K4D

Knowledge, evidence and learning for development

Approaches to providing psycho - social support for children, teachers and other school staff, and social and emotional learning for children in protracted conflict situations

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Question

What has worked/hasn't worked in helping children and young people (boys and girls) to protect and promote their well-being and that of others by, for example, identifying risks and responses to stress, and how their impact can be managed or mitigated? (Well-being is understood to include physical safety, mental resilience, ability to maintain social relations, and a continuing capacity to learn)

What are considered to be the core, essential components of psycho-social support and social and emotional learning? What distinctions should be made between activities that can be carried out in schools, during school hours and by regular teachers and activities that should be undertaken out of school, or after school in recreational or child-friendly spaces or school clubs, and/or conducted by trained specialists?

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1. Overview

Whilst the provision of psychosocial activities is regularly mentioned in documents referring to the humanitarian response to education, there is a dearth of literature that refers to exactly what these programmes consist of, and how effective they are. There is, however, widespread recognition of the importance of providing psycho-social interventions to counter the impact of traumatisation on children and youth's well-being and mental health, which can manifest in depression, shame, withdrawal or aggression.

A psychosocial approach moves away from focusing on individual clinically based diagnoses to focusing on holistic, broad-based preventative programmes that promote resilience and develop coping strategies across the entire affected group. This leads to improvements in general stress related symptoms among those with and without specific disorders, and can thereby significantly reduce the numbers of those that do require any specialist intervention. It is therefore important that psycho-social programmes are implemented through a complementary, integrated and multi-sectoral approach[1].

A return to 'normal' routine is seen as a key intervention for children, including educational and recreational activities. Teachers and other care-workers are the main means through which this type of support can be provided, and programmes can be delivered as an integral part of the curriculum or through sport, art and other recreational activities. It is recognised that programmes need to adapt according to the context, culture and circumstances. Incorporating psycho-social issues as an integral part of training for teachers and other care-workers, rather than as a stand-alone subject or module, and providing follow-up and feedback has been shown to be most effective in implementation.

Whilst it is now widely accepted that early psychosocial interventions must be an integral part of humanitarian assistance, there is widespread recognition that there remains a need to build a stronger evidence for such work. Reports suggest more extensive and robust evaluations are required to develop a better understanding of what approaches to psycho-social support are the most effective, and in which situations. Despite an increasing number of programmes supporting conflict affected areas, many programmes remain unevaluated, or are evaluated without the use of transparent or rigorous methods. This means little is known regarding the impact of education in emergency programmes in general, or specific programme components that support children's wellbeing. Identified gaps in the evidence base include the relationship between wellbeing and mental health, and academic and learning outcomes, which is reasonably well-documented in non-emergency contexts, but not in humanitarian contexts. There is also a need to identify how psychosocial programmes impact on the ongoing stressors which also have an effect on well-being. Further research is necessary to understand the importance of contextual factors in promoting or inhibiting resilience in and through education systems. There is a paucity of studies that focus on youth and adolescents, and the inclusion of vulnerable groups. Further studies on outcome differences based on gender are also required.

Although this report addresses the two questions separately, there are overlaps between the two which resulted in some of the detail for the second question being covered in the sections addressing the first.

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[1] References have not been provided in this summary but can be found in the main text of the report

2. What has worked/hasn't worked in helping children and young people (boys and girls) to protect and promote their well-being and that of others by, for example, identifying risks and responses to stress, and how their impact can be managed or mitigated?

Overview

It is not surprising that there is wide recognition of the significant impact the effects of conflict has on children's psycho-social well-being and development. These effects include increased lack of security, exposure to violence, loss of, or separation from, family members and friends, and loss or lack of essential services, supplies, and access to services, all of which have immediate and long-term consequences for children, their families and communities and restrict their ability to function and be fulfilled. A regional mapping exercise by Save the Children (2014), showed that in addition to being exposed to physical harm and injury, the effects of the conflict for Syrian children include displacement, exposure to violence and destruction, family separation, deprivation of food and water, witnessing the killing of family members, and a general restriction or inability to continue to conduct their normal activities of daily life.

The study shows that, in keeping with children affected by conflict in other locations, Syrian children and their families experience a wide range of mental health and psychosocial problems. Even when the immediate dangers of conflict are not present, children's experiences are compounded by the consequences of conflict creating or contributing to child protection issues with potentially serious impacts on their mental health and psycho-social wellbeing. Loss of home, economic difficulties, inadequate living conditions and community tensions, family separation and break up of families, domestic and sexual and gender based violence (SGBV), child/early marriage, child labour, limited and/or poor education and vocational opportunities and uncertainty about the future are all significant factors contributing to children's stress. Focus group discussions with adolescents revealed a preoccupation with their living conditions, physical dangers and threats, and feeling a loss of identity and hopelessness about the future were a major cause of psycho-social distress. For those living in camps, the unpleasant and restrictive camp environment was also mentioned.

