INEE Background Paper on

Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings

INEE

The Inter-Agency Network for Education in Emergencies (INEE) is an open, global network of representatives from non-governmental organizations, UN agencies, donor agencies, governments, and academic institutions, working together to ensure the right to quality and safe education for all people affected by crisis. To learn more please visit www.ineesite.org

Cover image: *Outdoor classroom in Cordoba, Colombia, © UNICEF (INEE)*

ACKNOWLEDGEMENTS

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Abbreviations

ACEs: Adverse Childhood Experiences

CFSs: Child-Friendly Spaces

HICs: High-Income Countries

LMICs: Low- and Middle-Income Countries

MHPSS: Mental Health and Psychosocial Support

PSS: Psychosocial Support

SEL: Social and Emotional Learning

"When one in three children is failing to reach their full potential,
we are looking at one of the world's grandest challenges."

- Peter A. Singer, Chief Executive Officer of Grand Challenges Canada quoted in
Harvard T.H. Chan School of Public Health (2016).

Introduction

The purpose of this paper is to clarify relevant terminologies and approaches relating to psychosocial well-being and social and emotional learning (SEL) in education in crisis-affected contexts, and to explore how psychosocial support (PSS) and social and emotional learning relate to one another. The target audiences for this paper are education practitioners, academics, and policy-makers working in education in emergencies and protracted crises. To clarify, the term "education in emergencies" refers to the educational responses—formal and non-formal—that are appropriate in immediate and sudden emergencies, and to the provision of education during chronic crises and early postcrisis reconstruction phases (Inter-Agency Network for Education in Emergencies [INEE], 2010; UNESCO, 2006).

Psychosocial Support and Social and Emotional Learning

Key definitions

What is PSS?

The term "psychosocial" refers to the dynamic relationship between psychological aspects of our experience (that is, our thoughts, emotions, and behaviors) and our wider social experience (that is, our relationships, family and community networks, social values, and cultural practices), where one influences the other (IFRC Reference Centre for Psychosocial Support, 2014; Psychosocial Working Group, 2005). Use of the term "psychosocial support" is based on the idea that a combination of factors is responsible for people's psychosocial well-being, and that these biological, emotional, spiritual, cultural, social, mental, and material aspects of experience cannot be separated from one another. Therefore, instead of focusing exclusively on the physical or psychological aspects of health and well-being, the term emphasizes the totality of people's experience and underlines the need to view these issues within the context of the wider family and community networks in which they occur (Action for the Rights of Children [ARC], 2009).

Psychosocial support can be described as "a process of facilitating resilience within individuals, families and communities. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure" (IFRC Reference Centre for Psychosocial Support, 2009a, p.25. Original source: IFRC Psychosocial Framework 2005-2007). PSS aims to help individuals recover after a crisis has disrupted their lives, and to enhance their ability to bounce back and return to normality after experiencing adverse events. The term refers to the actions that address both the social and psychological needs of individuals, families, and communities.

The term "mental health and psychosocial support" (MHPSS) is commonly used in the literature to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders for people in crisis situations (Inter-Agency Standing Committee [IASC], 2007). "Mental health" and "psychosocial support" are closely related terms that reflect different yet complementary approaches. Hence, agencies outside the health sector tend to speak of "supporting psychosocial well-being," whereas people working in the health sector tend to speak of "mental health." Exact definitions of these terms can vary slightly between and within aid organizations, disciplines, and countries (IASC, 2007).

What is psychosocial well-being?

According to the framework developed by the Psychosocial Working Group (2005), the psychosocial well-being of individuals and communities is best defined in terms of three core domains (IFRC Reference Centre for Psychosocial Support 2009a):

- **Human capacity:** Refers to physical and mental health and the individual's knowledge, capacity, and skills.

- **Social ecology:** Refers to social connections and support, including relationships, social networks, and support systems of the individual and within the community; cohesive relationships that encourage social equilibrium are central to mental health and psychosocial well-being.

- **Culture and values**: Refer to the specific context and culture of communities, which influence how people experience, understand, and respond to their surroundings. Because both culture and value systems influence the individual and social aspects of how people function, they play an important role in determining psychosocial well-being.

An individual's psychosocial well-being depends greatly on his or her capacity to draw on resources from these three core domains when responding to the challenges experienced. Challenging circumstances, such as an emergency or conflict, deplete these resources, which may lead to the need for external interventions and assistance to rebuild individual and communal psychosocial well-being.

What is SEL?

Social and emotional learning is a process of acquiring social and emotional values, attitudes, competencies, knowledge, and skills that are essential for learning, being effective, well-being, and success in life (UNICEF, 2015a). A more comprehensive definition would describe SEL as the process of acquiring core competencies to recognize and manage emotions, set and achieve goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively (Elias et al., 1997). The qualities described above include self-awareness, emotional literacy, resilience, persistence, motivation, empathy, social and relationship skills, effective communication, self-esteem, self-confidence, respect, and self-regulation.

SEL aims to foster the development of five interrelated sets of cognitive, affective, and behavioral competencies:

- **Self-awareness:** The ability to accurately recognize one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations and having a well-grounded sense of confidence and optimism.

- **Self-management:** The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, being self-motivating, setting personal and academic goals and working to achieve them.

- **Social awareness:** The ability to empathize with and understand the perspective of others from diverse backgrounds and cultures. This includes understanding social and ethical norms of behavior, and recognizing family, school, and community resources and supports.

- **Relationship skills:** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

- **Responsible decision-making:** The ability to make constructive and respectful choices about personal behavior and social interactions. These choices are based on a consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2013).

