'Voices' of Professionals Working with Internally Displaced Children in Nigeria

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Abstract

Title: 'Voices' of Professionals Working with Internally Displaced Children in Nigeria

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Children are amongst those severely affected by internal displacement, accounting for more than 60% of people displaced from their homes and/or home regions due to insurgency and other crisis in Nigeria and the Lake Chad region. This exposes children to traumatic experiences and intense vulnerabilities which necessitate the intervention of professionals, like social workers, teachers, psychologists etc. However, little is known about the experiences of these professionals in Nigeria; thus, this study focused on exploring professionals' lived experience of working with internally displaced children (IDC) in Nigeria, considering how they work to improve the lives of the children, the challenges they face in the process, and the opportunities and resources in working with IDC. Guided by the methodological framework of hermeneutic phenomenology, qualitative data was ethically collected from seven purposively-selected professionals using in-depth interviews, and analysed in themes. Results revealed that professionals work with a focus on what is best for IDC and what is best for them as professionals. They work holistically with IDC, considering their specific contexts and strengths/resources. They focus on empowering IDC, their caregivers and communities, using educational tools, and culturally-appropriate programmes designed in collaboration with the children and their networks. Results also showed that professionals are affected by challenges that accompany their work and challenges IDC face, such as child rights abuses brought on by reduced parental capacity and prevalent sociocultural norms, limited resources, institutional thresholds' limitations etc., and thus employ different strategies to cope with the challenges. Supervision, work-life separation, professional trainings, family support, etc. serve not only as coping strategies but resources and motivating factors. Improvement in IDC's lives and appreciation from them and their caregivers make working with them immensely rewarding. Some professionals also highlighted that their work is a divinely-mandated task, which will be rewarded by God. Recommendations from the study include standardising child welfare responses in Nigeria, improving efforts directed at education of IDC, developing educational curriculum focused on social work with displaced populations, and conducting further research on working with IDC in Nigeria, as this is the first study to explore this research area.

LIST OF ACRONYMS USED

CBPR	Community Based Participatory Research
CRA	Child Rights Act
DRC	Democratic Republic of Congo
EST	Ecological Systems Theory
FGDs	Focus Group Discussions
FGN	Federal Government of Nigeria
FRN	Federal Republic of Nigeria
GPID	Guiding Principles on Internal Displacement
IDC	Internally Displaced Children
IDMC	Internal Displacement Monitoring Centre
IDPs	Internally Displaced Persons
IFSW	International Federation of Social Workers
INGOs	International Non-Governmental Organisations
IOM	International Organisation of Migration
NEMA	National Emergency Management Agency
NGOs	Non-Governmental Organisations
PTSD	Post-Traumatic Stress Disorder
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNRRA	United Nations Relief and Rehabilitation Administration
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
US	United States

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CHAPTER ONE: INTRODUCTION

…our reward is more like the teacher's, it's in heaven…we're just impacting in humanity and we're creating an atmosphere for people to have a little of what life could offer in their present situation… (Andrew, Social Worker, Study Participant).

The quotation above from Andrew portrays the experience of working with internally displaced children (IDC) in Nigeria, which is the focus of my research. In this chapter, I present the background to my study, the research problem and significance, the objectives and research questions, and the organisation structure for this report.

1.1 Background

Internal displacement is a global challenge that has affected millions of lives. About 41.3 million persons currently live in displacement as a result of violence and conflict, with many displaced persons unaccounted for (Internal Displacement Monitoring Centre (IDMC), 2019a). In recent years, Sub-Saharan Africa, and particularly the Lake Chad region, have had to deal with serious situations of internal displacement. In 2009, Boko Haram, an Islamist group began insurgency activities in Northern Nigeria, and soon spread to other countries in the Lake Chad Basin, Niger, Chad and Cameroon (ibid.). The activities of the insurgent group coupled with the counter-insurgency activities of the countries' military and Multi-National Joint Task Force (MJTF) and other crises arising from the region, have led to intense displacement in the countries within the region, accounting for over 2.2 million displaced persons as at the end of 2017 (IDMC, 2018).

Of the number of people displaced from their homes and communities, more than 60% are children (IDMC, 2019a), and they are amongst those made most vulnerable by these humanitarian crises. In Nigeria, displacement exposes children to several risks and destabilises them at a time when they desperately need protection and stability (Olusegun & Ogunfolu, 2019). IDC end up in different camps which are supposed to serve as safe havens for them, however, because of their age, weak status and inability to protect themselves, they are abused, neglected and exploited. They suffer gender-based sexual violence (Mapiko & Chinyoka, 2013), with young girls being forced to trade sex for food, water, and medicine supplies due to scarcity in camps (Olusegun & Ogunfolu, 2019). IDC also face critical physical and health conditions arising from hunger and malnutrition (The Guardian Newspaper, 2016; Nsude & Nwanchor, 2017); exposure to health hazards from poor sanitisation, poor access to medical care, lack of clean water, the trauma of displacement, and overcrowding (Mooney & French, 2005); and diseases like malaria, diarrhoea and acute respiratory infections (Owoaje et al., 2016). The psychosocial instability caused by displacement also affects children's ability to learn (IDMC, 2019b); especially considering that displacement forces children out of school, limiting their access to high-quality education.

These vulnerable conditions of IDC have led to the intervention of different professionals in a bid to curb the risks they are exposed to and protect them against future risks. Social workers, teachers, psychologists, physicians, and other human service-oriented professionals help children living in displacement cope amid adversity and develop resilience. Social workers and psychologists help displaced children recover from exposure to trauma (US Department of health and human services, 2012) using case work or group work (White et al., 2009). Social workers also assist through resource mobilisations and linkages to resource systems and

community services (Okitikpi & Aymer, 2003). Other professionals, like teachers, provide trauma-informed care to displaced children through education which reinforces their healing, psychosocial development and acculturation (Hoot, 2011) and programmes like early care and education (Bartlett, Smith & Bringewatt, 2017) while lawyers collaborate with professionals like social workers to advocate for protection of displaced children's rights (Bolton et al., 2012). Clinicians assist in assessment of children's health needs and provide medical related support (Seery, Boswell & Lara, 2015; Musliu et al., 2019).

The support provided by these professionals and the relationship they establish with displaced children can both make a difference in the children's lives and affect the lives of professionals. Children with severe trauma-induced emotional and behavioural problems can inflict stress on those working with them thereby limiting their capacity to provide effective support (Gilliam, 2005). This is evidenced by the professional-child conflict caused by stress and professionals' inability to decide on the best course of action (Cole et al. 2005; Whitaker, Dearth-Wesley & Gooze, 2015). Working with displaced children can also lead to secondary trauma, and physical and emotional exhaustion. Many professionals get overwhelmed by working with trauma-exposed displaced children which may lead to burn-out and have resulted to many professionals quitting their jobs (Bullough, Hall-Kenyon, & MacKay, 2012), which may in turn disrupt professional-child relationships and worsen the children's emotional wellbeing (Hale-Jinks, Knopf, & Knopf, 2006).

Despite the dire conditions faced by IDC, the demonstrated need for professional assistance to children and the impact of this assistance to professionals working with IDC, the Nigerian government has no existing policy or framework which stipulates the roles of actors assisting IDC and outlines their responsibilities and support available to them from the state. However, in addition to being signatory to the United Nations Convention on the Rights of the Child (UNCRC) which emphasises the child's best interest and the African Union's (Kampala) Convention for the Protection and Assistance of Internally Displaced Persons (IDPs) in Africa which outlines the duties of states in protecting and assisting IDPs, including children (UNHCR, 2019), Nigeria has a Child's Rights Act which upholds children's best interest (Federal Government of Nigeria, FGN, 2003). This Act, which is yet to be domesticated across all states in Nigeria, does not however fill the gap for a framework or policy focused on IDC and the roles/responsibilities of those who work with them. Although the advocacy programme of the National Commission for Refugees led to drafting of the National Policy on Internal Displacement in Nigeria in 2003 (Mohammed, 2017) which makes provision for the wellbeing of IDC (Federal Republic of Nigeria, FRN, 2012), this remains only a draft still unadopted by the legislature.

1.2 Statement of the Problem

The traumatic experiences IDC are exposed to and vulnerabilities they face before displacement, on the flight from their homes, and while resettled in IDP camps (IDMC, 2019a; Olusegun & Ogunfolu, 2019; Sabates-Wheeler, 2019) necessitate the intervention of professionals who play both curative and preventive roles in the lives of the children. Governmental institutions, international organisations, Non-Governmental Organisations (NGOs), and Faith-based organisations respond to the needs of IDC through the efforts of professionals from diverse fields, such as social work, pedagogy, health care, psychology, community development etc. These professionals carry out diverse tasks to ensure the lives of IDC are improved. They provide or facilitate IDC's access to educational, social, psychological, recreational and medical services necessary for their protection and wellbeing (Brownell &

Basham, 2017; Cowles & Griggs, 2019; Lacey & Viola, 2019; Musliu et al., 2019). But they encounter numerous challenges in their work with displaced children, including stress, distress from exposure to traumatic stories, institutional and organisational limitations, non-cooperation from the displaced persons themselves, limited resources, and difficult work experience (Century, Leavey & Payne, 2007; Guhan & Liebling-Kalifani, 2011; Masocha, 2014; Lusk & Terrazas, 2015; Apostolidou, 2016; Wirth et al., 2019).

In Nigeria, the experience of professionals who work with IDC is very invisible in literature. Seeing that there are no state-defined frameworks for working with IDC in Nigeria, it is especially important to gain insight on how professionals intervene in the lives of IDC in Nigeria. Although there are scholarly works on issues concerning IDC in Nigeria (Owoaje et al., 2016; Olusegun & Ogunfolu, 2019; Nsude & Nwanchor, 2017), there is a gap in literature on studies focused on exploring the experiences of professionals who work with IDC in Nigeria. Available literature on working with displaced and trauma-exposed children are studies done outside of Nigeria (Okitikpi & Aymer, 2003; Cole et al., 2005; Seery, Boswell & Lara, 2015; Whitaker, Dearth-Wesley & Gooze, 2015; Musliu et al., 2019). This study attempted in filling this existing gap in knowledge by focusing on the voices of professionals and exploring their lived experience of working with internally displaced children in Nigeria.

1.3 Significance of the Study

The area of professionals' experiences working with IDC is a research area with very little written on it. To the best of my knowledge, this is the first research to explore the experiences of those who work with displaced children in Nigeria. Thus, a theoretical importance of this study is that it fills an existing gap in knowledge while also adding to the body of existing knowledge on internal displacement, forced migration, and social work intervention with displaced populations. It contributes significantly to the scholarly work on social work practice with children in Nigeria and the global South in general. Empirical findings from the study expose challenges faced by professionals who work with IDC and the children themselves, thereby providing evidence-based knowledge that can be useful to practitioners, the Nigerian government, and international and non-governmental organisations, in providing care to displaced children and responding to challenges. This may lead to the creation and/or improvement of policies and practices to positively impact the wellbeing of professionals and the IDC they work with.

Findings from this study also prove significant to social work profession and education in Nigeria. They could guide social work departments in Nigerian higher institutions to develop curricula focused on the complexities and intricacies of working with children in adverse life situations and their families. This study's findings could be useful in training future and current social workers and professionals who work with children on best practices to improve the lives of displaced children in Nigeria. The findings also reveal the need to conduct further research in Nigeria on different aspects of working with IDC and displaced populations in general.

1.4 Research Objective

This study was interested in how professionals in Nigeria work with vulnerable children who were displaced from their homes and now live in IDP camps. The aim of the study was to explore the experiences of professionals who work with IDC in Nigeria, revealing how they work with the children, challenges faced working with IDC, and opportunities and resources in working with IDC.

1.5 Research Questions

The main research question to guide this study was: "What is the experience of working with internally displaced children in Nigeria like for professionals?" Specific research questions include:

- How do professionals work to improve the lives of IDC in Nigeria?
- What are the challenges in working with IDC in Nigeria?
- What are the opportunities and resources in working with IDC in Nigeria?

1.6 Scope of the Study

This research focused on professionals in the social care field who work with IDC in Nigeria. This is a valuable contribution to body of knowledge, seeing that there is a dearth of literature focused on working with children affected by armed conflicts (Betancourt & Williams, 2008; Lloyd & Penn, 2010), especially in the context of Nigeria. Although it would have been important to include the displaced children in the study and give voice to their experiences, time limitation for this dissertation and ethical considerations around conducting research with children strengthened the decision to limit the study to the perspective of professionals.

1.7 The Study's Relationship to Social Work with Families and Children

Integral to this Master's programme and social work in general is the welfare of children, especially vulnerable ones, and their families (Berg & Kelly, 2000; Welbourne, 2012; Kamerman & Gatenio-Gabel, 2014). Social work, from its inception, has been committed to protecting the rights and wellbeing of vulnerable populations such as displaced persons (International Federation for Social Workers (IFSW), 2012; Boccagni & Righard, 2020). Internally displaced children are vulnerable persons whose welfare cannot be fully considered if no attention is given to professionals who work with them. This study was situated within the framework of social work with families and children as it focused on how professionals work with children living in internal displacement and revealed findings relevant to the welfare of displaced children and their families.

1.8 Organisation of the Study

The chapter following this introductory chapter discusses the theoretical background and policy framework for this study using existing literature and policies on working with displaced children. After that, the methodology chapter is presented, giving an overview of the study context, data collection and analysis methods, trustworthiness and ethical considerations. The results chapter follows next, accompanied by the chapter focused on discussion of the research findings. In the last chapter of this report, I discuss the study limitations, outline some recommendations flowing from the study and conclude the report.

CHAPTER TWO: LITERATURE REVIEW

In this chapter, I present the theoretical background to frame this study, using existing literature on working with internally displaced children (IDC). The chapter begins with an introduction to internal displacement, followed by a presentation on internal displacement and children. After that, the discussion centres on working with displaced children, and then moves on to the challenges of working with IDC, and the opportunities and resources in working with IDC. Finally, a policy framework is presented, focusing on international and local legal instruments which cover and protect IDC.

2.1 Introduction to Internal Displacement

Internal displacement involves forced migration within a country, following cases of conflicts and/or disasters. It occurs when residents of a country are forced to move from their homes and/or home regions to a different location within the same country, due to war, earthquakes, and other forms of conflicts and disasters (Naidu & Benhura, 2015; IDMC, 2019a). A large percentage of those who survive war and political persecution are internally displaced persons (IDPs), and they are situated in developing regions of the world (Robinson, 2014). The 1998 Guiding Principles on Internal Displacement (GPID) comprehensively defines IDPs as:

> Persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human- made disasters, and who have not crossed an internationally recognized state border (Cohen, 2004, pp 465-466).

IDPs are similar to refugees in the sense that both groups have been displaced from their homes and communities following conflicts, disasters and human rights violations and have to seek solace in a different place. While refugees move from their countries to a relatively safer country to seek refuge, IDPs remain in their own countries, which might be responsible for their predicament, and often do not find better physical safety or protection in the new areas where they have been displaced or relocated to than they would in their original communities (Nylund, 1999; Mooney, 2005; Naidu & Benhura, 2015). Refugees are covered under the UN refugee Convention while IDPs remain under the protection of their governments, restricting the latter's access to special humanitarian provision and legal protection available to refugees (Cohn 2013). Displaced persons often fare no better in displacement than they would if they remained in their homes and communities.