'*Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations. The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being.*' (The Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings [IASC MHPSS Guidelines], 2007)

The IRC (2004) notes that caring for and protecting children in countries of conflict has become increasingly complex and is compounded by protracted periods of conflict. Even if children's physical survival needs are being met, the displacement, multiple losses and violence children are forced to endure interrupts normal healthy child development. Children's reactions may range from replicating the violence they have seen, to avoiding any situation, person, or thought which reminds them of the violence. Children may be agitated and destructive towards themselves or others, or they may be passive, withdrawn, or severely depressed. Some children may appear to

be, and may be, untouched by the events they have undergone. Much depends upon the intensity of the conflict a child has witnessed or been a part of, and the individual and social supports a child possesses. Frequently, however, armed conflict takes away important developmental opportunities for children that would normally help to mitigate the effects of violence and serve as building blocks toward healthy adulthood.

It is recognised that the majority population often exhibit great resiliency and recover over time from the effects of stress and shock and find their own ways of coping. In these extreme circumstances, however, normal support mechanisms within families and communities, especially for children, may not be available as everyone is under stress. The symptoms of trauma displayed by adults and their own overwhelming troubles not only has a knock-on effect on the mood of children but impacts on the capacity of their parents or guardians to care for them. There is a need for resiliency to be fostered by developing supportive environments and the provision of psychosocial support activities.

Psycho-social well-being is based on an inseparable combination of biological, emotional, spiritual, cultural, social, mental, and material aspects of experience. Instead of focusing exclusively on the physical or psychological aspects of health and well-being, psycho-social programmes emphasise the totality of people's experience and underline the need to view these issues within the context of the wider family and community networks in which they occur (INEE, 2016). The ways in which children respond to the stress of armed conflict will depend on their own particular circumstances and characteristics. These include individual factors such as age, sex, personality type, personal and cultural background. The risks to children in war zones is also exacerbated by their stage of development and gender. Other factors are linked to the nature of the traumatic events, including their frequency and the length of the exposure.

In their training guide to psychosocial programmes the IRC (2004) suggest that opportunities to participate in structured, meaningful activities including education, recreation, and interacting with peers are essential for all children, and will provide the majority with sufficient support to recover, whilst a smaller number may need some additional informal support, and an even smaller number may need referral to specialist support.

Approaches to psychosocial support for children and youth

Many agencies involved in the humanitarian response to conflict and crises are now incorporating psychosocial and mental health support into their programmes based on a pyramid-shaped framework of intervention set out in the IASC guidelines (2007). These guidelines are grounded in human rights and equity, within a 'do no harm' framework aiming to build upon existing community resources and capabilities and the development of integrated and multi-layered support systems for affected populations. This recognises the importance of implementing psycho-social programmes through a complementary, integrated and multi-sectoral approach, having found stand-alone services to be unsustainable, generate stigma and further fragment what care systems may exist.

The pyramid approach provides a layered system of diverse complementary supports that meets the needs of different groups. The base forms a broad layer of social support in basic services to ensure participation and well-being, with the next layer aiming to enhance support mechanisms of the family and community. The smaller layer towards the top of the pyramid targets the provision of non-specialist support, with the apex being the specialist support provided by psychologists or psychiatrists for the relatively few people with a diagnosed condition. The

guidelines recommend all layers of the pyramid should be implemented concurrently. This moves the focus from clinical diagnosis of an individual to holistic, broad-based preventative measures, promoting the development of resilience across the entire group, whist recognising there will be a small number that require specialist services.

In contrast to clinical interventions that require specialist personnel, resources and training, and focus only on the minority with diagnosed conditions, this broader, preventative psycho-social approach has been found to be beneficial to the wider population, not only leading to improvements in general symptoms among persons both with and without specific disorders, but reducing symptoms below a threshold of clinical significance for large proportions of the population. Once psychosocial interventions are in place, those individuals whose needs are not met by these restorative community level interventions can be identified and provided a higher level of mental health care (Nicolai, 2003). This is reinforced by Jordans et al (2010) who found that, although there was little uniformity in psychosocial programmes, there was strong consensus in guidelines and key publications promoting the importance of:

   a) normalisation of the child's daily life and recreational activities;
   b) social reconnection/reintegration and social support mechanisms;
   c) utilisation of individual and community coping and resilience mechanisms;
   d) discouraging child-family separation, especially the important role of caregivers;
   e) focus on existing education and health care systems;
   f) emphasis on the reduction of social discrimination and a non-clinical identification of problems, and
   g) youth participation.