These competencies provide a foundation for better overall adjustment and academic performance, which translates into more positive social behaviors both within and beyond the classroom. These behaviors include fewer conduct problems and less emotional distress, as well as improved test scores and grades at school (Greenberg et al., 2003). In sum, mastering SEL competencies is a developmental process that prompts a shift from being influenced predominantly by external factors to acting increasingly in accord with one's internal beliefs and values (Bear & Watkins, 2006).

The impact of SEL on well-being and its role in emergency settings

Given that one aim of this paper is to explain the role SEL programming plays in emergency settings and its relation to PSS, this paper will first look briefly at the role of education in emergencies, followed by an analysis of the evidence on the impact SEL has on the well-being of children and youth affected by crisis. Finally, this paper will discuss the practice and implementation of SEL in emergencies.

In emergency situations, education is a major factor in the protection of children and a key psychosocial intervention. If properly delivered, 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 (IASC, 2007; Talbot, 2013). Children and adolescents who are not in school are more vulnerable to violent attacks and rape, and to being recruited into armed forces, prostitution, and other life-threatening activities, such as criminal acts. During conflict and displacement, children receiving formal or non-formal education often have easier access to life-saving information and survival skills, including awareness of hazards such as landmines, better nutrition, protection from sexual abuse, and avoidance of HIV infection. Providing a quality education during a conflict can help counter the underlying causes of violence by promoting values of inclusion, tolerance, human rights, and conflict resolution (Sinclair, 2004a). In natural disasters, education can play a central role in raising awareness and preventing pathologies such as infant mortality and mother-to-child HIV/AIDS transmission, and also can support local people's strategies for addressing

disruptive conditions. In contrast, the loss of education is one of the greatest stressors for children and their families, who often regard education as the foundation of a successful childhood and the path to a better future.

Receiving an education in a supportive environment builds children's intellectual and emotional competencies, provides social support through interactions with peers and educators, and strengthens children's sense of control and self-worth. Education can also be a fundamental tool in helping communities rebuild by providing life skills that strengthen coping strategies; by facilitating young people's future employment through, for example, vocational training; and by reducing economic stress. In short, having access to education in emergencies can do more than mend the damage caused by the emergency; it can help support the long-term processes of strengthening social cohesion, reconciliation, and peace-building, and prepare communities for eventual postconflict or postdisaster reconstruction and social and economic development (Nicolai, 2009; Novelli & Smith, 2011). Unfortunately, learning environments are not always safe places for children, as abuse and exploitation can become a reality of school life, particularly in situations of displacement and armed conflict, where cycles of violence, abuse, and exploitation can easily be perpetuated within the learning environment (Emmons, 2006).

Research shows that, by promoting students' emotional health and well-being, SEL programs have a positive impact on child development and learning and are a promising avenue of response for education in emergencies. SEL programs can enhance academic achievement and attainment; improve school attendance, engagement, and motivation; reduce negative student behavior in schools and in the community, such as bullying, violence, and juvenile crime; benefit the mental health of staff and students by lowering stress, anxiety, and depression; improve health outcomes by reducing teenage pregnancies and drug abuse; lead to better staff retention and higher morale; and generally help to improve the social and emotional skills of both students and staff (Durlak et al., 2011; Fleming et al., 2005; Zins, Weissberg, et al., 2004).

Education responses that incorporate SEL can play a crucial role in helping youth learn skills that reduce the negative developmental and behavioral effects of exposure to conflict. This includes building the intrapersonal and interpersonal skills needed to manage emotions effectively and build healthy relationships (Varela, Kelcey, Reyes, Gould, & Sklar, 2013). SEL approaches add quality to the education children receive by providing them with tools to help them focus, regulate their emotional responses, interact with others, and cope with