Whether resettled in camps, as is the case in Nigeria, or in non-camp settings, as is the case in many countries in Africa (Naidu & Benhura, 2015), IDPs are subjected to inadequate food, water, and shelter, as well as security and health risks. Although IDPs in non-camp settings tend to be left out of humanitarian provisions (IDMC, 2011), those who live in camps also find their situations extremely challenging (Naidu & Benhura, 2015). IDPs in camps lack access to sufficient resources, and are exposed to diseases, poverty and human rights violations (Lomo, 2000; Naidu & Benhura, 2015). In the report on managing forced displacement in Africa, Kidane (2011) shows that IDPs sometimes are in more desperate situations than refugees. A case study of internal displacement in Zimbabwe by Naidu and Benhura (2015) reveals that IDPs in Zimbabwe, although majorly owing their displaced situations to terrible governmental

policies, find themselves neglected by the government and at the receiving end of human rights abuses.

The Boko Haram insurgency which has plagued Nigeria and the lake chad region has since 2013 left nearly 2 million Nigerians displaced and about 10 million destitute and in need of life-saving services (IOM, 2017; UN OCHA, 2018; Kaiser et al., 2019). A mixed-methods study exploring the mental health and psychosocial support needs among people displaced by Boko Haram in Nigeria showed that IDPs have a high level of mental health needs (Kaiser et al., 2019). While a qualitative study analysing the situation of insurgency and the invisible displaced population in Nigeria revealed that IDPs in informal settlements are vulnerable, lacking access to food, shelter, portable water, health care and quality education (Olanrewaju et al., 2019). Another study of sixty-seven refugees and IDPs from nine communities in Cameroon and Nigeria revealed that displaced persons have been affected psychologically by loss of homes and homelands, properties and loved ones (Alupo et al., 2019).

2.2 Internal Displacement and Children

Internal displacement has both short and long-term effects on children and their rights in Africa, and the world at large (Spitzer & Twikirize, 2012; Kadir et al., 2018). IDC are exposed to physical dangers and exploitation in the process of escaping the displacing conditions and when resettled in camps (Olusegun & Ogunfolu, 2019). They also suffer destitution from the loss of their parents and loved ones, and from the living conditions in camps (ibid), and face high infant and child mortality (Macro International Inc. 2007, as cited in Spitzer & Twikirize, 2012). Some of the major problems affecting IDC are discussed in the section below.

Malnutrition
Malnutrition is both an immediate and long-term problem for IDC. While seeking refuge from crisis or disasters, many IDC walk for hours without sufficient food or water which leads to malnourishment even before getting to the IDP camps (Olusegun & Ogunfolu, 2019). While at the camp, they still struggle to get enough food. Oluwatosin, Tosin and Udo (2019) in their qualitative study on malnutrition among IDC in Nigeria revealed that many IDC in Adamawa camps are exposed to poor feeding practices such as insufficient breastfeeding, and poor access to quality diet and micronutrients supplements, thus leading to malnourishment. In corroboration, Nsude and Nwanchor's (2017) study on nutrition and rights of children displaced by Boko Haram insurgency in Nigeria revealed the malnourished state of IDC and the failure of the Nigerian government in responding effectively to their nutritional needs.

Malnutrition places IDC at risk of diseases and health complications. A cross-sectional study by Olwedo et al. (2008) on factors associated with malnutrition among children in IDP camps in northern Uganda with anthropometric measurements of 672 children aged 3 – 59 months, which revealed that 52.4% of IDC suffer acute malnutrition, indicated that malnutrition affects the health of IDC leading to comorbidity of diseases like malaria. The effect of malnutrition on the health of IDC was also observed by Nidzvetska et al. (2016) in their study on maternal and child health of IDPs in Ukraine which revealed that they face poor dietary conditions which contribute to severe health risks. In addition, using two Demographic and Health Surveys from before and after the Boko Haram insurgency started, Dunn (2018) revealed poor child health outcomes in the conflict areas of Northeast Nigeria which may be linked to disruptions to social services and increased food insecurity.

Health
The problem of malnutrition discussed above and other risk factors expose children to many health conditions. For example, Umar, Suleiman and Magaji (2018) discovered in their study on health risks amongst IDPs in Pompomari Camp, Damaturu-Nigeria that, judging from the 165 IDPs sampled, children were most predisposed to health risks such as inadequate sanitation, vector control, malnutrition and poor housing standards which expose them to disease carrying insects and rodents. Children's vulnerability to diseases during displacements was also revealed by Olwedo et al.'s (2008) study with 672 IDC in Northern Uganda which showed the presence of comorbidity resulting from acute malnutrition with risks of further health deterioration. Conditions of camps and weakness of health institutions expose IDC to significant health challenges. A qualitative study by Nidzvetska et al. (2017) on maternal and child health of IDPs in Ukraine revealed that weak healthcare system, Ukraine's proneness to informal payments, and heavy bureaucracy to register as an IDP halted or delayed vaccinations in children, while poor dietary conditions were a major source of health problems amongst IDC. A comparative study by Charchuk et al. (2016) examining the burden of malaria among children in IDP camps and neighbouring village in the Democratic Republic of the Congo revealed displacement to be a risk factor for malaria as IDC lived in camp environments suited for mosquito breeding and with limited bed nets.

In addition to physical health challenges, IDC face mental health challenges such as anxiety, depression and post-traumatic stress disorder (PTSD). Hasanovic, Sinanovic & Pavlovic (2005), in their study on acculturation and psychological problems of adolescents from Bosnia and Herzegovina during exile and repatriation, with a sample of 239 (120 repatriated and 119 internally displaced) children, observed that displaced children suffer severe traumatic experiences, PTSD, anxiety, depression, and somatic conditions. Another study by Mels et al. (2010), which sampled 217 IDPs and 496 returnees (plus 106 non-displaced peers) to explore the psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents affected by war, revealed that higher exposure was associated with higher symptoms of PTSD amongst both displaced children and returnees. Morgos, Worden and Gupta (2008) also examined the psychosocial effects of war experiences among displaced children in southern Darfur, using data from 331 children, which showed that children who experience abduction, hiding for protection, rape, being forced to kill or hurt relatives, and seeing someone burned alive indicate stronger predictors of symptoms of PTSD

Education
Violence, terrorism and war disrupts children's education, leaving many at risk of exclusion from education. In addition to children becoming educationally disadvantaged because of abduction (Abayomi 2018) and forceful recruitment (Atkinson 2019), those who escape and are displaced further face educational challenges. Wanjiru (2008) conducted an ethnographic study on inclusive education for IDC in Kenya with a sample of 16 conflict-affected children, revealing that traumatic experiences, loss of families and caregivers' sources of income in the process of displacement, and difficulties in forming new relationships affect IDC's ability to learn and access education. The risk of educational exclusion was further observed by Badau and Ndagana (2016) in their study on managing multicultural education programmes for rehabilitating Boko Haram IDPs in refugee camps of North Eastern Nigeria which revealed that many children displaced because of Boko Haram insurgency are excluded from multicultural education programmes which are tools for child protection in crisis situations.

More so, a qualitative study by Olanrewaju et al. (2020) on advancing media advocacy for inclusive education for sustainable development showed that IDC have limited access to

education because of insufficient facilities and writing materials, poor income to fund tuition, lack of teachers, and discriminatory admission conditions in free-tuition schools. The study further revealed the poor quality of education received by IDC in Nigeria. A phenomenological study with eleven participants in Zimbabwe revealed that IDC experience discrimination and ostracism from the host community (Mapiko & Chinyoka, 2013). Findings further show that in addition to lack of economic protection placing IDC at risk of quitting school, they have limited educational opportunities because international and local actors focus on security and provision of basic needs (ibid). Finally, Nwadike et al. (2016), in their study on planning education for IDPs in Nigeria, observed that inadequate funds and manpower, lack of statistical data, and a missing system of education designed to cater to the needs of vulnerable children are major challenges to providing IDC with quality education.

Safety and security issues
The conditions of IDP camps expose IDPs to safety and security risks (Obaji & Alobo, 2016), which children are most vulnerable to, as many face exploitation and abuse because of their inability to defend themselves (Asad et al., 2013). Atkinson (2019) in his study on understanding violation against children in armed conflict using data from 28 countries including Nigeria, revealed a statistically significant correlation between displacement and violation of children. Horn (2009) surveyed 23 key informants and 89 displaced persons on coping with displacement in Northern Uganda, revealing insecurity as a major problem for displaced persons, caused mainly by activities of the rebel group. Kostelny and Ondoro's (2016) study on structural violence and the everyday stresses of IDC in Somaliland and Puntland with thirty-six teenagers and adults revealed that IDC are placed at risk of engaging in heavy work, dropping out of school, being in dangerous situations where they might be raped, and using drug and alcohol because of parental neglect and structural violence. IDC in Nigeria face similar safety and security risks. For example, studies by Adewale (2016) and Obikaeze and Onuoha (2016) revealed the prevalence of physical and Gender-Based Violence in camps, and an overall poor governmental response to insecurity in camps.

2.3 Working with Internally Displaced Children

Professionals who work with IDC deal with a whole range of issues and carry out different tasks. For example, a study of staff working with displaced populations in the UK revealed that the range of tasks carried out by workers include dealing with clients' mental health challenges and listening to their accounts of traumatic experiences (Guhan & Liebling-Kalifani, 2011). In working with IDC, professionals approach their work holistically, looking at children's full needs and services to be provided to ensure optimal functioning. Drawing on the experiences of Cambodian refugees in the United States, Ostrander, Melville and Berthold (2017) show that social workers occupy a unique position to provide holistic care and advocacy for displaced populations using an ecological perspective. A holistic outlook to service provision may require a single professional taking on multiple roles. Using a case study which explored work with an asylum seeker in England, Cowles and Griggs (2019) reveal that in addition to therapeutic work, substantial time is spent liaising with different organisations to address other social needs of the client and helping them access relevant resources.

Professionals engage in multidimensional service provision because the needs of IDC are multidimensional. IDC face health, psychological and social challenges thus professionals must work to facilitate their access to necessary services to address these challenges. Findings from the study of IDC in Somaliland and Puntland reveal that a holistic grounded approach to understanding and supporting IDC is an important aspect of working with and for them

(Kostelny & Ondoro, 2016). This focus on holistic intervention in working with IDC is also highlighted by Kar (2009) who, drawing on findings from literature on impacts of disasters on children, shows that effective interventions with children who have been exposed to disasters require an integrated approach that incorporates psychological, social, educational and clinical strategies.

Intervention strategies focused on the mental and psychosocial wellbeing of IDC are employed in working with them. A study by Dybadahl (2001 a, b) of internally displaced Bosnian mothers and young children showed the use of support group intervention to improve cognitive and psychosocial development of the children. Since IDC have been exposed to situations which affect them physically, psychologically, and socially, working with them to overcome the risks they are exposed to entails a focus on their psychosocial wellbeing and development. A study carried out on internally displaced orphans in Eritrea reveal the use of intervention methods focused on cognitive and psychosocial development and functioning of the IDC (Wolf et al. 1995a, b, and Wolf & Fesseha, as cited in Lloyd & Penn, 2010). Another study of displaced children from Sudan in Ethiopia also revealed the use of diverse group interventions focused on the psychosocial development of displaced children (Paardekooper 2002, as cited in Lloyd & Penn, 2010).

The multidimensional work done to improve the wellbeing of IDC also involves education. The study of internal displacement in Zimbabwe by Naidu and Benhura (2015) revealed that education is a fundamental sustainable solution to the situation of IDC, especially considering that they suffer from gaps in their education and learning development created by crisis-induced school interruption and lost school years. IDC often have their educational needs relegated to the background in favour of provision of needs considered more pressing, such as nutrition, shelter and health (Mooney & French 2005; Naidu & Benhura, 2015) however, despite the non-priority status given to education of IDC by governments and humanitarian response teams, access to education is crucial to their development and wellbeing. In a study focused on NGO strategy toward the reintegration of child soldiers in Liberia, Brownell and Basham (2017) discovered that the services provided in the work with these children include psychosocial counselling, economic empowerment and capacity building, and educational services.

Education plays a significant role in the work social workers and other care professionals do with displaced children. Workers who realise the importance of education in improving the wellbeing, development and functioning of children incorporate it in their work with IDC. In a report on strengthening education systems for long-term education responses in DRC and Nigeria, Lacey and Viola (2019) stressed the importance of education for children in emergency setting, explaining that building core child-centred pedagogical competencies is critical to sustainable development. This education of IDC is not restricted to formalised institutions. In the reintegration efforts directed at Liberian child soldiers, NGOs and professionals focused on formal education as well as skills-training on areas like savings and management, conflict prevention and management, gender education, human rights etc., implementing programmes focused on promoting social inclusion, child protection and youth development (Brownell & Basham, 2017).

Another dimension of intervention with IDC to improve their wellbeing involves a focus on exposure to trauma and abuse. In a qualitative study of 14 school nurses' experiences working with unaccompanied refugee children in Sweden, the nurses highlighted the importance of knowing how to care for children exposed to chronic trauma and adversity (Musliu et al., 2019). Considering the traumatic situations of many IDC, professionals who work with them provide

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trauma-informed care, acknowledging the trauma the children have gone through and working to navigate the effects of their difficult pasts. However, working with IDC is not restricted to a focus on risk and past trauma, it also entails a focus on their strengths and resources, and maximising these to prevent future trauma and abuse. In a paper on preventing abuse and trauma to IDC living in camps due to disasters, Asad et al. (2013) propose a psychosocial framework to protect vulnerable IDC, decrease risk of trauma and abuse, and maximise their strengths and resilience.

Working with IDC involves a fine task of juggling and balancing; workers have to take on a holistic outlook service provision and find a balance between focusing on assessing and combating risks and assessing and maximising strengths. Since IDC are at a disadvantageous position compared to children outside of displacement, the goal is to work to remove them from adversity and empower them. Rojas (2020) reported working with displaced families from the Hurricane using Community Based Participatory Research (CBPR) with the goal of empowering them. Empowerment and strength-focused approaches are core practice approaches in social work which workers adopt especially when working with vulnerable populations who have had power stripped off them. Strength-based practice entails showing appreciation for service users' unique capacity and working to maximise their strengths and resources (Welbourne, 2012; Healy, 2014). In a qualitative study which explored the experiences of 13 counsellors who work with refugees, Century et al. (2007) found that workers admired and maximised the courage and dignity displayed by refugees in the face of adversity.