An understanding of the culture within the affected country is of fundamental importance in planning psychosocial support programmes. There is increasing recognition by several studies that the application of western, individualised approaches to counselling, therapy and the use of clinical labels does not readily apply in many cultures, and that in many countries these specialists may not be available. In the Syrian context, a pre-existing regional shortage of mental health professionals has been placed under extreme pressure, and even where such professionals are available they are not trained with the required therapeutic skills. (Kalksma van Lith, 2007). Burde et al (2015) also stress the limitations of applying concepts of Western psychology in non-Western contexts. They cite a study by Wessells (2009) which shows interventions had inadvertently harmful effects if they did not take local norms and customs into account. They recommend contextually-relevant programme design should be used as a guiding principle for emergency interventions that address children's wellbeing.

Psychosocial approaches have been found to be more suited to strengthening resilience, using local capacities, and promoting coping and positive development. The IASC (2007) guidelines recommend psychosocial interventions ensure as safe an environment as possible and provide a return to routines, since predictability and engagement is important for promoting mental health during complex humanitarian emergencies. In addition to helping a child develop self-esteem and confidence, a focus on resilience gives the advantage of directing attention to their strengths rather than their weaknesses. Nicolai and Triplehorn (2003) also found psychosocial interventions can be an important first step in promoting mental health. This should include stabilising routines as far as possible whilst providing opportunities to maintain or reinvigorate social connections and engagement in activities such as education, paid work, religious

practices, and opportunities for recreational sport or art. This is reinforced by Betancourt (2005) who found these activities also provided a source of hope for the future, especially among youth.

The close link between psychosocial activities and education is highlighted by Nicolai and Triplehorn (2003) who recommend that for many children in conflict affected areas, schooling, whether formal or non-formal, is the main means through which support can be provided. This has critical implications for teacher training to develop classroom management skills, basic knowledge of child development and child-friendly pedagogic techniques, as well as providing children time and space for recreational and expressive activities.

According to UNICEF (2009), applying a resiliency-building approach to promote psychosocial well-being focuses programmes on the following objectives:

- Reducing risks to children's safety and emotional well-being while promoting an environment conducive to positive development, effective coping, and resilience
- Promoting children's holistic development and age-appropriate physical, cognitive, and emotional competencies
- Fostering a secure and stable environment for children
- Strengthening family and community care-giving structures for children
- Supporting children's and youth's voice and full participation in all phases of programming
- Strengthening local networks that enable child protection, care, and well-being, such as women's groups or religious networks

The impact of Psycho-social interventions

Jordans et al (2009) raise the issue that, due to a scarcity of rigorous studies, the diversity of researched interventions, and the prevailing conditions in which interventions are conducted, it is difficult to make firm conclusions on the impact of psycho-social interventions. They find that although some evaluations are promising, the effect sizes of controlled studies are, at best, moderate, whilst several evaluations were deemed to have methodological flaws. They highlight an apparent gap between research, policy and practice with a serious lack in the literature of evidence-supported interventions and the presentation of application of approaches. The report considers the move from narrow to broader programming makes evaluation more challenging, but considers it important to create an evidence base from which psycho-social and mental health interventions can be scaled up.

The IRC (2004) suggests resiliency to situations of conflict is dependent upon a number of factors such as the temperament of the child, the support a child has around him or her, and the severity of the experience. Further, a child's sense of control over her/his environment, such as represented by opportunities for mastery over tasks in reading, drawing, helping with chores in school or at home, are also important contributing factors to promoting resiliency and coping. For older youth, actively learning, discussing, and sharing information with peers and family members about the conflict situation can be critical for promoting their recovery and developing resiliency.

The importance of ensuring the needs of the most marginalised groups are taken into account is raised by Burde et al (2015), who found that some interventions aimed at promoting psychosocial wellbeing did not reach all groups. This suggests the importance of specific and targeted support

programmes, particularly for traditionally marginalised groups, but these will vary by context. Similarly, several studies within a variety of populations showed mixed, weak, or even negative effects of psycho-social interventions for girls (Punamaki et al., 2014 in Burde 2015).