stress and challenges, and by developing their learning capacity and helping them gain the skills they need to apply what they learn to their daily lives (Durlak et al., 2011; UNICEF, 2013).
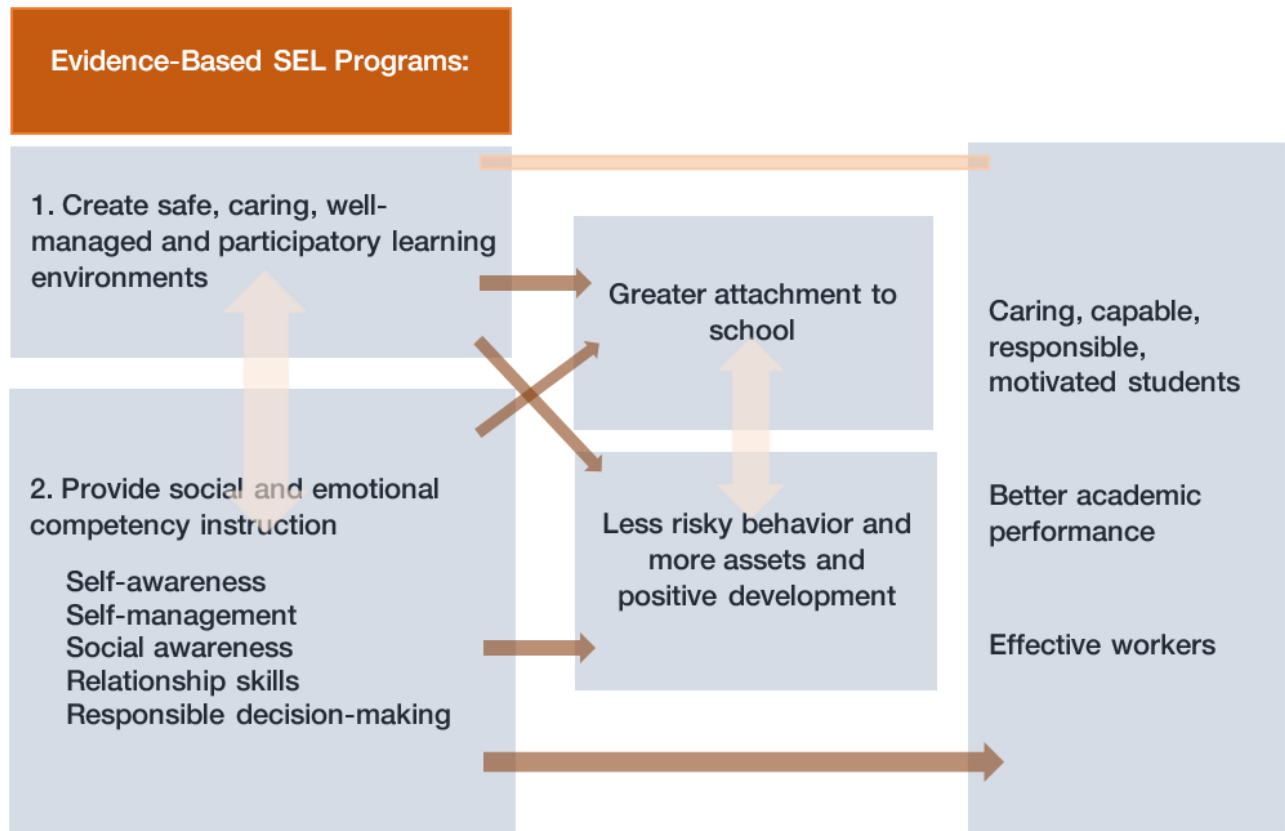
Figure 1. How Evidence-Based SEL Programs Work to Produce Greater Student Success in School and Life. *Source:* **CASEL (2008), p. 4.**

Evidence gathered primarily in non-emergency settings in high-income countries (HICs) demonstrates that students' attachment to school is strongly influenced by the learning environment. Classroom and school interventions that make the learning environment safer, more caring, better managed, and more participatory, and that enhance students' social competence, have been shown to increase students' attachment to school and foster their resilience (see Figure 1, above). Students who are more engaged and attached to school in turn have better attendance and higher graduation rates, as well as higher grades and standardized tests scores. Hence, interventions that increase students' ability to bond often have a positive effect on their educational outcomes and academic achievement (CASEL, 2008, 2013; Varela et al., 2013).

Payton and colleagues (2008) undertook the largest and most rigorous assessment of the impact of school-based SEL programs on children in HICs. Their review included 317 studies involving 324,303 schoolchildren ages 5-13. The results suggest that, compared to students in the control groups, children participating in SEL programs demonstrated greater improvement in multiple areas, including enhanced social and emotional skills; improved attitudes toward self, school, and others; more positive social behavior; reduced conduct problems, such as misbehavior and aggression; reduced emotional distress, such as stress and depression; and improved academic performance. Several other reviews of universal SEL programs found evidence that they are more effective with children ages 2-7 than in older children (Browne, Gafni, Roberts, Byrne, & Majumdar, 2004; Tennant, Goens, Barlow, Day, & Stewart-Brown, 2007). Moreover, a number of SEL programs implemented in HICs have shown strong potential to prevent substance abuse, to reduce the risk of maladjustment, failed relationships, and interpersonal violence, and to promote good mental health and positive youth development (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Elias et al., 1997; Zins, Bloodworth, et al., 2004). Taken together, these findings highlight the need for schools to embrace their role in promoting social and emotional learning from an early age in pre-primary schools.

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 (Varela et al., 2013). Furthermore, children's resilience and social and emotional well-being are essential to any long-term postconflict reconstruction, development process, or longstanding peace. In fact, SEL skills are often identified as the core competencies in programs intended to build social cohesion before, during, and after crisis and conflict.[1] Many conflict resolution, life skills, violence prevention, civic education, and peace education initiatives are devised to enable children and youth to have improved academic, social, and emotional learning outcomes (Varela et al., 2013). For communities that are emerging from a conflict or natural disaster or dealing with violence, prioritizing SEL can help to build stronger, more socially cohesive groups that can pave the way for ending the cycle of violence.

Learning spaces are natural channels for delivering SEL programming, especially in crisis contexts. This is already happening around the world, even if the efforts are not called SEL. Whether it is called peace education, conflict resolution, violence prevention, life skills,

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[1] SEL competencies include self-awareness, self-management, social awareness, relationship skills, and responsible decision making.

character education, or something else, SEL is at the heart of most programs designed to support healing, social cohesion, and resilience.

PSS and SEL: Points of convergence and divergence

Before initiating our analysis, it is important for the reader to understand that the psychosocial support approach has specific core principles, a matrix of interventions, and a multi-layered response system, within which fall a wide array of programs, including SEL programs (see Figure 3, page 20).[2] Hence, SEL represents a specific line of programming that falls under the PSS umbrella, which makes an analysis of points of convergence potentially redundant. This paper will therefore focus mainly on the distinctive characteristics of SEL relative to other PSS programs. The inevitable overlap between the key principles underpinning the PSS approach and SEL programming is illustrated below in Text Box 1 (page 16); the arrows show the close link between specific psychosocial domains and some of their respective outcomes, and with specific SEL competencies.