In working with IDC in a strengths-based manner, professionals take on a child-centred approach. The study by Century et al. (2007) on the experiences of counsellors who work with refugees showed that the counsellors worked in a client-centred manner, letting the refugees lead the way and encouraging them to tell their stories. Client/child-centredness is not only evident in how IDC are encouraged to tell their stories but also in how intervention programmes are carried out in consideration of their specific positions, social contexts and existing resources. In the study of displaced Sudanese children in Ethiopia, Paardekooper (2002, as cited in Lloyd & Penn, 2010) reported that programmes designed for children were informed by their culture and heritage, and included games and activities indigenous to the children. This contributed in emphasising strengths and coping capacities of the displaced children (Lloyd & Penn, 2010). Emphasising the strengths and resources of IDC involves first recognising those strengths and resources, which may reside within their social networks and communities. A study of sixty-seven refugees and IDPs from nine communities in Cameroon and Nigeria revealed that host communities play a significant role in reintegrating and supporting IDPs (Alupo et al., 2019).

Designing and implementing intervention programmes and psychosocial activities which suit the contexts of IDC and emphasise their resources require sensitivity to and awareness of the specifics of their context and culture. For example, a worker from a highly individualistic society may not consider communal and extended family systems as resources and may thus, if not sensitive, miss out on a significant resource system of IDC from communal contexts. A study of displaced women in Northern Uganda revealed engagement in livelihood, sociocultural activities, and maintenance of family and social relationships to be important protective factors for displaced persons (Corbin & Hall, 2019). Another study focused on female IDPs in Lagos Nigeria showed that although displacement comes with a myriad of challenges, extended family members are a significant source of support for IDPs (Oyefara & Alabi, 2016). Sensitivity to IDC's specific contexts can help workers see aspects integral to children's identities and way of being that, when integrated into service provision, can make a big difference. A study with

ten IDC in Sri Lanka showed the use of religious and cultural rites and symbolisms in dealing with loss, coping with life in displacement and creating new meanings and identities (Asokaraj, 2011). When workers are sensitive to the resources available within and around IDC, the resources can be utilised and strengthened to serve as protective factors and sources of strengths for children.

The entirety of the work with IDC is anchored on engaging and collaborating with them and their social networks. In her work with displaced families, Rojas (2020) reports using several techniques to establish relationship with the displaced persons, including their language and culture. IDC need to feel safe with professionals to open up to them and work efficiently together. Century et al. (2007) found that counsellors providing primary care to refugees in the UK focused on providing this population with a safe space to help establish trust and build engagement. In corroboration, Guhan and Liebling-Kalifani's (2011) study of staff working with displaced populations in the UK revealed that the successful accomplishment of tasks require that staff develop rapport and valuable relationships with displaced persons. Working with IDC requires establishing professional relationships that communicate respect and trust to the children, and respecting children's agency and rights. In a study of UNRRA relief workers and European displaced persons, Salvatici (2012) revealed that workers used recreation as a tool to re-educate and rehabilitate displaced persons, seeing displaced children not just as minors who need assistance but also as people entitled to rights.

Professionals who work with IDC have to be competently trained both in working with children and in working with people who have been exposed to trauma. The study of nurses who work with refugee children in Sweden revealed the importance of training on PTSD, how to gain the trust of mistrusting children and adolescent refugees who have had devastating experience, and how to respond to their needs and support them (Musliu et al., 2019). The study also showed that competence in this area requires knowing the importance of working in collaboration with other service providers, stakeholders, and external organisations (ibid.). The study by Century et al. (2007) on working with refugees revealed that some counsellors admitted to needing additional educational resources and training to combat ignorance of significant cultural features of the cases they are involved with. Robinson's (2013) study with health and social workers working with refugees and asylum seekers in Australia and the UK identified the importance of improved training focused on working with displaced persons.

2.4 Challenges Faced Working with Internally Displaced Children

Working with people who have gone through traumatic experiences, such as IDC, can be immensely challenging and have a negative impact on social workers and other professionals who provide care (Guhan & Liebling-Kalifani, 2011). Professionals who work with IDC face organisational and institutional limitations that can hinder successful practice; insecurity issues; and challenges emanating from the practice context, the children and their families. A qualitative study which analysed working conditions and strains on social workers in refugee and homeless aid in Germany revealed that social workers experience emotional distress from exposure to personal stories highlighting the traumatic experiences of the refugees (Wirth et al., 2019). They also face challenges caused by work-induced stress owing to heavy workload of diverse tasks, fear for their safety, language barrier which serves as a limitation to effective communication and makes work more time-consuming, high and unrealistic expectations from service users, poor reliability and commitment among service users, and help refusal or lack of cooperation from service users (ibid.).

Working with traumatised IDC can take a toll on workers, causing them stress and secondary trauma. In their study, Guhan and Liebling-Kalifani (2011) found that staff who work to support displaced persons are exposed to traumatic stories which they are unable to fully deal with and keep from personally impacting on their own psychological wellbeing. Working with IDPs exposes professionals to distressing secondary trauma. A study of caregivers who work with Mexican and Central American refugees revealed that workers were personally affected by the trauma the displaced persons have gone through and showed physical symptoms of trauma exposure (Lusk & Terrazas, 2015). A phenomenological study examining the lived experience of 13 frontline clinical and administrative staff who work with refugee survivors of torture and trauma in Australia, revealed that workers face distress hearing traumatic stories and trying to navigate other work challenges (Barrington & Shakespeare-Finch, 2013). According to Century et al. (2007), hearing the stories of displaced persons have upsetting effects on counsellors, sometimes resulting in inability to control themselves during counselling sessions.

To engage with IDC, hear their stories and effectively work with them to navigate challenges and build their capacities, workers have to develop relationships with them, which may grow stronger with time and prove difficult to end or limit to just professional work. Studies show that maintaining professional boundaries is a major challenge to working with displaced persons. For example, in the study conducted with staff at a refugee centre in the UK, Guhan and Liebling-Kalifani (2011) found out that while workers found the relationships that they developed with their displaced and asylum-seeking clients valuable, some faced difficulties in ensuring the relationships remain solely professional. The study also revealed that workers were challenged by the rollercoaster of emotions they faced in response to the job, ranging from frustration, anger and stress to feelings of sadness, helplessness, anxiety and depression (ibid.). In another study focused on working with refugees, Century et al. (2007) discovered that most counsellors faced difficulties with maintaining client-counsellor boundaries, with some feeling some refugees came with false expectations of them, which could affect their work. Boundary lines become blurred and professionals are faced with managing high expectations from the service users (Cowles & Griggs, 2019).

In addition to secondary trauma and boundary issues, workers face challenges that come directly from IDC themselves or their families, sometimes brought on by a disconnect between immediate needs of the children and services being provided by workers. IDC may be unwilling to engage with workers or to participate in set activities, making service provision difficult for professionals. Masocha (2014), in his qualitative study to explore linguistic strategies employed by 25 social workers who work with asylum seekers, revealed constraints to social workers' practice ccaused by the reluctant attitudes and behaviours of service users. Many service users were only interested in monetary benefits, what they considered most useful to them, and not the involvement with social work and workers (ibid.). As has been shown in previous sections, IDC and their families have challenges accessing food and other basic resources, hence, they prioritise access to these basic resources over educational or psychosocial services. This may result in workers finding it challenging engaging IDC in activities and programmes that do not involve food or monetary gains.

Lack of resources limits workers from providing sufficiently for all the needs of IDC or even ensuring they get access to basic services. The study of social workers working with asylum seekers revealed that social workers struggle with limited resources and strive to guarantee service users' access to the best services (Masocha, 2014). To manage limited resources, organisations set thresholds for the kinds of risks to attend to and categories of IDC to work with, thereby leaving out some children who may need access to services. According to

Masocha (2014), the institutional thresholds for service provision in the UK play a significant role in determining workers' involvement with asylum-seeking families, resulting in some children in need and their families receiving low level of intervention because they are not considered child protection cases by the institutional thresholds.

The challenge of limited resources is especially felt by professionals who work with Non-governmental Organisations (NGOs). The not-for-profit sector is characterised by high demand on resources and competition for funding to provide the needed resources to people in need (Robinson, 2014). Professionals in NGOs undergo constant tension trying to provide services with limited resources. In a study examining law clinics in IDP camps in Nigeria, Abdulkadir (2019) found out that projects in the humanitarian sector are challenged by limited funds. The study on child soldiers in Liberia revealed that NGOs encounter challenges in limited funding, and rely on community participation and collaboration with other NGOs to overcome the challenges (Brownell & Basham, 2017).

In addition to limited resources, working with IDC has other institutional challenges. In the study of social workers in refugee and homeless aid in Germany, Wirth et al. (2019) discovered that many workers are challenged by institutional conditions of bureaucracy, financial limitations, poor cooperation with public authorities, social barriers for service users and difficulties in helping clients access support services. In the study by Masocha (2014), workers reported facing difficulties brought on by lack of adequate training and absence of a policy framework to guide their practice, especially in complicated cases. The workers reported challenges caused by language barriers and limited capacity of translators which affect the effectiveness of their engagement with service users (ibid.).

Professionals who work with IDC engage a range of systems from the micro to the macro level, and face challenges brought on by these systems. For example, a study of practitioners who work with asylum seekers in the United Kingdom revealed that some professionals find themselves in situations where existing policies and interests of the organisations they work with conflict with their advocacy work and psychosocial approach to solving service users' challenges (Apostolidou, 2016). Even the very nature of the environment where professionals work with IDC can be challenging. In the study of law clinics in IDP camps in Abuja – Nigeria, Abdulkadir (2019) discovered insecurity to be a major concern in the camps both for IDPs and workers.

2.5 Opportunities and Resources in Working with Internally Displaced Children

Working with IDC is not all stress and challenges; there are pleasurable aspects to the work. The study by Guhan and Liebling-Kalifani (2011) revealed that professionals who work with displaced populations find several aspects of their work rewarding; such as how the work fits into their personal value system and motivations, the satisfaction gotten in seeing improvement in the lives of the displaced persons, and the gratitude they get back from the displaced persons and children whose lives have been made better. Professionals from the study reported deriving satisfaction and accomplishment from seeing the progress in the lives of service users, resulting in positive emotional effects which appeared to compensate for challenging aspects of the job. For many professionals, the positive aspects of working with displaced persons far outweigh the challenging aspects (ibid.).

In the study focused on working with refugees in the UK, participants reported deriving a sense of purpose from their work, feeling privileged to work with the refugees and hear their stories (Barrington & Shakespeare-Finch, 2013). The growth witnessed in their clients helped the workers find their work meaningful (ibid.). The work brought about positive growth in their lives and a changed philosophy; they became more understanding of others, more appreciative of the good in their lives, and noticed increased personal strength and positive change in their interpersonal relationships (ibid.). The study by Lusk & Terraza (2015) showed that exposure to traumatic stories can result both in secondary trauma and job satisfaction. Participants derived satisfaction from their work, receiving inspiration from the perseverance and strength the displaced persons displayed despite their difficulties and trauma.

Social workers in refugee and homeless aid in Germany reported deriving pleasure from working with displaced persons and finding the interaction pleasing and rewarding (Wirth et al., 2019). They saw immense purpose in their work and were motivated by service users' appreciation and successes (ibid.). Nurses who work with refugee children in Sweden found the job rewarding and a good learning opportunity to work with the displaced children and learn about their different culture (Musliu et al., 2019). They also saw rewards in the appreciation the refugee youths showed for their efforts (ibid.). The pleasure derived from the job motivates professionals to strive on. A study that assessed the needs and motivators of professional and volunteer refugee aid workers, using quantitative responses from 135 aid workers in Germany revealed that workers find the work with displaced persons challenging but also find helping others to be a highly motivating factor for the work with service users (Borho et al., 2019).

In addition to the rewards gotten from the job serving as motivating factors, workers have to employ different strategies to cope with work challenges and keep giving their best to the work. The study with staff working with refugees in Australia, revealed that many workers engage in meaning-making process, to move from the position of vulnerability to that of growth (Barrington & Shakespeare-Finch, 2013). They employ self-care strategies such as undergoing personal counselling sessions as a way to make meaning of their situations, meditation, healthy eating, practising mindfulness, regular exercising, developing healthy work-life balance, communicating to loved ones about work-related stress (ibid., p.96). Professionals draw strength from different areas, to cope with challenges from the job. The study by Lusk and Terrazas (2015) revealed that culture, traditions such as ethnic identity, church etc, and informal social networks such as extended family networks are protective factors and sources of strength for Hispanic workers.

Supervision also plays a critical role in helping workers navigate work challenges and function effectively. The study by Guhan and Liebling-Kalifani (2011) revealed that workers consider talking about their work and getting support through supervision critical in managing the work's impact on them and their functioning. The study by Lusk and Terrazas also revealed that supervision support is critical in reducing the effects exposure to displaced persons who have gone through severe trauma can have on professionals. This was corroborated by a study of practitioners working with asylum seekers in the UK which showed that professionals see supervision as an important source of support to help them better understand the challenges of service users and how they work in relation to those challenges (Apostolidou, 2016). Multiple studies have shown that professionals who work with displaced populations use supervision to explore suitable therapeutic styles, navigate personal and professional challenges, and make meaning of their situations (Century et al., 2007; Barrington & Shakespeare-Finch, 2013; Robinson, 2013; Apostolidou & Schweitzer, 2017). Supervision serves as a source of support, strength and guidance for workers to cope with challenges and function effectively.

2.6 Policy Framework

Both on an international and a national level, there have been policy efforts to address the needs of IDC. For instance, the UNCRC and the GPID are two international frameworks upholding the rights and wellbeing of children and people living in displacement. While the UNCRC mandates governments, organisations, families and citizens to ensure children's rights are respected and their best interests considered (Oberg, 2012), the GPID details the protection and assistance standards for IDPs at different stages of displacement: pre, during and post, with the primary responsibility for IDPs resting on their governments and additional support from international humanitarian organisations (Cohen, 2004). The UNCRC and GPID guarantee IDC's access to material assistance and protection rights against violence and abuse.

On a regional level, the Convention for the Protection and Assistance of Internally Displaced Persons in Africa which was adopted by the African Union in October 2009 serves as the framework for protecting and assisting displaced persons and children in the region (UNHCR, 2019). The treaty commonly known as the Kampala Convention builds upon the GPID and stands as the world's first and only continent-binding treaty for protecting IDPs (ibid.). It upholds the rights of IDPs within Africa and mandates member states to assist and protect the rights of IDPs in their states. Nigeria became a signatory to the treaty in 2012, thus, the government and other actors involved in working with IDC are mandated to do so within the framework of the treaty.

On a National level, through advocacy efforts of the National Commission for Refugees, Migrants and IDPs (NCFR), a presidential committee was created in 2003 to draft the National Policy on Internal Displacement in Nigeria (Mohammed, 2017). Although this policy provides for the protection and wellbeing of IDC in Nigeria and outlines the responsibilities and roles of the different levels of government and other actors in supporting IDPs (FRN, 2012), it remains a draft, yet to be adopted by the legislature despite having been revised twice, in 2009 and 2012 (Mohammed, 2017). In the absence of a National policy response, the National Emergency Management Agency (NEMA), the emergency management agencies of different states, and organisations and professionals who respond to the plight of IDC in Nigeria, do so using their organisational policies, professional codes of conducts and the Nigerian Child's Rights Act (CRA) of 2003.