Provision of Child Friendly or Safe spaces

Kaufmann (2016) found that the provision of a structured and protective environment for children through Child Friendly or 'Safe' spaces are frequently the first psychosocial support intervention in an emergency, She highlights that the concept is simple and replicable, and that wide-scale play and recreation activities should be offered as soon as possible. This is reinforced by modules developed by the Action on the Rights of Children (ARC) which suggest structured play and recreation opportunities to help normalise children's behaviour when they need it most, and advocate for Safe Space programmes to provide psycho-social support as well as structures to monitor daily protection concerns. Kaufmann indicates these programmes are readily scalable and that by using community resources, large numbers of children can be brought into these programmes in a short period of time.

To meet different needs, programmes can focus on different groups of children from pre-school through to older adolescents, providing a structured routine and support from adults outside their own family, thus also serving to lessen the burden of adult carers in families who too are under stress. These spaces often become a focal point for wider community mobilisation and scale-up of services (Save the Children, 2014).

Bringing children into a protective safe space can also provide opportunities to identify children with special emotional or physical needs related to the surrounding conflict, and can reduce the risk of children being vulnerable to other protection factors such as malnutrition, child labour, sexual abuse, recruitment as child soldiers, drug abuse etc. Although recreational and play activities are central to the Safe Space concept, some programmes have evolved into multifaceted intervention initiatives that include immunization campaigns, nutrition programs, life skills activities, and offer parental support.

A Child Friendly Spaces programme can also be an important step toward establishing curriculum-based learning in refugee or internally displaced populations, especially where schools do not exist from before (Boothby and Melvin, 2007). In programmes that did provide education, boys were found to prioritise education over safety and protection whilst girls indicated the safe space as being equal or greater in value to education (Gladwell & Tanner 2014).

Education based interventions[2]

Many studies recognise the importance of education and attendance in school (both formal and non-formal) in providing the stability, structure and routine that children need to cope with loss, fear, stress and violence (UNICEF 2016). Wide-scale exposure of children to violence and deprivation has resulted in efforts to provide psychosocial support to war-affected and displaced children within schools. Burde et al. (2015) found evidence that providing school routines improve mental health and resilience and can help recovery for the majority of children and youth affected by conflict or disaster. They also found strong observational evidence for the importance

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[2] Interventions involving teacher training are mentioned in this section but a fuller discussion is provided in answer to questions 3 and 4

of ensuring education opportunities are inclusive and creating school environments that reduce the stigma associated with conflict.

Boothby and Melvin (2007), consider the type of research that would allow for comparative impact conclusions on interventions has not been undertaken, but found emerging evidence in the form of case studies, programme evaluations, and other field-based findings that point to promising trends and lay the foundation for subsequent research and programme learning opportunities. They highlight the following:

- Keeping schools open and accessible acts as a key psycho-social response in restoring a routine and a sense of normalcy, in keeping with the Inter-Agency Network for Education in Emergencies (INEE) standards on education in emergencies. However, they recognise that, in conflict situations, both providing adequate schooling, and enabling children to access school can present difficulties, and that schools can also be sights of abuse and conflict.
- Classroom-based initiatives with distinct psychosocial components help to reduce stigmatisation of mental health issues and can improve children's self-esteem, self-efficacy, prosocial behaviour and post-traumatic stress symptoms.
- Providing teachers with knowledge and skills to help children in their classrooms come to terms with psychological and social wounds were found to have modest effects on the psycho-social status of children in Bosnia, Croatia, Kosovo, and Palestine, The report found the success of these efforts, however, is highly dependent on the education system's ability to support its teachers.
- Peer-to-peer dialogue has been employed in schools with some success, particularly in the development of life skills. The review found the discussion leaders have too little training to be regarded as counsellors, and their role needs to be made clear.
- Programmes to support school-based counsellors' work with individuals and groups of severely affected children and youth have proven to be effective, but only when these efforts have been implemented in cultures that traditionally use these types of mental health interventions and in schools which are part of functional education systems.

In the context of sudden onset and chronic crises, as well as contexts of post-crisis and state fragility, the International Rescue Committee (IRC, 2012) Healing Classrooms approach is designed to develop and strengthen the role that schools and especially teachers play in promoting the psycho-social recovery and well-being of children and youth. It encourages an inclusive approach to education, in which all children and youth are welcomed – including girls, children of different ethnic origin and children with disabilities. The approach particularly focuses on expanding and supporting the positive role that teachers, parents, government officials and community members play in ensuring children and youth can recover, grow and develop, with learning spaces providing safe environments for children and youth, where they are not only protected from harm but also given the skills, knowledge, voice and capacity to protect themselves.