This overlap might have contributed to confusion between the two concepts, or to the challenges academics and practitioners encounter in establishing a clear distinction. For example, the Children's Resilience Program by Save the Children—widely known as a psychosocial program focused on children's coping skills and resilience—centers on the following objectives: improve cooperation and peaceful interaction between children; improve the motivation to play, enhance problem solving, and inculcate a positive attitude toward others; instill positive expectations for the future; enhance impulse control (relative to aggressive and/or risk-taking behavior); and enhance children's capacity for self-awareness, self-protection and to protect peers (Save the Children, n.d.). Most of these elements can be associated directly with SEL's core competencies, as mentioned above, which are key to children's healthy psychosocial development.

The International Rescue Committee's Healing Classrooms Initiative—an SEL program focused on teacher support and development processes, with particular emphasis on student well-being—in turn illustrates how SEL borrows from the overarching PSS approach by focusing on the principles of psychosocial well-being and the "healing" of children and teachers. In the context of sudden-onset and chronic crises, as well as postcrisis contexts and state fragility, this initiative aims to develop and strengthen the role that schools, and teachers in particular, play in promoting the psychosocial recovery and well-being of children and youth (International Rescue Committee [IRC], 2012).

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[2] For more information, please refer to Inter-Agency Standing Committee (2007), pp. 9–29.

Psychosocial interventions plan for positive change for children within the **three core psychosocial domains**:

Skills and knowledge (e.g. knowing how to communicate and how to make decisions, using culturally appropriate coping mechanisms, vocational skills, conflict management; knowing whom to go to for information).
Outcomes: boosted cognitive development related to learning and creativity; acquisition if life skills and vocational skills.

Emotional well-being (e.g. feeling safe, trust in others, having self-worth, having hope for the future and realistic goals).
Outcomes: increased sense of security and confidence; prosocial behavior and increased self-control (less frustration, anger and aggression, increased cooperation); greater sense of hope for the future.

Social well-being (e.g. attachment to caregivers, relationships with peers, sense of belonging to a community, resuming cultural activities and traditions, willing and respectful participation in appropriate household responsibilities and livelihood support).
Outcomes: improved ability to assume socially appropriate roles; improved networking and social cohesion; greater and sustained social inclusion (ARC, 2009; UNICEF, 2011).

SEL aims to foster the development of five interrelated sets of **competencies**:

Responsible decision making: the ability to make constructive choices about personal behavior and social interaction (based on ethical standards, safety concerns, social norms, evaluation of consequences of actions, well-being of self and others.

Self-awareness: the ability to recognize one's emotions and thoughts and their influence on behavior; to assess one's strengths and limitations; having confidence and optimism.

Self-management: the ability to regulate one's emotions, thoughts and behaviors effectively (e.g., managing stress, controlling impulses, motivating oneself, setting and working towards personal and academic goals).

Social awareness: the ability to take the perspective of and emphasize with others; to understand social and ethical norms of behavior; to recognize family, school and community resources and supports.

Relationship skills: the ability to establish and maintain healthy relationships (e.g., communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict, seek and offer help), (CASEL, 2013).

Text Box 1: Overlaps in key principles of PSS and SEL

Other key features common to SEL programming and other PSS programs pertain to:

- **Their holistic approaches:** Both PSS and SEL focus on children's holistic development by recognizing their multiple needs, including nutrition, health, nurturing relationships, communication, play, and appropriate learning activities.

Addressing these multiple needs reinforces the three key inter-related domains of child development: physical, cognitive, and social and emotional.

- **Their support systems:** SEL and PSS both provide a comprehensive continuum of services based on children's needs (see Figure 2, below).

- **Their ecological approaches:** Both SEL and PSS center their approaches around the school-family-community/society partnerships that provide the best foundation for promoting the development of all children. Children, their parents, educators, and community members are considered partners in the planning, implementation, and evaluation of these programs, as individual, social, emotional, and behavioral changes are difficult to sustain if a supportive environment is lacking.

The overall focus of PSS and SEL is on building resilience in order to foster positive adjustment. SEL programs contribute through their development frameworks and by promoting competence while building on social capital, and by promoting a set of protective factors that serve as a preventive framework.

Implementation should also ensure that communities and families are involved in the learning process and delivery of SEL, to provide more holistic support