In conclusion, children rank highest among the civilian casualties of wars and crises (Lloyd & Penn, 2010), and although there is a dearth of literature focused on appropriately working with children affected by armed conflicts (Betancourt & Williams, 2008; Lloyd & Penn, 2010), working in accordance with international and national frameworks for children's rights and wellbeing is important in protecting the rights of IDC (Nylund, 1999; Oberg 2012). If professionals work within the framework of the UNCRC, GPID, Kampala convention and the Nigerian CRA, it could go a long way in ensuring a holistic protection of IDC's rights and wellbeing in Nigeria.

CHAPTER THREE: RESEARCH METHODOLOGY

In this chapter, I focus on the methodological choices for this study. The chapter commences with an overview of Northeast Nigeria, where participants for this research were chosen from, followed by a presentation of the methodological framework. The data collection and analytical methods are then discussed, and the chapter ends after the sections on trustworthiness and ethical considerations.

3.1 Overview of Northeast Nigeria

Nigeria is a multi-religious and multicultural country, with over 400 ethnolinguistic group (IDMC, 2013). The religious and cultural heterogeneity of the country which is one of its unique and beautiful characteristics, is also at the heart of several conflicts that have affected and continue to affect the country, such as the inter-communal crises in the south and the Christians versus Muslims crises in the North. The rise and dominance of Islamist groups in Northern Nigeria, such as Boko Haram, has taken the religious-inspired crisis situation prevalent in the North to a new high, with the Northeast being most affected (ibid.). Boko Haram, which was founded around 2002 in Maiduguri, but gained momentum in 2009 and spread to other states in the region and outside, has led to the death and displacement of thousands of Nigerians (Reinert & Garçon, 2014; ACAPS, 2015; IDMC, 2019a).

Although states outside the Northeast have been affected by these terrorist attacks, the Northeast has been worst hit (ACAPS, 2015). People from this region represent the largest number of IDPs in Nigeria (ACAPS, 2015; Dunn, 2018). Some of the displaced persons from the region were relocated to other parts of the country, while some were resettled in IDP camps in the region, which remains vulnerable to continuous attacks by insurgents. Professionals recruited for this study reside and work in these North-eastern states, with internally displaced children (IDC), providing services they need to overcome risks and deal with challenges caused by displacement.

3.2 Methodological Framework

To gain an in-depth insider perspective of the experience of working with IDC in Nigeria, this study was conducted phenomenologically, a method that is best suited in exploring individuals' lived experience of a phenomenon (van Manen, 1997a, b; Padilla, 2003). Hermeneutic phenomenology, based on the tradition of van Manen, was adopted for the study because of its contemporary fit in interpreting and describing a phenomenon, in this case, working with IDC. A study designed to explore and understand the phenomenon of working with IDC, from the experience and perspectives of professionals working with IDC lends itself to phenomenological research.

Phenomenology is a philosophical and research tradition influenced by Husserl, best suited for investigating personal experiences. Phenomenological research explores a phenomenon and the meaning attached to it, and produces the outcome of the research in such a way that the text comes alive to readers. In the words of van Manen, phenomenology aims at transforming "lived experience into a textual expression of its essence in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience" (van Manen, 1997a, P. 36). Phenomenology is not as concerned with the factual aspects of a phenomenon as it is

with the way the phenomenon is meaningfully experienced (van Manen, 1997a). A phenomenology study may reveal factual information about the phenomenon being studied, but the main focus is to explore the nature of the phenomenon as experienced. This study is phenomenological because it focuses on what the experience of working with displaced children is like for professionals, instead of evaluating their professional skills in working with displaced children. It sought to answer the question: What is it like for a professional to work with internally displaced children in Nigeria?

Like all 'logi', phenomenology keeps changing and developing. While Husserl was the first generation, researchers and philosophers after him have developed other understandings of phenomenology. The tradition of phenomenology which combines hermeneutic with phenomenology can be traced back to Heidegger, who in turn influenced other generations of phenomenologists like Gadamer and van Manen, on whose understanding this study is based (van Manen, 2014). Hermeneutic phenomenology favours the combination of participants' description and interpretation of their lived experience and the researcher's interpretation of the texts of lived experience in order to explore the meaning embodied in the texts (van Manen, 1997a, b).

Using hermeneutic phenomenology afforded me the opportunity to add my interpretations to participants' description and interpretation, while staying conscious of my personal experience with and pre-knowledge of working with displaced children, in order to hold my assumptions at bay and prevent them from influencing my interpretation of findings (van Manen, 1997a, b). As is the case with standard phenomenological research reports (ibid.), this research was designed to produce texts on the lives of IDC and those who work with them, that will bring their lives to the forefront of those concerned about the best interest of children, and propel them to reflect and react to improve the lives of IDC and professionals who intervene in their lives.

3.3 Method of Data Collection

Since meanings are given to lived experiences through actions like conversations, meditations etc. (van Manen, 1997a), in-depth conversational interviewing was chosen as a suitable method for extracting meaningful information from participants. Qualitative in-depth research methods, such as interviews, are suitable for exploring the varying experiences of people and understanding their viewpoints (Delanty, 2005; Hammersley & Atkinson, 2007; Bryman, 2016). The interactive nature of the one-on-one interview fit into the phenomenological framework of this study, and allowed for unrestricted conversations between the participants and I to explore their understanding of working with IDC. An interview guide was created based on the research questions to provide a structure for the interviews, although there was flexibility for discussions to focus on areas participants considered more important (see Appendix 1 for the interview guide).

The interviews were conducted at a period when in many parts of the world, movements were restricted and social-distancing measures were put in place to manage the Coronavirus pandemic, thus creating the need to conduct research from a distance. The interviews were conducted as telephone interviews using 'WhatsApp', a social messaging and calling app. WhatsApp was chosen over other media because of its cost-effectiveness and accessibility for many Nigerians, including those in displaced communities with weak internet connectivity. Although telephone interviews are considered inferior by many qualitative researchers, electronic qualitative tools are an emerging relevant data collection method (Novick, 2008;

Drabble et al., 2016), especially at a time when the world is considering borderless and physically-distant solutions to lots of endeavours. Despite their limitations, phone interviews can be effective and successful when measures are put in place to facilitate ease of discussion (ibid.).

Before making the phone calls, emails were sent to participants with information letters and the interview guide, and when they gave their phone numbers, rapport was first created through chats. During the interviews, personal discussions were held which were not included in the results; and expressions like 'hmmm', 'okay', 'yes?' were used to convey listening. Using phone calls helped to reduce the tension and awkwardness present in many face-to-face interviews (Novick, 2008), especially one between a novice researcher and experienced professionals. The informality of WhatsApp, a medium mostly used by family and friends, brought about a relaxing atmosphere and helped in power balance and ease of discussion. Data collection occurred within a period of two weeks.

A pilot interview which lasted for 30 minutes was conducted as a test-run with a social worker in Nigeria who was not one of the informants for this study. The interviews with participants lasted for an average of 61 minutes, 4 seconds and were conducted in English. The interviews were recorded using an electronic recording device, and transcriptions were made to stay as close as possible to participants' expressions. Notes were also taken during the interview to compliment the recorded interviews. Participants' demographic information, their noticeable reactions to certain questions, and points to follow-up on, were noted down during the interview. Important observations from the interview were recorded immediately to prevent poor data quality (Hammersley & Atkinson, 2007).

3.4 Selection of Interview Sample

Hermeneutic phenomenological research aims at developing a rich description (and interpretation) of the phenomenon under investigation (van Manen, 1997a), a feat that is made possible with the participation of individuals who have personal experience with the phenomenon being explored and can articulate their lived experiences using detailed descriptions (van Manen, 2014). Thus, I purposively selected participants who could provide rich detailed information about the phenomenon of working with IDC in Nigeria (Bryman, 2016). The criterion purposive sampling was employed as it focuses on the selection of individuals who have experienced the phenomenon and makes the reduction aim of phenomenology possible (Creswell & Poth, 2018).

Since the study was focused on exploring experiences and uncovering personal stories, and the data were to be collected within a limited timeframe, it was impractical to select a large number of participants. Thus, a total number of seven professionals who work with IDC in Nigeria were selected to participate in the study based on the criterion that they must be experienced in working with IDC in Nigeria. A sample size of seven is suitable for a qualitative study such as phenomenology as it allows for variation and saturation; Polkinghorne (1989, as cited in Creswell et al., 2007) recommends interviews with five to twenty-five people for a phenomenological study. The seven professionals were recruited using my personal networks and after reading the project's information letter, consented to participate in the study. Other professionals contacted could not participate due to their heavy schedule.

Participants' ages ranged from 27 to 35 years, with an average age of 27 years. The participants consisted of two females and five males who were all graduates of higher institutions, with over

two years' experience working with IDC in Northeast Nigeria, and all worked as employees of International Non-Governmental Organisations (INGOs) focused on service delivery to IDPs in Nigeria. Two of the professionals identified as humanitarian workers, one as a child protection psychologist, another as a case manager/case worker, and the last three identified as a social worker, a child protection officer and a teacher. The professionals all reside in the same community as the IDC, during the period of their work. The table below shows the demographic background of participants with pseudonymised names.

Table 1: Demographic background of professionals working with internally displaced children in Nigeria

Name	Age	Sex	Highest Educational Qualification	Profession	Number of years working with displaced children
Ahab	35	M	Master's Degree	Child protection psychologist	3 years+
Aram	30	M	Postgraduate Certificate	Humanitarian worker	5 years+
Andrew	31	M	Postgraduate Degree (in view)	Social Worker	3 years
Amina	27	F	Master's Degree (in view)	Case manager/Case worker	3 years+
Ahmad	31	M	Master's Degree	Child Protection Officer	4 years
Alita	31	F	Master's Degree (in view)	Humanitarian worker	2.5 years
Aaron	34	M	Master's Degree	Teacher	2 years

3.5 Method of Data Analysis

The analysis of data was done in line with hermeneutic phenomenological research principles to grasp the essential meaning of working with IDC. The analysis was focused on finding the essence of the interviews while staying aware of my personal positions and knowledge; this was done thematically. According to van Manen (1997a), thematic analysis helps give order and control to the process and writing. Findings from the data were categorised into themes to highlight the different aspects of the experience of working with IDC. The analysis followed a process loosely informed by van Manen's suggestion on methodological structure for hermeneutic phenomenological research. After transcribing the interviews, I took some time to reflect on the transcribed interview. I read and reread the transcripts multiple times, reading each transcribed interview and the entire transcripts multiple times, to immerse myself in the text. In between reads, I took walks in nature to reflect and try to "talk" to the interviewees, in a bid to get a deep understanding.

After multiple reads of the entire text, as suggested by van Manen (1997a), I started analysing the data for themes to get a clear structure of what it means to work with IDC. I asked myself what the professionals were talking about, in a bid to find a central theme of their discussion, and the similarities and differences in participants' positions. Texts representing common positions or different positions on the same subject, were sorted out and categorised using labels. These were done manually, without the use of any analytical software. After classifying

into categories, suitable quotations were selected to illustrate my main categories. The figure below summarises the data analysis process.
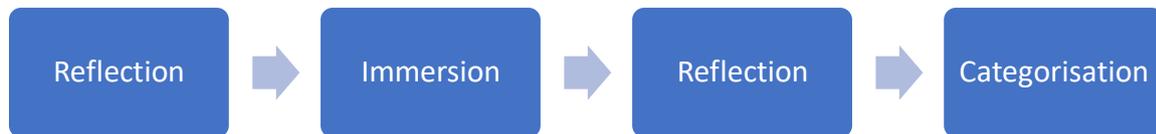
Reflection → Immersion → Reflection → Categorisation

Figure 1: Data Analysis Process

3.6 Trustworthiness

Since qualitative research is unlike quantitative research where standardised tools can be used to measure the validity and reliability of research, trustworthiness is instead used, which involves addressing the credibility, transferability, conformability and dependability of research findings (Morrow, 2005). I employed different strategies in this research to ensure trustworthiness based on these standards. To address the issue of credibility, which is my confidence in the findings, I adopted a standardised study methodology and conducted the study in a context with which I was very familiar (Gobena, 2018). In conducting the study with fellow Nigerians from a work context I was familiar with, it made it easier to eliminate translation error and gain a good grasp of the background. Researching a familiar and relatable context brought up some subjectivity issues, but I tried to manage this by staying conscious of my biases and pre-knowledge, and maintaining neutrality during the interviews.

Also, to ensure credibility, the research was conducted with professionals who were not my friends, and no special preference was given to any professional. Participation requests were sent out to ten professionals who met the criteria for inclusion, and the seven included in the study were those who volunteered to participate. No incentives were given to motivate professionals to participate in the study. Those who agreed to be interviewed did so out of their willingness to share stories of their experience working with displaced children. And they had no knowledge of what findings I wanted out of the study, which helped in reducing the possibility of them speaking to please me. Also, the fact that the professionals shared similar but not exactly identical stories showed reliability of the sources (Pierre, 2016).

On the issue of transferability, the study was not aimed at generalisation, but was conducted and reported in a way to ensure transferability. Thus, transferability addresses how the findings can be applied to other contexts (Bailey, 2007). I tried to ensure transferability through rich detailed descriptions of the research context, northeast Nigeria, and the research participants. Detailed descriptions allow for comparison of a research context to other contexts where transfer might be considered (Guba, 1981, as cited in Alkiviadou, 2018). The element of

conformability which focuses on the degree of neutrality in the research findings (Gobena, 2018), was addressed through discussion with my supervisor and colleagues throughout the entire research process. For example, after conducting my interviews, I gave my supervisor a summary of the interviews, and using this knowledge, she was able to ensure some degree of neutrality and thoroughness in my analysis and findings. Also, after creating my initial themes from the collected data, the anonymised data was sent to a third-party researcher to read through the transcripts and see what themes emerged. Comparing both sets of themes showed a high degree of conformity.

To address the element of dependability, which has to do with the extent of replicability with similar results (Shenton, 2004), I conducted thorough and detailed methodological description and background information from literature reviewed. Showing the limitations of methodological choices adopted for the study was another strategy adopted in the study (Morrow, 2005) to address the issue of dependability. In general, measures were put in place to ensure the reliability of this study. Professionals selected for the study had a good grasp of the interview questions and answered freely, and sources used in the study can generally be considered reliable as they were mostly from reputable websites and peer-reviewed journals.

3.7 Ethical Considerations

Before commencing the interviews, a thorough introduction was given to the participants, first through mail, and then verbally. They were informed what the project was about (Bryman, 2016), why they were selected, what it meant to participate in the study, how the data would be processed and analysed and what would be done with the data (Pittaway, Bartolomei & Hugman, 2010). They were informed of their rights to decline participating or responding to any questions. Written and verbal consents were obtained before the data collection began (See Appendix 2 for information and consent letter). Considering the possibility of participants forgetting this was only a study and revealing personal information they would ordinarily not tell a researcher (Deane & Stevano, 2016), they were informed of their rights to ask me to not disclose any information they would prefer other people not to know.

The participants were informed about the confidentiality of information shared (National Association of Social Workers (NASW), 2017). Participants' names and identifying information were anonymised; I alone had access to the personal identity of participants. Names of organisations and communities where professionals work were not included in the data, to prevent identification of any participant. Raw data gotten from the field was stored in a secure computer; only the anonymised data were presented to third parties.