An evaluation of the IRC Healing Classrooms programme by Winthrop and Kirk (2005) found that providing a separate session/module on psycho-social support to teachers (who may or may not have formal training as teachers) covering topics such as child development, techniques for creating a supportive classroom environment, how to communicate with children, how to identify a distressed child in the classroom, and when and how to refer a child to mental health or other professionals, was not an effective approach for implementation into practice. Even though the

session/module provided concrete tools for classroom teaching, in practice it remained separate from teachers' understanding and application of general pedagogical and classroom management skills. There is also the risk of over-emphasising the subject, leading some teachers to believe that the training enables them to solve children's problems, which it was not designed to do.

Winthrop & Kirk (2005) suggest a better approach would be to integrate the psychosocial concepts, without naming them as such, into pedagogy, lesson planning and classroom management training. This would also shift the emphasis away from a specific bundle of 'psychosocial skills' towards those tools needed to be good teachers and to create 'healing classrooms'. Also important is to build more explicitly on the cultural understandings the teachers already have of their students as members of the same community. The stand-alone session/module approach to psychosocial teacher training, however, is common to many education in emergency programmes.

The INEE (2016) finds schools and learning spaces are natural channels for delivering social and emotional learning (SEL) programming, especially in crisis contexts. They consider SEL is at the heart of most programmes designed to support healing, social cohesion, and resilience, and may be evidenced through peace education, conflict resolution, violence prevention, life skills, character education, or referred to as something else. This is reflected by the World Bank (2013) which finds SEL competencies often serve as the core competencies outlined in most programmes intended to build social cohesion before, during and after crisis and conflict. The most effective evidence-based programmes are designed to empower children and youth to have improved academic, social and emotional learning outcomes and include conflict resolution, life skills, character education, violence prevention, civic education and peace education. In contexts of adversity, education systems are therefore well advised to integrate SEL components and processes into their academic programmes. Research suggests that this is best accomplished through integrated SEL classroom instruction, student engagement in positive activities in and out of the classroom, and broad parent and community involvement in programme planning, implementation, and evaluation (Weare and Nind 2011).

In emergency settings, the ties between social, emotional, and academic skills grow stronger as learners of all ages struggle to cope and survive in unstable and often life-threatening environments. SEL skills are critical tools for building resilience among children and youth affected by crisis, which can make the difference between their having supportive relationships or being socially isolated, between managing stress or turning to negative coping mechanisms, and between success in school or dropping out. Education programmes that incorporate SEL can play a crucial role in developing protective factors in youth which mitigate the negative developmental and behavioural effects of exposure to conflict. This is achieved through building intrapersonal and interpersonal skills that are necessary for managing emotions and building healthy relationships. SEL strengthens the healing and coping mechanisms needed to deal with adversity, and contributes to academic success at school. One of the most important factors for most of these adolescents is the opportunity to make meaning of the adversity experienced and to find purpose in education. SEL supports this engagement process, and can also help increase students' ability to focus on learning.

For children and youth, learning is a source of control in an otherwise uncontrollable context (Reyes, 2013). In contexts of violence and conflict, learning can contribute to well-being, and well-being to learning and they are therefore inextricably linked. A three-tiered approach for promoting the social and emotional well-being of children and youth should focus on classroom

and school climate, teaching pedagogy and school personnel support, and student skill building. SEL programmes are focused on planned learning, whereas psycho-social support programmes are more oriented toward children's psychological and social well-being and the two tend to operate simultaneously and build on one another (INEE, 2016).

Resilience research by The World Bank with Palestine refugees in the West Bank, Gaza and Jordan reveals the crucial role teachers play in providing not only academic instruction, but also care, advice and emotional support (World Bank 2013). This occurs in both direct ways (teacher visits to students' homes after particularly difficult moments, for example) but also through integrated social and emotional care within academic instruction, extra-curricular activities, and opportunities for students to exercise leadership and committed mutual support. Opportunities for practice and skill building enable students to demonstrate and model social and emotional competencies with their peers, teachers and parents. Increasingly, research has shown that programming must be integrated into the long-term environment, school curriculum or system and not as temporary projects or add-on activities (IASC 2007, World Bank 2013), This could be including dance or music alongside the curriculum if it is important to that particular culture so that students may "have the skills, creative vision and confidence" to contribute to the cultural life of their country. The Qattan Centre for the Child in Gaza, for example, has adopted an integrated pedagogical approach that utilizes literature, music, drama, and cinema to support self-directed learning and encourage students to express themselves, discover different cultures and strengthen their understanding of their own cultural identity (World Bank, 2013)

Studies reviewed by Burde et al (2015) found that, where NGOs have implemented the practice of training of trainers, which involves a short-term training of community members and teachers in the basic skills of psycho-social intervention and alleviation of distress, these helpers need ready access to professional feedback and consultation. Planning and expectations about their work should be gauged in light of the amount of training they obtain. They reflect that teachers have the important task of supporting and understanding students, can facilitate discussions about conflict situations, and have opportunities to reinforce coping skills, correct rumours, identify suffering in children, and prepare students for future experiences. The studies also showed schools and other public services can monitor children's adjustment and level of coping, and can facilitate the provision of professional help when it is needed.