Specialized services

Focused, non-specialized supports

Community and family supports

Basic services and security

In addition to referral systems for more specialized cases, by offering an integrated SEL approach education systems can provide important non-clinical every day psychosocial support for learners in contexts of violence and conflict.
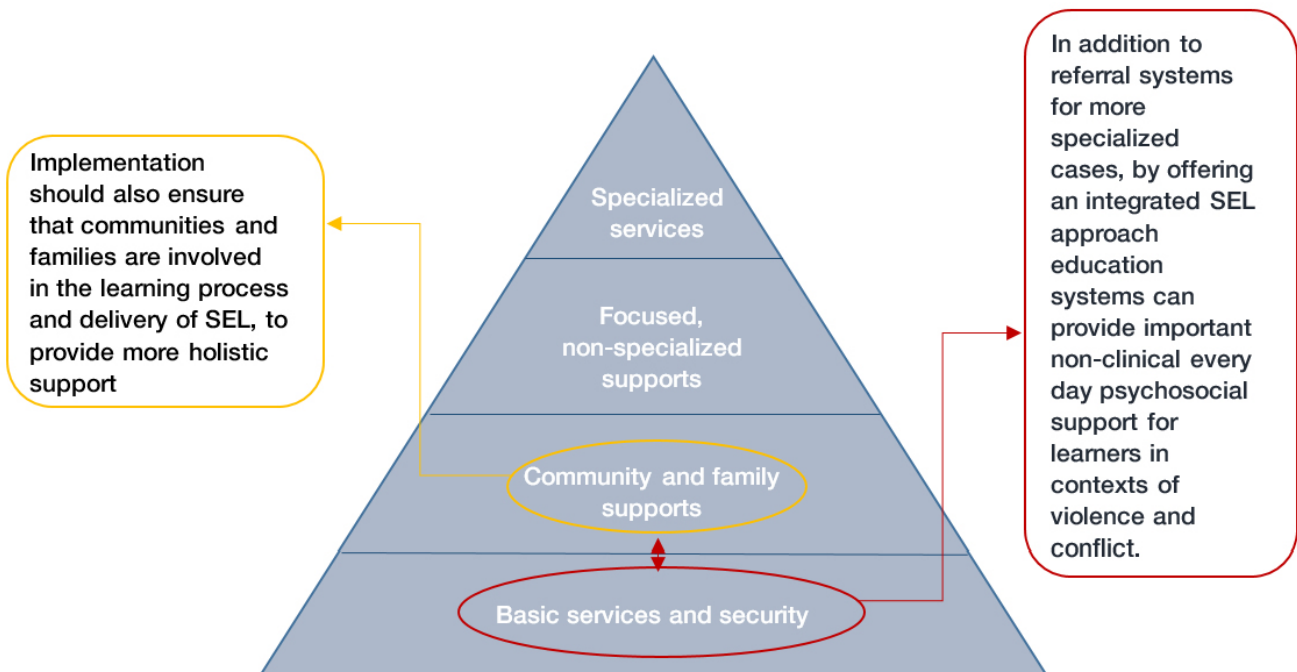
Figure 2. SEL programs' role within the continuum of services. *Source:* Diaz-Varela et al. (2013), p. 6. Adapted from IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007).

The distinctive features of SEL programs as compared to the PSS approach are as follows:

- SEL is based in the field of positive child and youth development, which argues that the needs of youth must be addressed by creating environments that promote positive outcomes, such as achievement in school, mutually supportive relationships with adults and peers, problem-solving ability, and civic engagement (Greenberg et al., 2003). Efforts to promote positive development differ from those intended to reduce risk factors, in that they focus on developing skills, enhancing assets, and promoting resilience to achieve positive outcomes (Catalano et al., 2002). Positive child and youth development interventions like SEL programming employ a whole-child skill-building approach that is focused primarily on building assets, not on preventing problems (Brackett & Rivers, 2014). One could argue that promoting resilience can mitigate the development or escalation of psychosocial problems.

  In contrast, a PSS intervention can be preventive, when it decreases the risk of developing mental health problems; curative, when it helps individuals and communities overcome and deal with psychosocial problems that have arisen from the shock and other effects of crises; and/or promote well-being (Fazel, Patel, Thomas, & Tol, 2014; IFRC Reference Centre for Psychosocial Support, 2009a). The composite term "MHPSS" is used to describe any type of local or outside support that aims not only to protect or promote psychosocial well-being but to prevent or treat mental health disorders (IASC, 2007). PSS programming typically draws from both the strengths and risk factors that impact psychosocial well-being.

- Perhaps the most distinctive feature of SEL is that it is intentionally linked to academics, is an integral component of school curriculum, is to some extent a pedagogical approach (CASEL, 2013; Elias et al., 1997), and was designed to be implemented in learning spaces. It is thought that SEL programming has the best chance of success when it is designed to fit into schools' other program planning to align it with a school's child development priorities. The learning outcomes from SEL programs must in turn be reinforced in all curriculum areas and throughout the school day. By contrast, PSS programming is typically not used or embedded in a specific setting. The array of settings in which PSS programming can take place is almost as wide as the number of psychosocial interventions available. It can comprise community centers; youth clubs; child-friendly spaces; learning spaces, including schools; and health-care facilities. Even still, many argue that SEL can be used in multiple settings and should not be confined to the academic sphere.

- SEL programs are focused on planned learning, whereas most PSS programs are oriented toward sudden crisis responses and their effect on children's psychological and social well-being. During or shortly after a crisis, other PSS programs (e.g., psychological first aid, family tracing, and reunification) are generally set in place

first, paving the way for SEL programming. After a while, the two tend to operate simultaneously and build on one another.

- SEL programs have a positive impact not only on the acquisition of social and emotional skills and on academic performance but also on problem behaviors such as violence, drug use, risky sexual behavior, and early school withdrawal (Payton et al., 2000). Its comprehensive approach contrasts with a wide array of psychosocial programs that tend to address a more limited number of issues (e.g., antisocial and aggressive behaviors, self-esteem), are often of short duration, and characteristically remain on the margins of schools' established routines. Since problem behaviors often arise in clusters, have many of the same roots with regards to risk exposure, and can be addressed by similar strategies, there is growing support for all-inclusive, coordinated approaches to prevent risk and promote positive development for children and youth in crisis situations. Such comprehensive initiatives, much like the SEL framework, typically target multiple outcomes, are multi-year in duration, and coordinate school-based efforts with those for families and the community (Payton et al., 2000). It should be noted, however, that no review to date has focused exclusively on SEL programs to examine their impact on the outcomes of diverse students.

PSS programming

PSS responses

Psychosocial programming includes a vast array of responses, such as those illustrated in Figure 3 (below).