My insider-outsider position in this research and setting was considered as having the potential to influence the research process (Kanuha, 2000). While being a Nigerian who grew up around the threats of terrorism and worked for a short period with displaced children may have made me a bit of an insider with a better information about how Nigeria works and what certain expressions denote, I was also an outsider in this research. Being a postgraduate student living abroad in a comfortable situation made me an outsider as it concerned working with and living in the same community as IDC. Being an outsider may have made me miss out on some important information that someone in that immediate context would easily pick up and being an insider may have made me overlook information because they were taken-for-granted realities to me.

My fear of not wanting to feed the poverty porn coming to the West from Africa brought about the temptation of white-washing unpleasant aspects of the research to paint a picture of the Nigeria I prefer to read about. And on the other hand, my western education which has undoubtedly influenced my perception of development and child welfare coupled with my disappointment in Nigeria's government made it easy to want to focus more on (perceived) negativities. I stayed reflexive and reflective throughout the entire research process (Hammersley & Atkinson, 2005; Bryman, 2016), staying aware of my biases and sentiments and how my position could affect the research and findings, and using the opinions of colleagues and supervisors to judge my research choices.

Another ethical issue that arose from the interview was that of compensations. Being from a culture where premium is placed of gifts-giving to show appreciation, I felt inadequate for being unable to compensate the participants tangibly for their time. I tried to give back to the participants by sending Thank-You notes via email, mailing them a copy of their transcribed interviews and asking them to point out whatever they were uncomfortable with and needed to be changed, and promising to send them a copy of my dissertation when it is done and graded. However, the absence of compensations made it possible for people to participate for purely altruistic reasons.

In summary, this research was conducted in line with ethical principles and considerations for social research and qualitative research. Ethical approval for this study was granted by the Norwegian Centre for Research Data (NSD) in March of 2020 before the data collection process began. The guidelines from the research body were strictly followed, to protect participants' rights and identities.

CHAPTER FOUR: FINDINGS

Participants from this study reflect on the work they do with internally displaced children (IDC) in Nigeria in a double perspective. They focus their thoughts and intention on what is best for the children they work with and what is best for them as professionals. In this chapter, findings from this study which reveal professionals' reflection of their experience working with IDC will be presented along these two central themes which emerged after analysis of the transcripts: what is best for the displaced child, and what is best for the professional. These themes will be discussed using selected quotes from the interviews that captures the central position of the participants, with participants' identities anonymised. In this chapter, 'professionals', 'workers', 'participants' are used interchangeably to refer to the participants in this study.

4.1 Focus on What is Best for the Displaced Child

At the core of the professionals' work with IDC is the goal of the best interest and optimal welfare of the children. Their concern about the wellbeing of the children motivates them to place a premium on the child's best interest in their work. They work with the drive to see that IDC overcome the vulnerabilities displacement has exposed them to and live their best possible lives. When they come across a displaced child with needs, they place the child at the centre of consideration and think of how best to engage them and work with them to ensure their lives are made better. And one way they make sure to never lose focus on the child, is to involve them in every stage of their work together, seeking their opinions on what to be done.

The child is involved in the whole process…when you talk about the best interest of a child, it's the guiding principle in the support that we provide… (Amina).

…you see how best to find out the appropriate questions you can ask the child…We engage the children on a one-on-one [discussion] (Ahmad).

Focusing on what is best for IDC entails staying alert to challenges and risks they are exposed to. In the conflicts leading to displacement, IDC faced neglect, violence and abuse, which they continue to be exposed to while living in IDP camps. The professionals work with the consideration that some abusive conditions IDC are exposed to, such as child marriage, have more to do with the sociocultural norms prevalent in their communities and the reduced parental capacity of their caregivers. The financial strains, reduced parental capacity and future uncertainty that accompany living in displacement render many parents less oppositional to the idea of marrying their children off or letting them engage in age-inappropriate activities, like manual labour and prostitution, for financial gain. The professionals work to reduce the prevalence of these practices in communities by engaging community stakeholders, and educating community members and caregivers.

some other major challenges that the children also face is harmful traditional practices…like tribal marks, like genital mutilation, early marriage… (Ahmad).

some parents see giving out their daughters in marriage as a way of relieving [burdens] or getting support from in-laws… (Aaron).

what we usually do is to engage first the religious leaders because it's an issue that has to do with religion and culture…and then also make sure that this family or this girl has access to

services…also enrol the girl in school…that way, you are delaying her being married off maybe by two or three years… (Alita).

The professionals consider that although IDC are as children as non-IDC, the peculiarity of their situation forces them to quickly outgrow childhood, taking on the responsibility of fending for themselves from an early age. IDC get preoccupied with meeting more important needs, like feeding, that they give little consideration to things like school. Who would want to concern themselves with learning mathematics and science when they are hungry or not certain of tomorrow's meal? The problem of food inadequacy affects both IDC's wellbeing, and the professionals' work. Professionals who support IDC by providing services which are not centred around food have to deal with their expectation for food and the disappointment and lack of motivation that follow the children's realisation that no food is involved. A major question that arises from this point is, how can workers contribute to education or psychosocial development of children when their basic needs are not satisfied? Is it possible or even best practice to focus on education or provision of psychological services when a child is hungry and needs food?

Getting them back to school sometimes is not that easy…especially the teenagers…some are taking away by the hustles [struggles] of life; they want to make an income… (Aaron).

…if you try to sit them down and educate them, to school or either to build their capacities, if food is not involved, you will never get their attention…because of their high need of food... (Amina).

Despite the vulnerabilities of IDC, the professionals think of them as capable and whole persons with agency, who deserve to be involved in making decisions on issues concerning their lives. The professionals work with the acknowledgment that since what they do involves IDC directly, then, they deserve to be included every step of the way, right from the beginning stage – seeking the children's consent before commencing any service provision – to the end of their work together. They think of inclusion as extending beyond merely assenting/consenting to already arranged activities and services; IDC's perspectives are sought and respected before creating activities and designing programmes. Even when it involves "serious" activities like educational programmes and alternative care placement, IDC's opinions are taken seriously.

*We involve the child in every process. From the beginning, because we have to seek for consent…even to the point of closure, we have to seek their own opinions… (*Aram).

… they will tell you they want to learn English, they want to learn mathematics, they want to learn computer…so we discuss about those things…teaching and building on what they actually want to learn (Andrew).

Central to IDC's inclusion in decision-making is the belief that they have more knowledge of their lives than the workers do, and may thus have better knowledge of what is most suitable for them. The professionals approach the idea of children's participation and inclusion as something integral to the wellbeing of IDC; they think of children's inclusion in decision-making as fulfilling the dual purpose of demonstrating respect for the rights of IDC and ensuring delivery of rightly-fitting services. In working collaboratively with IDC, professionals are able to plan services that are suitable to meet the children's needs.

Children should be heard…whatever decision you take that involves a child; the child should also be involved in that decision making. It's just like me trying to decide for you what is best for you, who would know that better apart from you? (Ahmad).

Yes, inclusivity, that is key to the success of any activity actually…we actually first engage the children to ask what they will want…we then work towards actually making it a reality…that way, you will end up having activities that are actually in line with their culture and religion (Alita).

The professionals work with the belief that IDC deserve to be respected, and that doing so improves their wellbeing. The fact that they are children and displaced does not excuse treating them as "less than" or with condescending kindness that sacrifices respect and dignity in the process of providing help. In their work, the professionals uphold children's rights to be treated with respect. This respect for the displaced child dictates how the workers speak and relate to them, and how confidentially they handle what a child says in confidence.

For the best interest of children, the most important thing is for them to be respected…when a child feels respected, I think it means a lot for the child (Ahab).

…we respect confidentiality…we do things based on the best interest of the child (Aram).

'What is best for the child?' is a recurring question that comes up in different areas of the professionals' work, and what is done in one situation to answer to that question may differ significantly from what is done in another situation. Speaking on confidentiality, one participant used the case of a child who confides in a professional about suicidal tendencies to illustrate how actions taken for the best interests of IDC are dependent on the particular situation. Hence, while keeping confidentiality shows respect for the child, and lets them know they made the right choice in trusting the professionals with their stories/secrets, there are situations when professionals may need to break confidence, for their best interest.

… there are some certain scenarios that child's best interest is involved, you have to break that confidentiality…So, you break confidentiality for the interest of the child, for the child's wellbeing (Aaron).

The IDC these professionals work with have gone through several traumatising experiences, both in the events leading to displacement and after displacement had occurred; many of the children bear scars testifying to the horrifying events they experienced and/or witnessed: deaths of parents and loved ones, forced recruitment and participation in terror activities by the terrorist groups. The workers are concerned about seeing that IDC are taken from that position of vulnerability displacement has placed them in to a place where risks are (almost) completely eliminated. They think of holistic solutions to meet the needs of these children. If a worker comes across a displaced child with a presenting challenge, the worker looks at the child in entirety, considering other aspects of the child where there may be challenges, and working with the child to deliver services to improve their general wellbeing.

When you provide a holistic kind of approach to meeting your clients' needs, it goes a long way…when you are working with the displaced people, now, their needs are very many…if you identify a kid that has a psychological need, providing services based on the psychological need alone is not enough. Yes, you need to meet his other needs for him to become comfortable… (Ahab).

Because they think of holistic solutions when they work, the professionals may see the need for a child to access services not even provided by them or their organisations. For the professionals, the motivating thought is not about doing the barest minimum, but doing what is best for the entire wellbeing of the child, even if that involves working in collaboration with other professionals and service providers, including those outside their organisations. When a teacher, for instance, encounters a child who has been abused, they do not just focus on their own job of providing educational services to the child, but consider other services necessary for IDC who have been abused.

"For instance, if it is the case of rape, then, you know that there are immediate emergency services that you provide to the rape survivor… Medical and health and safety are the life-saving assistance… So, what we do is to try and refer them to medical health centres to receive these services…" (Amina).

Helping children work through challenging psychosocial situations requires creativity on workers' part, as children may not have the right communication tools to express themselves. When working to provide psychosocial support to IDC, the professionals use diverse creative communication and exploration techniques. They sometimes use creative art as a way to educate the children, explore their feelings and emotions, and help them overcome certain challenges. Educative and recreational tools are used to reach out to IDC and to also assist them establish peer relationships and friendships. The goal of helping them develop friendships comes from the realisation that many IDC lost the peer relationships they had prior to displacement and that it may be important for their wellbeing to create peer support systems with children from different communities and backgrounds they now live with.

…we usually use drama, games, music, relaxation and visual art to try and support the children to address their needs … we tend to motivate them, to allow them to draw. Through their drawings or paintings, we ask them the story behind the creation…and then we support them with respect to what they present (Andrew).

For outdoor games, normally they are targeted towards creating an atmosphere for the children to interact because most of them are displaced…these are people from different backgrounds, different tribes, social upbringings. So, bringing them together to understand and to know each other's way of life and to also respect and learn from it so that there will be peaceful coexistence (Aaron).

The professionals consider how education and recreational activities can be used to effectively engage IDC and address some challenges they face in displacement. They think of education as not just a tool for cognitive enlightenment but also a protective tool for the child's wellbeing. In their work, the professionals consider education a useful mechanism for empowering IDC and improving the parenting capacity of their caregivers to respond to some of their needs. Not all caregivers who subject their children to neglect and abuse do so because they want to be bad caregivers, some do so simply because they lack the capacity to rightly care for these children, and for these ones, education can prove useful in improving their parenting skills. Acknowledging this, the professionals use education to build the capacity of caregivers and thus protect IDC.

I think education is key to most of these issues that we're facing. And education is a form of protection...I think education is very very important. Because no matter the relief, no matter the support, no matter the aid that you give someone, with time, you will get tired. It's like the

popular saying that says "teach me how to fish so that tomorrow, I don't come to you to ask for fish". So, education will actually do that… (Alita).

Education, for the workers, does not necessarily need to be formalised or within the four walls of an institution to be effective, they design and implement informal educational systems and activities to reach children, their caregivers, and the community they live in. The workers consider both formal and informal education, to be important to the development and future prospects of IDC, and try to see that they have access to quality education.

…we have…informal educational activity… It helps in building their capacity… (Andrew).

…We try to educate them, enlighten them…if you enrol a child back to school, that is a success story. If a child has never been to school and now the child is going to school, to obtain education, qualification, to raise him up to a higher level in life, it is a success story (Amina).

Considering that IDC have gone through situations which stripped them of power and affect their normal functioning and self-conception, while working, the professionals think of ways to empower them. And the first step they take is to focus on the resources existing within the children. Although, they cannot escape the scars and effects of violence and displacement on IDC, they find ways to highlight the children's strengths. They combine working to combat risks and overcome vulnerabilities with staying focused on innate resources and capacities of IDC. Looking beyond the vulnerabilities of IDC to see the strengths, resilience and resources they possess helps the professionals use these resources to empower the children and strengthen their faith in themselves. They use education as an empowerment tool, equipping IDC with knowledge and skills that can let them move from the dependence that displacement has created and stand on their own feet.

…there is one thing we believe: every child has his own resilience, spirit and then his coping mechanisms (Aram).

…we don't rely on the negative part… you look at the positive side to what a person is going through… you just try to look at the positive way to build that person's strength… (Andrew).

… building their capacities make them to realise the potentials in them and also work with them… (Amina).

While there are different actions and programmes that can be used to empower IDC, the goal of empowerment would not be achieved if these actions and programmes are not contextualised. Professionals work to ensure that the activities and programmes created to empower IDC take into cognizance their specific positions and contexts. Creating activities suited to empower IDC is not something that can be done with the child alone, professionals realise they have to collaborate with caregivers, community members and stakeholders to ensure that empowerment programmes and services are well-suited to the child's context. Doing this gives some power to the community members and lets them know that, despite what had happened to them, there are still areas of their lives where they have some control, where they have the right to say "YES" or "NO".

…what we do is to address the mental wellbeing of the child through activities that are age appropriate and culturally appropriate. I can't go and pick an activity that is contextual to

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maybe the Western world and then bring it here to these IDPs…in actually organizing [activities] or engaging these children, you have to consider all these cultural and religious issues (Alita).

Then, we also identify some structures within the community, we build their capacity, we strengthen them, and they will serve as the community-based protection mechanisms. This is just to create room for sustainability… to create the sense of ownership for the community, for them to own these activities…to own this protection of vulnerable and at-risk children…they don't have to wait for us, once they identify these children, they know what to do (Alita)

The professionals think of children empowerment as an endeavour that extends beyond the children themselves. Would the job be complete if a child is empowered but everyone around them is unempowered? Like all humans, children are influenced by the mindsets and actions of those in their environments. Professionals approach the duty of empowerment wholesomely, considering also IDC's caregivers and communities. Empowering the community and building their capacity to respond to the needs of their children guarantee sustainability, ensuring that successes that have been accomplished in the lives of IDC will remain, even after the professionals have moved on from the community.