During programmes in Bosnia and Kosovo, teachers were trained on subjects such as cooperating with parents, dysfunctional families, the impact of poverty, stress in children, the traumatized child, loss and grieving in children, etc. As a result of the training and its follow-up programme the teachers said they felt empowered and stimulated in the sense that they had more energy for coping with their job, as well as with their own difficulties, but the effect on the children and their parents was not measured (Mikus Kos, 2005 cited in Kaufmann 2006). Through effective teaching pedagogy and instructional practice teachers enable students to develop and practice social and emotional skills. School administrators can offer leadership and guidance in reinforcing the use of these skills outside the classroom and in school life. When teachers work on their own social and emotional knowledge and skills, their students also benefit. It is recommended that school administrators prioritise this kind of teacher professional development. The report also recommends school-based educational programmes should teach peace education and reconciliation, in order to promote the culture of peace in children.

In a study of an intervention in Israel conducted after the 2006 Lebanon war, Wolmer et al. (2011) found that when teachers established a safe environment, children's coping skills improved. Teachers were trained to employ a supervised, structured protocol of eight, two-hour

classroom sessions over a one-month period. The sessions were structured around an imaginary character who writes letters to the children and invites them to share, discuss and process their experiences. Teachers used narrative techniques, play activities, and diary documentation to help children reprocess traumatic experiences. Overall the study found that participating children were more likely to maintain a healthy equilibrium and re-experience traumatic events less frequently.

A recent innovation reported by Norad (2017) challenged game developers to create open-source smartphone applications designed to build foundational literacy skills in Arabic and improve psychosocial well-being for out-of-school Syrian refugee children aged five to 10 in Syria and neighbouring countries. The two winning games are now available for free download through Google Play and the App Store are designed to help children learn despite being negatively affected by high stress and trauma. The report claims the games develop literacy and social emotional learning (SEL) skills, by helping children process information without becoming distracted, use their working memory, control their impulses and emotions, perseverance, solve problems, and get along with others. The competition took advantage of the high availability of smartphones among war-affected Syrian families and these downloadable games can potentially reach millions of out-of-school children. The games both have open source licenses, and are designed to be easily adapted for other languages and different groups

Sports and recreational activities[3]

Boothby and Melvin (2007) found recreation and structured activities have helped large numbers of children 'normalise' their behaviour after exposure to violence or flight. Studies reviewed by Burde et al 2015) found creative arts are increasingly employed in psychosocial interventions aimed at children affected by conflict and crisis. They cite programmes that include music therapy, creative play therapy, dance, drama, painting and drawing as strategies that are increasingly recommended by neuroscientists to enable the processing of traumatic experiences. Robust evidence from a US-based meta-analysis specifically links play therapy programmes in schools to improvements in academic outcomes (Ray, Armstrong, Balkin, & Jayne, 2015 in Burde et al 2015).

In both conflict and crisis-affected contexts, creative arts and play therapies have had positive effects for participants. A systematic review of 21 studies (14 in high-income countries, 7 in refugee camps) on interventions targeting 1800 refugee children, aged 2–17 found that cognitive behavioural therapy and creative arts-based programmes were the most commonly employed techniques (Tyrer & Fazel, 2014). Significant improvements in mental health were found from both types of interventions as well as interventions that employed multiple modalities. A quasi-experimental study centred on creative arts activities in northern Uganda indicated statistically greater improvements in wellbeing of intervention participants than those that did not participate (Ager et al., 2011).

An observational evaluation of 'Right To Play' programmes in refugee camps found that participation in the programmes supported wellbeing through developing peer relationships, student and teacher relationships, and the increased inclusion of young girls (Lange & Haugsja, 2006). The report found qualitative results in northern Uganda from a programme initiated by ARC indicated a positive impact on children's wellbeing and addressed their basic psychological

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[3] A fuller discussion of this topic is given in answer to Question 5

needs. Parents reported that their children's and their own participation in the activities has resulted in a greater awareness of the specific needs of different age groups, a greater awareness of their own children's strengths and fostered more inter-generational dialogue. Both adults and children placed the greatest value on social skill, social responsibility and social conformity as evidenced by positive social functioning behaviour. Social competence is primarily shown by the willing and respectful participation in appropriate household responsibilities, livelihood support and duties.