Specialized services: Psychological or psychiatric supports for people with severe mental problems

Focused non-specialized supports:
- Psychological first aid
- Lay Counselling
- Violence prevention and peace education programs
- Programs for Survival of gender-based violence
- Programs for the social reintegration of former child soldiers

Community and family supports:
- Family tracing and reunification
- Supporting community structures and cultural activities/traditions
- Supporting community rituals, including grieving rituals
- Support groups (e.g., widows or widowers, teenagers, children, older people, women's groups)
- Peer networking programs for children, adolescents, youth and caregivers
- Positive Parenting Programs;
- Vocational Training Programs for adolescents;
- Formal and non-formal education including accelerated learning programs;
- SEL programs
- Psychoeducation Programs
- Parents/community meetings to address their own and their children's psychosocial well-being
- Psychosocial information material for parents and teachers
- Child-to-child or mentoring programs
- Livelihood activities and youth clubs
- Life Skills Programmes
- Early child development programs

Basic services and security:
- Recreational and expressional activities for children in safe spaces
- Collective community actions, such as clean-up activities where members of the community, both those affected and those who were not, get together to collect debris; for example, restoration of public institutions, painting schools, clinics, etc.; religious ceremonies; community kitchens, where members of the community get together and cook meals for those affected by the emergency
- Advocacy programs for basic services, protection and implementation of children´s rights
- Distribution of psychosocial support relief items, like prayer mats, toys and games for children
- Child rights awareness programs

Pyramid levels (bottom to top):
- Basic services and security
- Community and family supports
- Focused, non-specialized supports
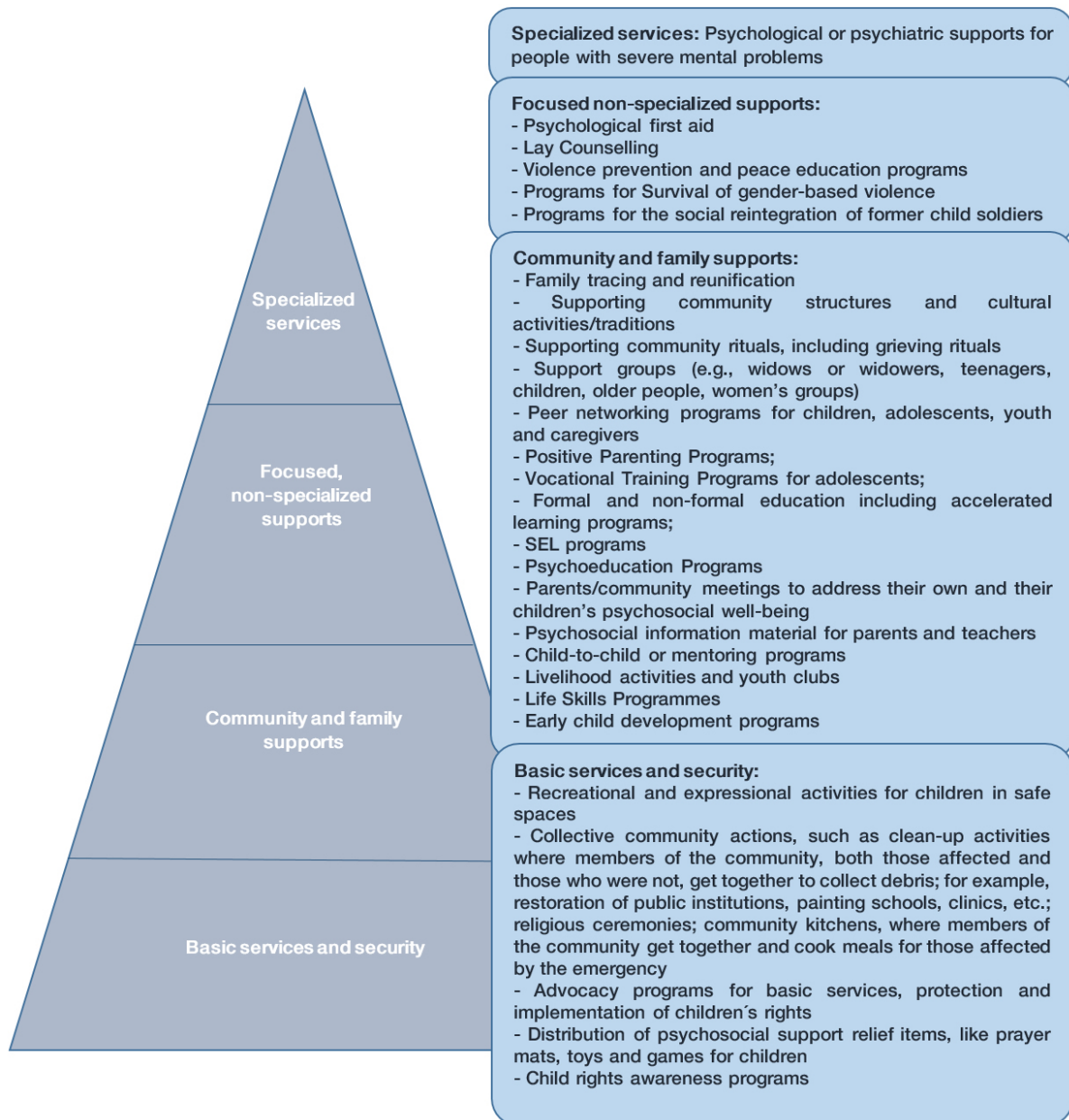- Specialized services

Figure 3: Intervention pyramid for mental health and psychosocial support in emergencies: programming. Sources: This illustration is based on the intervention pyramid for mental health and psychosocial support in emergencies in the IASC Guidelines (2007); Arntson and Knudsen (2004); Emmons (2006); and IFRC Reference Centre for Psychosocial Support (2009a, b)

Training and support of psychosocial para-professionals, including teachers, youth volunteers, and health workers, as well as training for staff on how to work with children and how to address their own stress, are also provided within the range of PSS programs.[3]