4.2 Focus on What is Best for the Professional

In addition to focusing on the best of IDC while working with them, the professionals in this study also consider what is best for them as professionals and the profession itself. This is not an either-or position for them; they are not either focusing on the children or focusing on the job. They focus on both simultaneously, in almost equal measures. They do this knowing that they cannot be good professionals and do the best they can on the job, if they focus on one at the expense of the other. They will possibly burn out and incur personal and professional damages if they focus solely on the children, and they may become mechanical unempathetic workers if they focus solely on themselves and the job. So, they bring both positions into consideration.

When working with IDC, the professionals realise that there are challenges faced that one can work to overcome, but there are challenges that one can simply do nothing about. There is a limit to how much a worker can do and there are situations beyond the control of professionals, no matter how passionate they are about improving the wellbeing of IDC. One of such situations is when caregivers decide to end professionals' intervention with their children. Sometimes, cases come to an end, not because the goal has been reached and the child is no longer at risk, but because the caregiver decides to relocate or terminate the professional-child relationship. While this unplanned case termination can have an effect on the wellbeing of IDC, it also affects the professionals. They worry about the effect of the premature termination on the child's wellbeing; they wonder if the child is doing well wherever they are; they hope, wonder and worry but also accept that they can really do nothing about it.

You are actually working on a case or on a child and then the child and caregiver just suddenly relocate from their current location to a different location. And you don't know why, and you just have to close the case after a couple of months and you know that that child actually is in need of [the services]… there's nothing you can do about that, so, you just hope that maybe someday they might actually come back and then you could provide services that they need (Ahmad).

...you're looking at the child, looking at the family and looking at the assistance that you've gone through, how you have worked to see that something comes up or assistance that is going to heal or manage the condition of the child but the mother is saying that she is going to travel... (Andrew).

In many situations, professionals have to consider the wellbeing of a child vis-a-vis their job requirements or organisational limitations. They realise that despite their desires to improve IDC's lives, they have to work within their professional and organisational frameworks. For example, many organisations operate using what is called 'vulnerability criteria', which refers to the categories of vulnerable people an organisation can provide services to. What this implies is that if a professional works with a 17-year-old displaced child in an organisation that provides services to children, immediately the child turns 18 (and legally becomes an adult), the professional has to terminate their work with that child. The professional knows the risks and vulnerabilities a displaced 17-year-old face will not suddenly disappear because he turned 18, but they realise that these are hard decisions that need to be made because organisations do not operate on infinite resources. While a professional will like to work with children who do not fall within their vulnerability criteria, they realise that by working with those children, they may be depriving other children within that criteria of services.

organisations work with vulnerability criteria (Aram).

I think the whole essence of this criteria is to make sure that we are reaching the most vulnerable; we cannot do everything at once, we cannot provide all services to all people, so, you just have to set a criteria so that you will be able to actually reach the most vulnerable (Alita).

In working with the realisation that there is a limit to how much they can do within their professions and organisations; the professionals take into consideration other resource systems that can be helpful in responding to problems they are unable to respond to. For example, when faced with the limitations of their organisations' vulnerability criteria, they turn to referrals as an alternative. When IDC or their needs do not meet their organisation's criteria, the professionals refer them to another organisation that might be able to work with them. But while doing this, the professionals consider the possibility of rejection since other organisations also have their own vulnerability criteria and lack the capacity to provide services for every vulnerable displaced child. The workers know that they can refer IDC to other organisations only to have the organisations turn the children back, leaving their needs unattended to. And when this happens, they accept that there is nothing more they can do as workers; they have to watch the child leave with their needs unmet.

if really, you've not been able to achieve your goal or you've not been able to alleviate all the protection concern, what you do is to refer the cases to any organisation, any other organisation (Alita).

if you're making a referral and basically, that agency providing food has reached their targets to register beneficiaries, even if you register, that person you refer will not get the food support because they have already reached their target... (Amina).

The professionals know that the task of meeting the needs of IDC and eliminating risks and vulnerabilities they are exposed to requires lots of resources, much of which their organisations lack. Organising activities and providing sustainable services to cover a wide range of children

require funds which many organisations lack, especially NGOs where these professionals work, which depend largely on grants and funds from donors to carry out their activities. Depending on external funds means that the nature of their work, the length of the work, and the number and category of IDC they can work with, are dictated by funding availability. Funding from donors are clearly not a certainty; donors funding organisations working with IDPs may next year decide to fund organisations working with survivors of Gender-Based Violence or something else. The participants think that the wellbeing of IDC should not be left to the goodwill of donor organisations; the Nigerian government should be proactive and committed to ensuring that IDC have continued access to basic necessities, whether donor organisations fund these NGOs or not.

Yeah, sometimes right in the middle of the project, funding can cease and you'll just have to make do with what you have (Alita).

...supporting children in conflict-affected areas requires a long-term plan, a long-term funding, and not a short-term…if there is funding to support children in school and the funding given is for six months while in a session, you have more than six months, what happens to the rest of the time?…if you're telling teachers to teach children for first, second term and third term, and the funding is coming just for six months, you'll still have a term left for the children to complete a session. And once these six months are done, the teacher stops teaching, the school closes, and children stop going to school. It also affects their education processes, their learning processes, because, along the line, they stop… (Amina).

government, actors should – should provide schools that will stand the face of time… look at the education aspect, the knowledge aspect, the social aspect, everything now – what the child is going to see or is going to hear that will assist him in the long run (Andrew).

The professionals stay aware of the challenges they face working with IDC and how these challenges can impact on them as individuals and professionals. One of such is the challenge that accompanies living and working in displaced communities in the north-eastern part of Nigeria, a region still volatile and vulnerable to terrorist attacks and abductions. The workers realise that they, as humanitarian workers, are a major target when armed groups attack these communities, and they take these security risks into consideration while planning activities, restricting their movements when necessary and cancelling activities when there are risks involved.

… we are in an emergency setting and anytime, anything can happen to your officers, to the IDPs, so, the security is another big challenge… like we have suicide bombers coming into the camps, and then, there are set times for activities, you cannot go beyond a certain time…
(Alita).

In considering the security risks they are exposed, workers not only ensure their safety but also that of the children, as IDC are also affected by the security threat. They consider how children are affected with having to spend most of their childhood restricted to a particular environment, and living in continued vulnerability to the same attacks that displaced them from their initial homes and communities. Workers come to terms with the anxiety that accompanies living and working in a place where bombs can go off or workers can get abducted at any time. They go through trainings on how to deal with the insecurity situation and the anxiety that comes with it, and try to abide by the requirements and advice of security personnel. But they also realise

that the training and preparation do not eliminate the risks of attacks and abductions. These professionals realise and come to terms with the risks to their lives and safety.

…no matter how much you prepare someone, you don't know what might likely happen, so I think it's just the willingness of the individual to work in this kind of environment. So, it just has to do with the mindset of the individual… That is why we are called humanitarians actually… (Alita).

The professionals also consider how working so closely with vulnerable children in stressful contexts can affect their wellbeing and functioning as workers and individuals, and what they can do to enhance their wellbeing. To cope with the strains that accompany working with IDC, they employ different strategies. Professional trainings to put one in a place of mental and physical preparedness, and support from supervisors are prominent techniques workers utilise to cope with the challenges accompanying their work. Aside professional training and support, personal techniques are also employed to manage challenges and strains. Despite their commitment to helping IDC, the professionals consider it necessary to take time periodically off work and to establish a divide between their work and personal life, to avoid getting overwhelmed. They also engage in relaxing activities to relieve stress from the job, and talk to family and loved ones, to share work challenges. The professionals realise that although employing these coping strategies reduces some stress, it does not make the job entirely stress-free. They draw on their passion for and commitment to improving the lives of IDC to keep going on despite the stress the job brings them, and for some, this passion is driven by an otherworldly sense of purpose.

…you have to be prepared to actually know that you are going to see things like that and then you also have to be prepared to know that you will not be able to help everyone…we have our support systems as humanitarian actors and we also try to also provide counselling to our officers…And then, even at the field, we try to provide the necessary things that you might… we don't want to send someone to the field who is not psychologically prepared (Alita).

I have been privileged to have attended a lot of training on stress management and coping mechanisms and also work-life balance…You learn to separate your life from your work, if not, you won't be able to sleep at night sometimes when you hear stories, traumatic stories… (Ahmad).

Well, I just see myself as an instrument, just using what God has given me to be able to make someone feel better (Ahab).

The professionals do not only reflect on challenges of working with IDC in Nigeria, they also reflect on pleasurable aspects to the job. Meeting the need of a displaced child, protecting children's rights, seeing children who were once at a really vulnerable place begin to flourish and excel, are aspects of the work professionals consider rewarding. The pleasure of working with IDC are not limited to results seen after service provision; the process of working with the children are just as enjoyable for many professionals as the end result is. They enjoy engaging the children, playing with them, and helping them work through their challenges. The workers see rewards in feedbacks from service users, words of gratitude, and changes in the lives of the children. They focus on these rewards and let them serve as motivating factors to keep at the job, despite the challenges.

the good part of it is putting smiles on the children's [faces]…teaching them new games and playing together with them… (Aaron).

…our reward is more like the teacher's, it's in heaven…we're just impacting in humanity and we're creating an atmosphere for people to have a little of what life could offer in their present situation…the work will be taking its toll on everybody but the most rewarding part is that people are coming up stronger, day in, day out (Andrew).

In summary, the professionals consider challenges alongside strengths and resources, not only when it comes to IDC, but also with regards to themselves and their jobs. They think about their jobs and lives holistically, to see challenges, stress factors, resources and rewarding aspects that can be sources of strength. By focusing on different aspects of the job they do, they are able to work as true professionals. They are able to put things in perspective, to know how to go about meeting the needs of IDC within the boundaries of their professions, organisations, society, and personal limitations.

CHAPTER FIVE: DISCUSSION

In this chapter, I discuss my study's findings in relation to existing literature and theories. The chapter, which answers the research question "What is the experience of working with internally displaced children (IDC) in Nigeria like professionals?" is structured according to the research sub-questions. The first section focuses on how professionals work to improve the lives of IDC in Nigeria, followed by challenges in working with IDC in Nigeria. The last section focuses on the opportunities and resources in working with IDC in Nigeria.

5.1 How Do Professionals Work to Improve the Lives of IDC in Nigeria?

The analysis of the data revealed that central to the professionals' work with IDC is the belief in and concern about children's best interest. Working in line with principles of the UNCRC (UN General Assembly, 1989) and the Nigerian Child's Rights Act (FGN, 2003) which place premium on the best interest of the child, they focus on protecting the rights of IDC, sometimes against harmful sociocultural practices, abusive caregivers, and even humanitarian workers who may want to take advantage of the children's vulnerability. This finding agrees with Nylund (1999) and Oberg's (2012) positions that working in accordance with international and national laws and policies on children's rights is crucial in protecting the rights and guaranteeing the welfare of IDC.

The professionals' concern for what is best for IDC motivates them to take on a holistic approach to service provision, considering different aspects of the children's lives and contexts. For example, a professional providing counselling support to a displaced child looks beyond the immediate presenting problem to consider other challenges the child may be going through both as an individual and part of a family, group and community. This holistic approach to working with IDC requires many professionals to take on multi-dimensional tasks: education, counselling, child protection and referral, among others. A similar finding was revealed in a study of IDC in Somaliland and Puntland, revealing the importance of a holistic approach to understanding and supporting IDC (Kostelny & Ondoro, 2016).

Both in conducting assessment and in delivering services, professionals from this study consider the psychological, social, educational and physical aspects of IDC. Some professionals described their tasks as focused mainly on case management, which implies considering different problems IDC may be facing and facilitating their access to all necessary services. Kar (2009) revealed similar findings, showing that effective interventions with affected children require an approach which incorporates educational, social, physical and clinical strategies. This does not necessarily mean that one professional has to play the role of a clinical psychologist, teacher and social worker. Professionals from this study attested to using referrals as a tool to guarantee IDC's access to services the workers are not qualified to provide. Cowles and Griggs (2019) found something similar in their study in England, showing that workers liaise with other organisations to help asylum seekers access relevant resources.

This way of considering different aspects of IDC's life and contexts fits into Bronfenbrenner's (1979) ecological systems theory (EST). EST, which combines the ecological model and systems theory, stresses the link between persons and their social contexts and highlights the need to consider these contexts when addressing problematic situations people face (Bronfenbrenner, 1979; Wilder, 2009). The holistic approach to understanding and supporting IDC taken on by professionals enable them see, for instance, when children's families or

communities place them at risk. Ostrander et al.'s (2017) study showed that social workers are uniquely positioned to provide holistic care and advocacy for displaced persons using an ecological perspective. The different social systems and environments that the workers in this study examine when working with IDC are shown in the figure below:
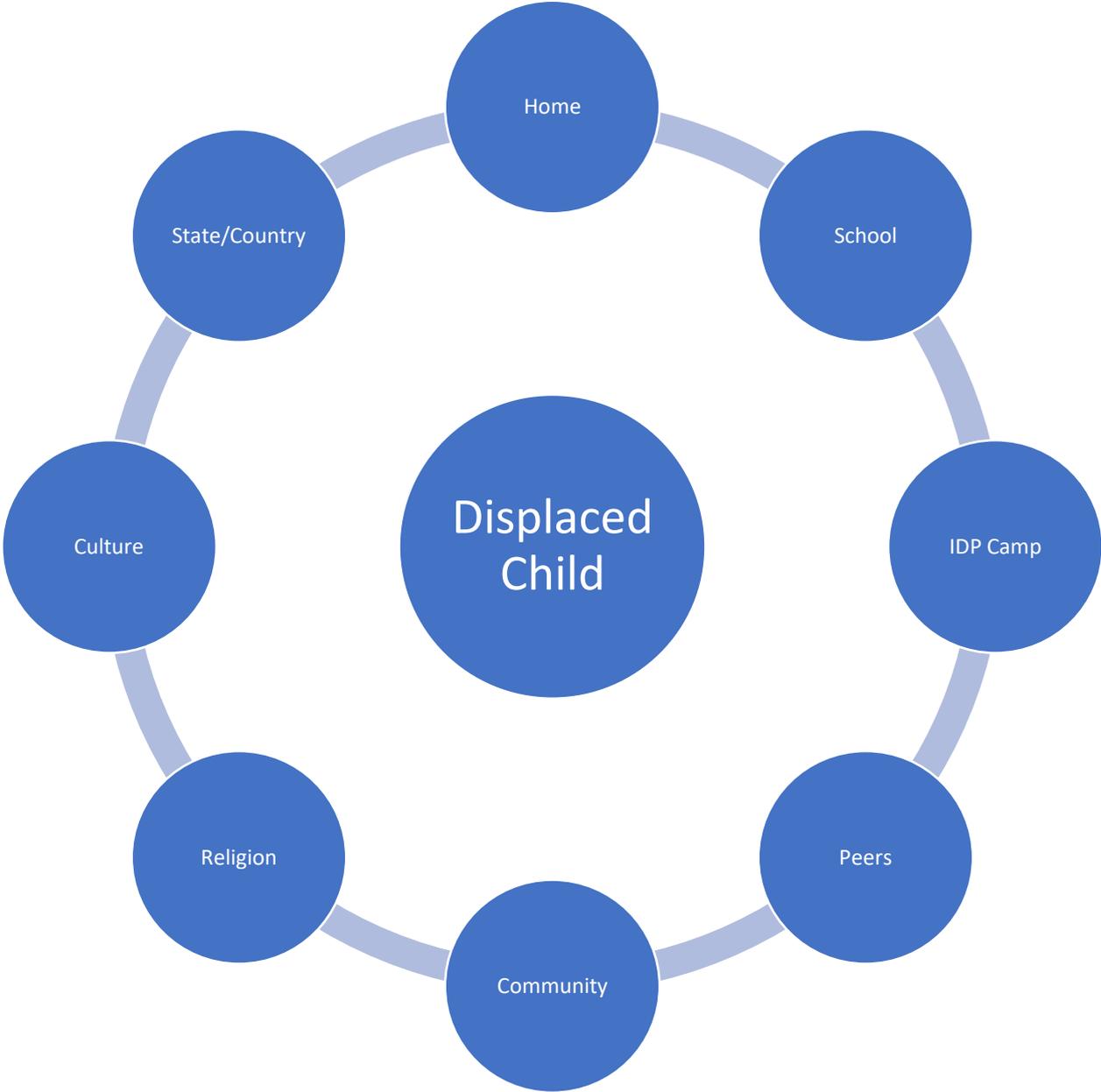

Figure 2: Social environments of the displaced child

To ensure IDC's needs are wholly met, the professionals involve them in decision-making processes. The professionals work with the belief that children have more knowledge of their lives and situations than the professionals probably do, and thus can contribute valuably to creating solutions and designing programmes to respond to their needs. This finding fits into the strengths perspective in social work which stresses the importance of considering strengths, capacities and resources of service users, no matter their vulnerabilities (Healy, 2014). The professionals highlight and utilise the strengths of not just the children, but their families' and communities' as well. One professional talked about how they use existing local structures in

the community to improve community-based responses to child rights abuses. They recognise these existing resources and strengthen their ability to protect children, which proves to be a sustainable approach.

