quds University that continues to implement school based interventions

A PhD scholarship for a Palestinian social worker to study Trauma Therapy at Ben Gurion University in Israel.

Opened new professional collaboration with Ben Gurion University Department on a joint research project studying the link between PTSD and brain physiology.

Publication of several joint research publications as a result of our joint collaboration at the international level, e.g. with Stanford University.

35. Crucially the Cherish Project has maintained communication and hope among the two sides of cooperation and helped to educate others on both sides on the importance of maintaining such collaborations despite the great challenges facing such type of work.

The Building Child Resilience Intervention
36. Studies (see p.7) conducted have shown that students whose teachers participate in these programmes show a significant reduction in post-traumatic distress and anxiety. Other key measures of success are:

- Lasting improvements to the lives and well-being of young people and their families
- Building the capacity of a professionally skilled cadre in psychological and trauma interventions.
- Promoting knowledge-sharing and cooperation between Israeli and Palestinian professionals.
- Making a positive contribution to conflict resolution and reconciliation in the region.

37. From our reports, many Palestinian children indicated that the psychosocial interventions they participated in at school settings helped better to cope with their difficulties at home and at school.

38. One of the fifth graders named Malak at Alwada School said, "When I got angry I started to cry and withdraw from the surrounding students and people because I did not have any other means of dealing with my anger. Now after I received the training from the project I started to manage my anger much better and I started to use the stress management techniques I learned to deal with stress and anger".

A teacher at the school in Ashkelon, stated that although he hasn't been completely relieved of stress, they have "felt their thoughts calming".

**Youth Peer Resilience Model**

39. Feedback from both the Palestinian and Israeli groups showed that using the activities in the manual helped the young people to open up and talk about their problems and issues that were of concern to them (death, accidents, suicide) sometimes during the group activity itself, sometimes afterward when they would approach the youth leader one-to-one.

40. The leaders said that they learned how to express their feelings with their peers with the model having a therapeutic effect on them too. In all evaluations and feedback sessions, the group leaders reported that the process of learning how to use the manual helped them deal with personal trauma or stress.

**Bereaved Families Pilot**

41. By and large, the families that agreed to participate in this assessment felt that they benefited from the experience. Most had been living with the loss for several years, and were no longer receiving any formal psychosocial services. The assessment proved to be a useful tool for them to consider with professional guidance, where they were at, and what support, if any, they might want to access. For those that were interested the CHERISH professionals helped them to access this support.

42. Collaborative publications


Project-based publication from Israeli data


Broad costs of the project

43. The overall cost of CHERISH has been EUR 850,000 (nearly £706,000) over 5.5 years of active core projects. It costs approximately 300-500 US $ per child per round of intervention. The project was funded by: US-AID, The European Union, One to One’s Children Fund (UK) and the Van Leer Foundation (international foundation based in The Hague).

44. Throughout the joint project we disseminated results and shared methodology on 4 visits to London supported by One to One UK, including fund raising activities, one at Stanford University and another at the Rand Corporation in the USA. These helped support the publishing of the studies/articles and mobilised some resources.

45. However, whilst the co-operation has fostered new areas of development, the core activities have ended because the funding has stopped. It is very challenging to raise funding for these projects - so far we have raised less than £100,000 for each side which has been used to implement small scale interventions.

46. These challenges include:

   Political resistance to co-operation among many political groups.

   The continuous confiscation of land and building settlements which makes the position as Palestinians more difficult to collaborate. Rocket and other attacks on the Israelis can also have a negative impact.

   Lack of adequate resources.
Lack of systematic technical support from a third party to make the process less politicised.

Inadequate technical expertise on the Palestinian side especially in dealing with trauma, clinical supervision, monitoring and evaluation of community based interventions.

The lapse of time between joint plans and the availability of funding.

Difficulty in implementing such projects in Gaza because of the difficulty in traveling to Gaza from West bank and the radical position of Hamas to not allow any joint collaboration.

47. Despite the challenges, we believe the value, learning and positive impact of this project should now be extended by:

- Conducting a citywide model of resilience training in all levels of the community (1 city on each side)
- Creating broader connection points between professionals through cooperative training programmes, such as training in some of the newer methods in trauma training (Dialectical Behaviour Therapy, Mindfulness based therapies)
- Trying out new models of intervention, such as early childhood programs and methods of enhancing emotion regulation.

48. To run these over a 3 year period would cost EUR 600,000 (just under £500,000). Ideally, we aim to maximise impact and efficiency by running the core programmes within a framework of Child Resiliency Hubs - one in Palestine and one in Israel, under a One to One Children’s Fund UK umbrella.

49. We would very much welcome support from the UK government to help with this important project to help build a climate of resilience and understanding within which a more positive co-existence can be realised.

50. The Partners would be happy to give audio-visual briefings about the CHERISH framework, either through phone conferencing or through other technological means. We would also welcome the opportunity to meet with Members of the British Parliament on their upcoming visits to the Middle East.