The objectives of PSS responses are to:

- Support children in expressive and recreational activities

- Provide children with access to services such as health care and education

- Restore the normal flow of children's growth and development

- Protect children from the accumulated effects of distressful and harmful events

- Facilitate strategies for children to develop meaningful peer attachments, friendships, and social ties

- Facilitate a sense of belonging, trust in others, and control of the environment

- Enhance families' ability to care for their children (e.g., make sure parents or caregivers have the skills needed to support a stressed child)

- Enable children to be active agents in rebuilding their families and communities and a hopeful future (Emmons, 2006)

Some of the factors considered crucial to the success of psychosocial programs are as follows:

- **Children's participation:** It is extremely important to involve the children as much as possible in all aspects of these programs. Children know what their challenges are and often what the best solutions are. Involving children empowers them with an array of skills, such as problem-solving. It increases their self-confidence and improves their communication skills. Finally, it shows them that their opinions are listened to and respected, and that their importance to society is acknowledged and valued.

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[3] More information on psychosocial interventions available at
http://pscentre.org/resources/psychosocial-interventions-a-handbook/;
http://pscentre.org/topics/strengthening-resilience/;
http://www.who.int/mental_health/publications/guide_field_workers/en/ ;
http://resourcecentre.savethechildren.se/library/arc-foundation-module-7-psychosocial-support ;
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098699/.

- **Involvement of parents and caregivers:** It is fundamental that parents and caregivers and other community members are as involved as possible in psychosocial activities. Their involvement provides children with an external resource and increases the opportunity for adults to support one another.

- **School-based approach:** It is important to involve teachers in the programs. School is a significant part of a child's environment, but it also may be a site of violence. Combining a community-based approach with a school-based approach has great potential, as this enables more comprehensive coverage of children's protective environment. It is essential to take a holistic approach to providing psychosocial support, and one that includes education.

- **Contextualized responses:** Although there may be similarities between various emergency situations, it is important not to lose sight of the fact that every situation is unique and has its own distinctive challenges and solutions. It is also vital to make sure that all activities provided are culturally appropriate.

- **Ensure children's safety and security:** To help reduce stress and prevent further threats, it is critical to mark landmines as soon as possible; educate children in landmine/unexploded ordnance awareness; talk with girls and boys about where they feel safe so that activities can be organized in the right locations; create child-friendly spaces where children and youth can meet to play, relax, and begin structured activities; train all staff members in appropriate methods for working with children; train security personnel on the rights of children and civilians; establish a reporting mechanism that enables children and adults to feel secure when reporting threatening incidents.

- **Re-create "normal" routines:** Having schedules and regular activities allows children and families to feel more secure. It may be necessary to adapt former activities to a new environment, and to a situation of ongoing stress. For example, children may not sleep well at night and thus will need more rest periods during the day. It is important for international staff to know as much as possible about the locals' daily life and culture before the crisis occurred. Activities that reflect what was good before the crisis should be prioritized, such as education, family routines, and sports activities. A starting point can be organizing educational activities, including scheduled structured times for children to gather to play, learn, and socialize. More activities can be added as the situation becomes more stable, and formal learning can be introduced in time. It is vital to talk with children and adults about how they have dealt with problems and crises in the past, and to try to strengthen their healthy coping mechanisms. Lastly, the community should be involved in daily activities that give them a sense of ownership and routine.

- **Ensure that programs are designed to be inclusive:** Girls and boys who do not normally participate in organized social activities are among the most vulnerable. They may include girls of all ages, youth (individuals between the ages of 15 and 24), children who do not attend school, children without parental care (including those orphaned by AIDS and/or living with HIV/AIDS), children with disabilities, and working children.

- **Identify referral services:** Although most people will be able to adjust to their new situation, a small group may be severely affected and require mental health treatment. There also will be individuals who had psychological or psychiatric illnesses before the crisis, whose care has been disrupted. It is important to discuss referral mechanisms with medical and mental health-care workers prior to implementing a program, and to train staff to identify the most serious cases and where to refer them. (Arntson & Knudsen, 2004; International Committee of the Red Cross, 2011)

Who receives psychosocial services?

Psychosocial support should be available to all individuals affected by a crisis. Different groups—children, youth, adults, men, women, older people, and people with disabilities—react differently to crises, and some individuals within these groups will have stronger or different reactions than others. A key to organizing mental health and PSS is to develop a layered system of complementary supports that meets the needs of different groups. This is illustrated in Figure 4 (below). All layers of the pyramid are important and ideally should be implemented concurrently.

Responses suggested

Layer 4: Professional treatment for individuals or families

Layer 3: Individual, family or group interventions

Layer 2: PSS activities

Layer 1: Fulfilling basic needs, providing security

Specialized services

Focused, non-specialized supports

Community and family supports

Basic services and security

Impact on population due to crisis

Layer 4: Severe psychological problems

Layer 3: Mild to moderate mental health problems

Layer 2: Mild psychological distress (natural reactions to crisis events)