During a long-term psychosocial intervention with children in Kosovo, workshops including creative techniques and sports were offered in cooperation with local schools. The leaders of the workshops claimed that the behaviour of children changed: for example a timid withdrawn child started to play with the other children, the children started to work together, and that the attitude and approach of the teachers toward the children also changed. (Mikus Kos, 2005 cited in Kaufmann)

Child-friendly youth activities and children's clubs are recommended to encourage the development of children's pro-social behaviours, including enhanced self-esteem, hope and a sense of self-efficacy. and the increased protection of children (Global Education Cluster, 2012)

Family and community and involvement

In keeping with IASC guidelines, Burde et al (2015) found contextually appropriate community-based and social ecology models were increasingly discussed in the literature as alternatives to trauma-centred interventions.

A qualitative evaluation of the *Our Communities, Our Schools* intervention in Palestine indicated a positive relationship between community-supported school-based interventions, students' psychosocial functioning, and learning outcomes (Shah, 2014). The intervention sought to address immediate community needs by engaging parents and communities around school operations and education activities, and promoting inclusive, student-centred teaching. Communities can be mobilised as a key resource for a range of psycho-social interventions for children, including the training of volunteers to organise activities, and the promotion of education.

Observational evidence points to the potential of community negotiations to mitigate attacks on education, as demonstrated by The Schools as Zones of Peace (SZoP) programme during the conflict in Nepal in 2001. This supported dialogue between communities and local political groups to establish the neutrality of schools (Save the Children, 2009). Data suggests the programme has improved both the physical protection of schools and learning outcomes of students. Other observational studies suggest that a greater sense of community ownership in education serves as a protective mechanism to stave off attack and/or make students feel safer (Burde 2015). This is reflected in a report for UNICEF (2009) that found high levels of community and family participation were positively associated with students feeling safe and included in their child friendly schools programme school, especially among girls.

Researchers found that caregiver mental health was highly and significantly related to youth mental health, and "family acceptance" and "community stigma" were significantly associated with youth depression and anxiety symptoms. These studies suggest that psychosocial interventions in emergency settings should include and/or directly target caregivers in their efforts to improve children's mental health. Psychosocial interventions directed solely at caregivers, at

caregivers and children, and at families are all effective at improving children's mental health (Siegenthaler, Munder, & Egger, 2012).

Burde et al. (2015) also found some evidence of the use of community mobile phone messaging in support of the physical protection of children's activities in conflict affected areas, especially in connection with attacks on schools. A large-scale SMS alert and survey system was initiated in Gaza with message sharing across parents, school staff and other community members to provide alerts and emergency notifications of ongoing military activities, alongside more general school announcements.

In a study of IRC-supported emergency education for Chechen displaced youth, Betancourt (2005), found a lack of formal education created additional stress among adolescents as their priorities were for normalcy and the need to secure a future through completing their education. They therefore wanted formal schooling situations and testing opportunities legitimised by local education officials. This has led IRC to move more rapidly to formal education in this and other programmes. The research also revealed that the more adolescents perceived their relationships with their families as close, caring and respectful, the better their mental health. Organisations working in conflict and emergencies therefore need to encourage parents and extended family to participate in education through family-student-teacher discussion groups, school-based health activities or community education committees.

Early childhood interventions

Early Child Development (ECD) provides health, nutrition and cognitive development to 3-6 year-olds. The value of integrating the psychosocial component in the ECD program for conflict-affected populations is that the children may have mild developmental impairments due to limited stimulation from their mothers. Due to parental stress, mothers may not interact with the children, the children may not have as much freedom to roam around, explore and play, and receive little support from older siblings who may be forced to become income-earners for the household.

UNICEF (2012) found that children in conflict zones who have attended Early Childhood Development programmes centres were better able to express themselves without fear. Family communications and parents' attitudes were also reported to model healthy behaviours better. Burde et al (2015) found strong evidence to support the impact of interventions focused on early child development in crisis on child wellbeing. For example, a programme in Bosnia provided non-formal weekly meetings promoting good mother-child interaction, peer support, increased knowledge of child development and trauma, and basic health care demonstrated differences in maternal wellbeing and mental health, as well as on child psychosocial functioning between those attending and a control group.

3. What are considered to be the core, essential components of psycho-social support and social and

emotional learning? What distinctions should be made between activities that can be carried out in schools, during school hours and by regular teachers and activities that should be undertaken out of school, or after school in recreational or child-friendly spaces or school clubs, and/or conducted by trained specialists?