The professionals take on a child-centred approach to work in an inclusive manner which emphasizes IDC's strengths. They think of children as persons with agency deserving of respect and inclusion in making decisions on issues concerning their lives. They ask for the children's assent before even commencing their work together and seek their opinions before planning services or creating activities, to ensure they fit well into the children's needs. A study which explored the experience of counsellors who work with refugees found a similar result, showing that the counsellors worked in a client-centred manner, letting the refugees take the lead (Century et al., 2007). The workers from this study reported not only including children in service planning and programme creation but also including other important parts of their social environment. For example, many workers talked about involving families and communities to ensure service provision which fits into the children's culture, religion and heritage. The study by Paardekooper (2002, as cited in Lloyd & Penn, 2010) revealed a similar finding, where programmes, games and activities indigenous to and/or influenced by the culture and heritage of displaced Sudanese children were utilised.

Professionals revealed providing psychosocial support to IDC in a bid to help them overcome the effects of exposure to traumatic experiences, especially in the period leading to displacement and while fleeing their villages to find refuge in the camps. A similar finding is seen in studies by Dybadahl (2001), Paardekooper (2002, as cited in Lloyd & Penn, 2010) and Wolf and Fesseha (1999, as cited in Lloyd & Penn, 2010), which reveal the use of intervention methods focused on the psychosocial development and wellbeing of displaced children in Bosnia, Ethiopia and Sudan, respectively. Professionals from my study employ creative strategies in supporting IDC psychosocially. They reported using recreational and creative art activities, such as scrabble, outdoor games, creative drawing and other art-based activities, to engage with IDC, explore their feelings and emotions, and try to help them overcome psychosocial challenges displacement has exposed them to. This also helps create a safe and relaxing atmosphere for the children to express themselves either with words or art.

The workers also combine these recreational activities with educational services to improve the wellbeing of IDC. They use education and recreational activities to effectively engage the children and address certain challenges they face living in displacement. They think of education as not just a tool for cognitive enlightenment but also a tool to protect and empower IDC. A study of internal displacement in Zimbabwe revealed the fundamental role of education in creating sustainable solutions to the situation of IDC (Naidu & Benhura, 2015). Another study in Liberia showed the provision of educational services in the work with child soldiers (Brownell & Basham, 2017). Education improves the cognition of IDC, empowers them and serves as a preventive solution against certain risks and vulnerabilities. My study shows that education can be used to prepare IDC for post-displacement life, protect them against indoctrination by terrorist groups, and improve the capacity of their caregivers to respond to their needs. The professionals also use educative and recreational tools to assist IDC in establishing friendships with their peers and building support systems, because many children lost friends and peers they had prior to displacement.

While the professionals work to facilitate children's access to schools and formal learning systems, they also utilise informal education systems and mechanisms. Some professionals reported designing and implementing informal educational activities and lessons to reach

children, their caregivers, and their communities. They explore topics around reproductive health, financial management, drugs, disease prevention, and other current events. They also facilitate the children's access to skills acquisition and personal development trainings to build their capacity and empower them socially and economically. Brownell and Basham (2017) report similar findings, revealing that NGOs and professionals jointly focus on formal education and informal education and skills training targeted at economic empowerment, capacity building, conflict prevention and management, and child protection and youth development. Through education, both formal and informal, IDC are empowered and prepared for life after displacement.

The analysis showed that the professionals stress empowerment in their work. It is a major underpinning of even the educative services they engage in with IDC. They realise that displacement has stripped many children of power and affected their normal functioning, and thus use education as an empowering tool to equip children with knowledge and skills to help move from dependence to relative independence. They highlight and maximise the children's strengths and resources to both increase their self-conception and empower them. Activities and services aimed at empowering IDC are contextualised, accounting for the children's specific positions and contexts. One professional discussed the inappropriateness of taking activities and solutions designed for children in Western countries or even Southern Nigeria and applying them to the situations of IDC in Northern Nigeria. A unique finding is the emphasis the professionals place on extending empowerment efforts to include children's families and communities. They realise the futility of empowering the child alone while ignoring everyone around them. This comes right back to Bronfenbrenner's (1979) ecological systems theory; since IDC live in constant interaction with other systems, it makes sense that change or empowerment efforts targeted at them consider their social environments.

5.2 What are the Challenges in Working with IDC in Nigeria?

When asked about the challenges faced in their work with IDC, the professionals alternated between the challenges they face as professionals and the challenges IDC face. This was an unexpected finding showing how intertwined the professionals' lives have become with the lives of the children. Several studies revealed findings pointing to challenges workers face maintaining professional boundaries when working displaced populations (Century et al., 2007; Guhan & Liebling-Kalifani, 2011; Cowles & Griggs, 2019), however this finding is not just about blurred boundary lines in professional relationships. While reflecting on challenging aspects of their work, professionals consider the children's challenges as equally theirs. This can be likened to how parents feel about their children, that they consider their children's challenges, and successes, theirs. It may speak to how dear the children have become to the workers. One may argue that this indeed points to blurring of boundary lines and thus should be discouraged, another may argue that this is a necessity for passionate work for the best of children. I think that working with IDC requires not just professional qualifications but 'heart' as well – to do it dispassionately may not produce optimal results.

A major challenge the professionals highlighted is the prevalence of child rights abuses in IDP camps and communities, citing sociocultural norms in the communities as a major contributor to IDC's exposure to abuse. Child marriage, female genital mutilation and child labour are practices largely rooted in the sociocultural fabric of the communities the professionals work in. Some parents marry their underaged daughters off, let their sons engage in streetbegging or strenuous age-inappropriate labour, or allow their daughters engage in prostitution, for financial gains. Asad et al. (2013) pointed out children's vulnerability to exploitation and abuse because

of their inability to protect themselves, and Obikaeze and Onuoha (2016) discovered that IDC in camps in Nigeria face physical violence and GBV. While the norms in the communities promote these abusive practices, the professionals recognise other factors contributing to the prevalence. The difficulties of displacement, such as financial strains, reduced parental capacity and future uncertainty render caregivers less oppositional to the idea of marrying their children off or letting them engage in age-inappropriate activities for financial benefits. Professionals thus work to reduce the prevalence of abusive practices in these communities by engaging community stakeholders, and educating community members and caregivers. A study of refugees and IDPs in Cameroon and Nigeria showed that communities are significant support systems for IDPs (Alupo et al., 2019) therefore, engaging community members can prove significant in improving the wellbeing of IDC.

The professionals also identified IDC's limited access to basic needs as a challenge faced. The children struggle with lack of food, poor shelter, and poor access to health and educational services. This agrees with findings from studies in Nigeria, Africa and the world in general which show that IDC are malnourished (Olwedo et al. 2008; Nidzvetska et al. 2016; Nsude & Nwanchor, 2017; Olusegun & Ogunfolu, 2019; Tosin & Udo 2019), suffer poor access to healthcare (Nidzvetska et al. 2016), and risk education-exclusion and disadvantage (Mapiko & Chinyoka, 2013; Badau & Ndagana 2016; Abayomi 2018; Wajiru 2018; Atkinson 2019; Olanrewaju et al. 2020). Many IDC are in out-of-school positions due to factors like societal disposition towards education, especially for female children, over crowdedness of public schools in IDP camps, lack of resources to access private schools, hunger, and preoccupation with more felt needs. Some children are responsible for fending for themselves that they have to sacrifice school to 'hustle' for their daily sustenance. Food inadequacy not only affects IDC's school attendance but also their participation in other activities. The professionals are faced with children's expectation for food even in activities not centred around food, such as counselling and therapy sessions. A qualitative study by Masocha (2014) revealed similar findings, showing that service users' interest in activities exposes what matters most to them. The children referenced in my study have food expectations, not in a bid to be difficult, but because they are hungry. Can we really expect hungry children to concern themselves with education, therapy or other capacity-building activities?

The professionals face other challenges that they can do little to nothing about, such as abrupt case termination by IDC's caregivers. Sometimes, caregivers decide to relocate or just withdraw their children from receiving care, even when the goal of service provision has not been met. Similarly, in Masocha's (2014) study in the UK, social workers who work with asylum seekers revealed challenges brought on by service users' reluctance to continue working with the professionals. However, in my study, the reluctance or withdrawal from service, comes from adult caregivers, rather than IDC. Other challenges include organisational vulnerability criteria which limits the categories of IDC professionals can work with in their organisations or refer to other organisations. Due to financial limitations NGOs face, they set thresholds for service provision which restricts professionals from providing care to some IDC in need. Several studies have revealed the challenges of limited resources faced by organisations working with displaced people (Masocha, 2014; Robinson, 2014; Brownell & Basham, 2017; Abdulkadir, 2019), with Masocha's (2014) study showing that institutional thresholds set for service provision in the UK results in the exclusion of children in need. Another significant challenge the professionals face which is underemphasised in literature is security risks. They live and work in a region still vulnerable to bomb explosions and abductions by terrorist groups, and thus live in almost constant anxiety and worry for their lives and safety.

5.3 What are the Opportunities and Resources in Working with IDC in Nigeria?

Despite the challenges the professionals face while working with IDC, there are many aspects of the job they consider pleasurable and worthwhile. Similar to findings from the quantitative study by Borho et al. (2019) with aid workers in Germany, professionals from my study revealed that helping IDC and positively impacting their lives are strong motivating factors which keep them going despite the many challenges encountered. The professionals discussed finding fulfilment in the work, because they are able to significantly improve the lives of children in need and ensure them a future far better than their past and present. Many reported finding a sense of purpose in the work, seeing it not just as an ordinary job, but as something meaningful designed by destiny. Different studies focused on working with displaced populations reveal similar findings, where workers reported deriving satisfaction, meaning and fulfilment from their work (Guhan & Liebling-Kalifani, 2011; Barrington & Shakespeare-Finch, 2013; Lusk & Terraza 2015; Borho et al. 2019; Musliu et al., 2019; Wirth et al., 2019). Similar to discoveries from Wirth et al.'s (2019) qualitative study with social workers in Germany, the professionals find pleasure and reward not just in the changes seen in IDC's lives following service provision and the gratitude received from the children and their caregivers, but in the very process of working with the children. They enjoy the process of working with IDC almost as much as they do the end result, of seeing the improvement in their lives.

The rewards and fulfilment the professionals get seeing significant improvement in the lives of IDC and receiving appreciation for their work, from IDPs, and their (the professionals') organisations through enviable salaries, motivate them to keep at the job despite the challenges. The professionals see in their jobs the opportunities to better the lives of vulnerable children and draw on their passion for and commitment to improve IDC's to continue on despite the stress the job brings them. One particular professional spoke about their reward for the job being in heaven, while another spoke about seeing himself as an instrument using what God has given him to improve the lives of others. Although Wirth et al. (2019) found out that workers derive immense purpose in their work, my study reveals a slightly different and remarkable finding, showing that some professionals see their work with IDC as something divinely mandated that can thus be duly rewarded divinely. Findings from this study show that social workers and other social care professionals who work with people exposed to intense trauma can derive strength from different areas, including their religious or spiritual beliefs. Whether this should be encouraged or not is subject to debates. How much influence should workers let their faith (or lack of it) have over their professions?

Although the passion for and fulfilment from the job serve as a strong drive, working closely with IDC can get overwhelming for the professionals, and they have to employ different strategies to cope effectively and keep from burning out. They cope with challenges and process their emotions through self-care strategies, such as time off work, not bringing work home, relaxing activities, exercising, and sharing work challenges with loved ones. Similar findings were gotten from a study in Australia, showing that workers employ self-care strategies to deal with work-related stress and make meaning of their work and experiences (Barrington & Shakespeare-Finch, 2013). Another study by Lusk and Terrazas (2015) revealed that family networks serve as protective factor and support system for professionals working with traumatised populations. So, while workers may be driven by passion for the job, it is important that they realise that as humans, they are vulnerable to depression and burnout from constant exposure to traumatic stories and challenges, and thus should have structures and systems in

place to protect their minds and wellbeing. Workers need to know it is okay to take time off work when they need to, spend time with family and take care of themselves.

Professional trainings and supervisory support are other strategies and resources professionals from this study use to both prepare for and cope with work challenges. Professional trainings are used to prepare them both mentally and physically for the work and work environment. For example, the professionals receive trainings on how to navigate security risks present in North-eastern Nigeria, such as bomb explosions and abductions by terrorist groups in the region. This finding specific to security trainings is not very visible in literature. Supervisory support is however seen in multiple studies (Century et al., 2007; Guhan & Liebling-Kalifani, 2011; Robinson, 2013; Barrington & Shakespeare-Finch, 2013; Apostolidou, 2016; Apostolidou & Schweitzer, 2017). Similar to findings from these studies, professionals from my study get support from their supervisors to cope with work challenges and reflect on work events. One professional talked about her supervisor asking her to take some time off when the supervisor notices she is stressed. This implies that sometimes, professionals may be unaware the stress the job subjects them to and would need the support of keen and observant supervisors to keep them from breaking down.