Psycho-social approaches focus on most or all the affected population regardless of individual differences in war related exposures or traumatic stress reactions. Education can offer learners a safe, stable environment, and help restore a sense of normality, dignity, and hope by providing both some structure and supportive activities along with social and emotional learning.

UNICEF (2011) suggests psycho-social programming may be reflected in different ways in different cultures, but is generally focused on three core aspects: skills and knowledge; emotional well-being; and social well-being, whilst Nicolai (2003) identifies the three main approaches used in strengthening psychosocial support during crises are: recreation, play, non-formal education initiatives and safe spaces; training teachers on psycho-social issues and psycho-social support; and the introduction of new curriculum or learning content. The importance of a holistic and integrated approach to psycho-social programmes and some of the key factors to be considered have been detailed in answer to the previous question in the sections above. It is clear that education is seen as central to this provision, together with sports and recreation activities. Jordans et al (2010) suggest that, in providing a layered approach to interventions, there may need for extensive awareness raising within the community to reduce stigma and explain mental health and psycho-social care, the associated problems and their origins.

Key components include:

- Establishing a routine and opportunities for regular learning activities, either in schools, or other safe spaces
- Providing opportunities for children to interact with their peers, and supportive adult interaction. This requires training of teachers and facilitators to provide supportive responses to conversations and facilitate appropriate group discussion activities according to age level
- The provision of sports, creative arts and opportunities for free play
- Structured opportunities for discussion, play, drama, music, art, writing etc to process experiences. These can be conducted within safe spaces or by teachers in schools or non-formal education settings
- Providing training on psycho-social approaches for teachers. The key to success is in providing teachers with training that integrates psycho-social issues into pedagogy, lesson planning and classroom management. Training should provide teachers with: strategies for students who are finding it hard to concentrate, such as using shorter and more active learning exercises; strategies for providing inclusive learning environments and avoiding corporal or psychological punishment of students; structured psychosocial and non-formal activities such as collaborative games, art, song, dance, and drama adapted to students' learning styles and needs; and the importance of scheduling sports for both sexes into the timetable.
- Remove biased and inflammatory material in the curriculum

- Incorporating peace education, reconciliation, SEL, life skills and school based health activities into the curriculum
- Follow up support and feedback to teachers and facilitators after training to ensure implementation and integration into practice
- Providing tools for the identification of children who are in need of specialist support and providing training for their use for teachers and facilitators of psycho-social programmes
- Health and safety education providing information to children about risks to their well-being from the effects of conflict, such as land-mines safety drills (according to local context)
- Activities to encourage parents to participate in their child's education through family/student/teacher group discussions or peer-to-peer parenting circles to develop their psycho-social skills to support their children
- Advocating for community support to children's well-being

The INEE (2106) promotes learning spaces (both schools and non-formal spaces), as an unparalleled setting in which to support children as they provide a unique opportunity for trained adults to make assessments, provide counselling, make referrals, and follow-up with children as needed. By integrating psycho-social services into an existing system that caters to children and their families, learning spaces, and particularly schools, with their existing curricula, structures, policies, and resources, offer promising locations where interventions can be sustained (Fazel et al., 2014). It should be noted, however, that unsafe learning environments can negatively impact the wellbeing of children and youth, including violating their rights. This fact often discourages caregivers from enrolling children, especially girls, in school and is a factor in school dropout.

Schools are often recommended as the setting of choice for psychosocial support interventions as they offer a familiar, non-stigmatised setting, provide the broadest access to children and their families and are well-placed for group rather than individual interventions (Jordans et al, 2010). However, it is recognised that many children in times of conflict may not have access to school and alternative safe spaces need to be found to reach these children. Clubs are often formed to provide opportunities for sport and other recreational activities, and these can be both school and non-school based depending on the expertise available to organise them. These non-specialised psychosocial support interventions can be provided across different settings and both in and out of school time.

It is important that teachers, parents, the community, and child welfare professionals identify children of concern and address their needs through individual or group support. REPPSI (2012) suggest that training in psycho-social support can be given even to community members with very lows level of education, thereby expanding the reach of empathetic support and reducing the need for specialist support which is usually not available in most communities. They stress however, this should not be seen as a replacement for higher levels of support, and teachers and other caregivers should be trained to recognise symptoms of distress and how to access specialist support. This is reflected by Plan International (2017) who acknowledge the need for technical specialists to support the structured implementation of psychosocial support activities by non-specialised staff, and the establishment of a functional referral system to respond to any concerns. Expectations of workers to provide support should be in keeping with the level and amount of training provided.

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