The professionals also serve as resources for themselves, their colleagues and IDC. They possess skills and training to help the children, and also deal with some work challenges they and their colleagues face. For example, the professionals spoke about using their knowledge of Islam and cultural norms in the community to stop some community members from marrying child-brides and giving their daughters away as brides. One professional talked about going to some community stakeholders with a Muslim colleague knowledgeable about the Qur'an, to 'buy' more years of education for some girls who were about to be married. Their knowledge of resource systems, skills, and trainings, also help the professionals refer IDC to other organisations that can respond to their needs when the professionals are unable to, due to organisational limitations. A study in England revealed that workers have to liaise with other organisations to help asylum seekers access relevant resources (Cowles & Griggs, 2019). However, as findings from my study show, referrals are not always successful. Workers may refer IDC who fall outside their vulnerability criteria to other organisations where the children's needs will remain unmet because they also fail to meet these organisations' criteria.

In general, the experience of professionals who work with IDC can be seen within the framework of Bronfenbrenner's (1979) Ecological Systems Theory which emphasises the contextualisation of individuals, showing how the interaction with and within their environments influence them. Systems which can influence children include: microsystem, like the home, school, or peers; mesosystem which involves interactions of different microsystems; exosystem which shows how systems a child does not directly interact with can still affect their lives; macrosystem which shows how the larger society affects children's lives; and chronosystem which shows how changes in children's environments influence them (ibid.). EST, which is a traditional theory in social work practice with children and families, lets social workers incorporate children's environments in intervention, knowing that humans, are largely products of their environments. From the findings of my study, we see the interactions between the professionals (and IDC) and their social contexts. Both the professionals and IDC interact with and are influenced by multiple ecosystems, from the smaller system of the home, to the largest system of the society. The workers intervene with multiple systems to holistically improve the wellbeing of IDC, and thus, their experience reflects this.
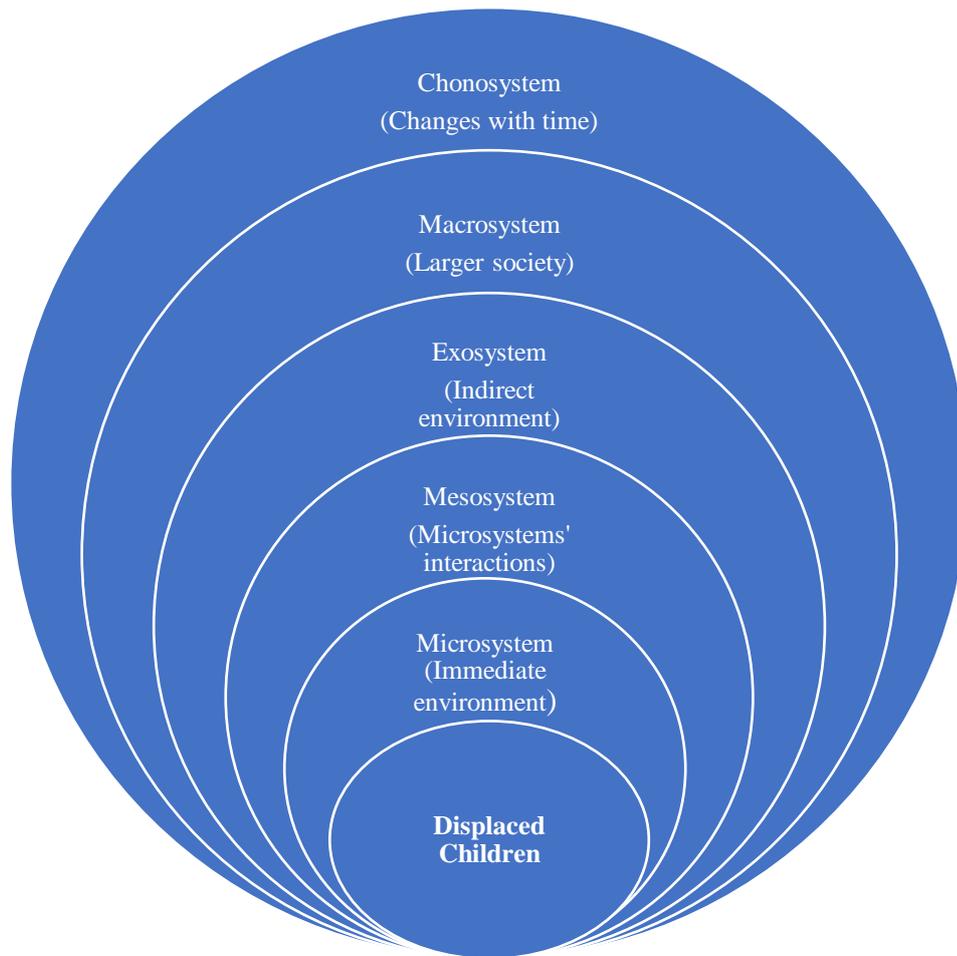
Figure 3: Different environments of IDC workers interact with (The Psychology Notes Headquarters, 2019).

In working with IDC, workers consider these different environments and how they impact the children's lives. For example, they incorporate the family and peer group from the immediate environment, community stakeholders from the exosystem, cultural and societal values and laws from the macrosystem, in their work with IDC. They direct their empowerment and change efforts not only towards IDC, but towards other systems they interact with. They work to empower and educate family members as well as the whole community. And because they interact with these systems, the workers face challenges from and also find resources within these different systems. For example, although some communities have cultures promoting child marriage and child labour, they also have protective structures against rape which are community-based resources that can be improved upon to sustainably protect children's rights. It is from considering IDC's families, communities, culture and laws that workers know what constitutes resources to the children and what needs to be improved upon.

In conclusion, although findings show that these professionals work within the framework of EST and take on the traditional social work's strengths' perspective, they did not actually talk about these theoretical positions. In fact, only one of the professionals identified as a social worker, and another as a psychologist. It is interesting and puzzling that the specific professionals – social workers – who are trained to protect and provide social support to vulnerable children appear to be significantly missing in the professional setting of working with IDC in Nigeria. While the professionals in this study seem to work with IDC in an inclusive

and holistic manner, there is no way of knowing if this is the case for all professionals working with IDC in Nigeria. Do professionals working with IDC in Nigeria possess the appropriate skills, knowledge and training to do so holistically and effectively? There is a need for more extensive studies to show if there are any gaps in the services provided to IDC in Nigeria.

CHAPTER SIX: THE END

This chapter concludes the report of the study carried out with seven professionals who work with internally displaced children in Nigeria. To begin, I discuss the limitations of this study, and then highlight recommendations that flowed from the study. After this, I conclude the report.

6.1 Study Limitations

The original intention was to conduct this study in person in Nigeria with at least twelve participants, using both interviews and FGDs. However, due to the limited timeframe for the study and the effects of the COVID-19 pandemic, I could not travel to Nigeria to conduct interviews and FGDs with participants. Although the social distancing measures the world had to adhere to led credence to the choice of virtual research techniques, using phone (WhatsApp call) interviews in my study may have affected the quality of the data especially as I could not observe non-verbal communication cues. However, the fact that the participants were fellow Nigerians who were comfortable with holding discussions over WhatsApp may have helped.

It was also impossible to include more than seven professionals as many others were overwhelmed with both their work duties and adjusting to the changes brought on by the Coronavirus pandemic. The limited timeframe and the pandemic situation also had mental effects on me during the study period. Although having the support of supervisors, instructors, colleagues and family during this period helped in navigating these challenges, collecting and analysing data at a time when I was worried about my health, family, friends, and the world in general, may have affected the research process or outcomes.

6.2 Recommendations

Based on the limitations of and findings from this study, I recommend that:

1. Further research should be done on the conditions of IDC in Nigeria and how professionals work with them, for better understanding and practice. We cannot work towards the best interest of IDC if we have little knowledge of their needs and experiences.
2. The Nigerian government should centralise child welfare responses in Nigeria and standardise and improve efforts directed at IDC. The Child's Right Act should be domesticated across the federation, and the welfare of displaced and vulnerable children should not be left to the will of non-governmental and international organisations. Social workers in Nigeria should advocate for a more extensive child welfare system in Nigeria.
3. More focus should be placed on the education of IDC and their caregivers, as education plays both a curative and preventive role in the lives of IDC. The Nigerian government should build more schools and repair older schools affected by the insurgency.
4. Practice with forced migrants, such as IDC, should be emphasised in social work and teaching curriculum in Nigerian educational institutions to prepare future social workers and teachers to work indigenously with displaced children and adults in Nigeria. The Nigerian Association of Social Workers should create a standardised professional code for working with IDC in Nigeria.

6.3 Conclusion

This study was done phenomenologically to explore professionals' lived experience of working with IDC in Nigeria. The focus was on the voices of social care professionals in Nigeria who work with IDC in different capacities. Findings show that working with IDC in Nigeria is a challenging yet rewarding experience. Workers are challenged by not only problems specific to them but those including the children, and they work within ecological systems framework and use strengths' perspective to improve the wellbeing of IDC. In summary, conducting this study improved me both as a student and an up-and-coming phenomenological researcher. Using phenomenology to extract and write about the lived experience of working with displaced children was an incredible learning experience for me as a researcher and a social worker committed to improving the lives of vulnerable children and their families.

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APPENDICES

Appendix 1: Interview guide

A. *Demographic Information*
- Name
- Gender
- Age
- Education level
- Profession

B. *Close-ended questions*
- How long have you worked with displaced children?
- What kind of organisation do you work with? (Governmental, faith-based, or non-governmental organisation)

C. *Open-ended questions*
1. Can you tell me what your work with internally displaced children entail? What are your roles and responsibilities towards the children?
2. Can you tell me about a situation in your work with displaced children when you succeeded very well? What do you think made the difference?
3. What are some of the challenges that accompany your work with displaced children? What are the most challenging aspects of your work with displaced children? How do you deal with (some of) the challenges?
4. What do you consider the most important thing in your work to improve the wellbeing of displaced children?
5. What aspects of your work do you consider to be the most rewarding? Why?
6. In your opinion, what are the challenges displaced children face in Nigeria?
7. What do you think can be done in the short run and in the long run to deal with these challenges?
8. Would you like to talk about anything else with regards to work with displaced children?

Appendix 2: Information and Consent Letter

Are you interested in taking part in the research project:
"'Voices' of Staff working with Internally Displaced Children in Nigeria"?

This is an inquiry about participation in a research project where the main purpose is to explore the experiences of professionals who work with internally displaced children in Nigeria. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project
This research project is interested in exploring how professionals in Nigeria work with vulnerable children who were displaced from their homes and now live in camps for internally displaced persons. The aim of the study is to explore the experiences of professionals who work with internally displaced children in Nigeria, revealing what their work entails, including challenges faced and available resources/support. The research will seek to answer the question, "What are the experiences of professionals who work with internally displaced children in Nigeria?"

This project will be carried out as part of a dissertation in partial fulfilment of the requirement for a master's degree in social work with families and children. Hence, findings from the research will be published in a dissertation, but no personal data that will lead to the identification of participants will be included in the dissertation.

Who is responsible for the research project?
Department of Social Studies in the University of Stavanger is the institution responsible for the project.

Why are you being asked to participate?
You are being asked to participate in this study because you work with internally displaced children in Nigeria. Participants for this study are selected purposefully through the network of the researcher to explore the experience of those professionally involved with internally displaced children in Nigeria. Eight participants will be chosen to participate in the study.

What does participation involve for you?
If you choose to take part in this project, this will involve you participating in a phone interview. It will take approximately 60 minutes. Although the interview will be semi-structured to give you the opportunity to discuss freely, an interview guide will be used to help the researcher navigate the interview process and stay focused on the research aim and question. The interview will include questions about the challenging and pleasurable aspects of working with displaced children in Nigeria. The interview will be recorded for transcription.

Voluntary Participation
Participation in the project is voluntary. If you choose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. No personal information (like name, personal address or name of organization) that will lead to your identification will be included in the research paper and transcripts. There

will be no negative consequences for you if you choose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data
We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

The data you provide will be transcribed electronically by the researcher and stored in a secure password protected computer. The raw data will only be available to the researcher and supervisor. Names of participants will not be recorded to protect their identities; pseudonyms will be given to all participants. The only personal information that will be published are age, gender, profession, educational level, nature and duration of work with displaced children.

What will happen to your personal data at the end of the research project?
The project is scheduled to end on June 30, 2020. Voice recordings and transcripts will be kept until the end of June 2020, which is when the research will be completed, after which the data will be deleted. Data from the interview will also be published as journal paper(s).

Your rights
So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data.

What gives us the right to process your personal data?
We will process your personal data based on your consent.

Based on an agreement with Department of Social Studies in the University of Stavanger, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?
If you have questions about the project, or want to exercise your rights, contact:

- **Researcher:** Elizabeth George, georgeelizabeth50@gmail.com, University of Stavanger.
- **Supervisor:** Kari Søndenå, kari.sondenaa@uis.no, University of Stavanger.
- **Institution's Data Protection Officer:** Rolf Jegervatn, by email: rolf.jegervatn@uis.no or by telephone: +4797177749.
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Kari Søndenå (Supervisor)   Elizabeth George (Student researcher)

Consent form

I have received and understood information about the project [‘Voices’ of staff working with internally displaced children in Nigeria] and have been given the opportunity to ask questions. I give consent:

- ☐ to participate in an interview which will be recorded electronically.
- ☐ for my personal data (age, gender, profession, educational level, nature and duration of work with displaced children) to be processed and published.

I give consent for my personal data to be processed until the end date of the project, approx. June 30, 2020.

(Signed by participant, date)

Appendix 3: Ethical Approval from NSD

NSD NORSK SENTER FOR FORSKNINGSDATA

NSD's assessment

Project title

'Voices' of Staff Working with Internally Displaced Children in Nigeria

Reference number

328199

Registered

11.02.2020 av Elizabeth George - e.george@stud.uis.no

Data controller (institution responsible for the project)

Universitetet i Stavanger / Det samfunnsvitenskapelige fakultet / Institutt for sosialfag

Project leader (academic employee/supervisor or PhD candidate)

Kari Søndenå, kari.sondenaa@uis.no, tlf: 51834107

Type of project

Student project, Master's thesis

Contact information, student

Elizabeth Onyedikachi George, georgeelizabeth50@gmail.com, tlf: 351964373459

Project period

14.02.2020 - 30.06.2020

Status

06.03.2020 - Assessed

Assessment (1)

06.03.2020 - Assessed

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 06.03.2020, as well as in correspondence with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES
If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the information registered in the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION
The project will be processing general categories of personal data until 30.06.2020.

LEGAL BASIS
The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn. The legal basis for processing personal data is therefore consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA
NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes

- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS
Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES
NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT
NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Tore Andre Kjetland Fjeldsbø
Data Protection Services for Research: +47 55 58 21 17 (press 1)

Appendix 4: Non-Plagiarism Declaration

I hereby declare that the Dissertation titled '*Voices' of Professionals Working with Internally Displaced Children in Nigeria* submitted to the Erasmus Mundus Master's Programme in Social Work with Families and Children:

- Has not been submitted to any other Institute/University/College

- Contains proper references and citations for other scholarly work

- Contains proper citation and references from my own prior scholarly work

- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize, and will result in a failing grade (F) in the program.

Date: 14/06/2020

Signature:

Name: ELIZABETH ONYEDIKACHI GEORGE.