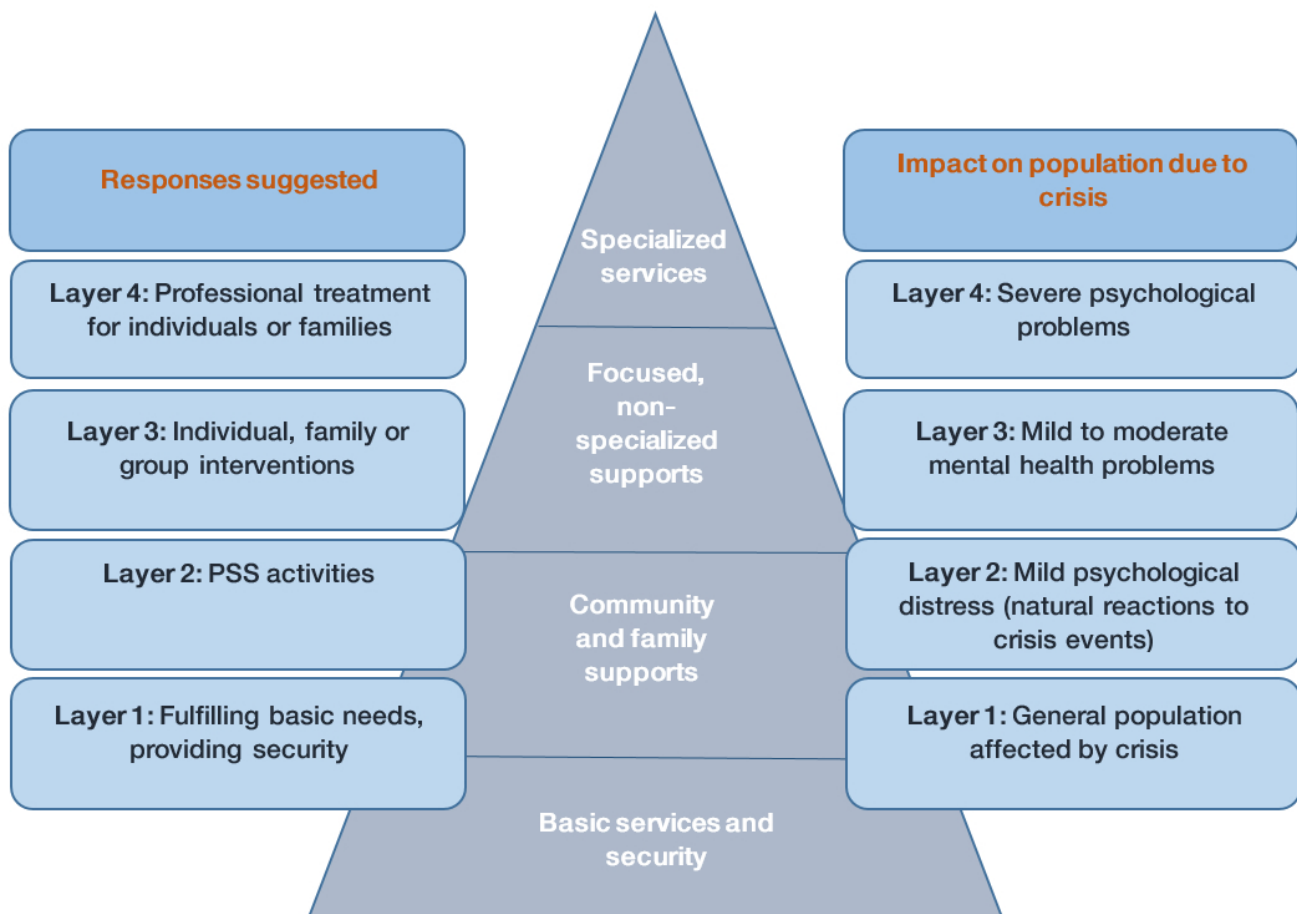Layer 1: General population affected by crisis

Figure 4. Intervention pyramid for mental health and psychosocial support in emergencies: provision of services. Sources: This illustration is based on the intervention pyramid for mental health and psychosocial support in emergencies in the IASC Guidelines (2007) and IFRC Reference Centre for Psychosocial Support (2009a & 2009b).

The following points describe each layer of the pyramid.[4]

- **Basic services and security:** The well-being of all individuals affected by a crisis should be protected by services that address their basic needs and protect them from harm. This is done through the (re)establishment of security, adequate governance, and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases) (see Text Box 2).

> "Children should be provided with normal developmental activities, schooling, skills training, sports, recreation activities, etc. With education, family and community support, most children will recover and thrive if given the opportunity to go to school, play, and interact with peers. This is the reason why structured, meaningful activities for children and adolescents are so important during and immediately after a crisis situation." (IRC, 2004)

Text Box 2: Basic services and security

- **Community and family supports[5]:** The second layer refers to an emergency response targeting a small number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.

- **Focused, non-specialized supports:** The third layer represents the supports necessary for a small number of people who require more focused individual, family, or group interventions by trained and supervised workers (these workers may not have had much training in specialized care).

- **Specialized services:** The top layer of the pyramid represents the additional support required by a small percentage of the population whose suffering, despite the supports already mentioned, is intolerable, and who may have significant difficulty in basic daily functioning. These individuals will need referral and care for severe mental health problems.

MHPSS interventions aim to promote well-being and to strengthen positive aspects of mental health. Preventive interventions can take several forms, such as a universal

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[4] More information available at
http://www.who.int/mental_health/emergencies/
guidelines_iasc_mental_health_psychosocial_june_2007.pdf.

[5] Most emergencies significantly disrupt family and community networks as a result of loss, displacement, family separation, community fears, and distrust. Even when family and community networks remain intact, people in emergencies benefit from help in accessing greater community and family supports (IASC, 2007). SEL is one of the psychosocial responses found in this layer.

prevention approach that targets all children, irrespective of risk and protective factors (e.g., increasing awareness of mental health issues for all children in school); a selective approach for subgroups at high risk for developing disorders (e.g., because of parental mental health problems, exposure to potentially traumatic events); and interventions that target a small group of children with identified mental health problems (e.g., severe psychological distress that suggests mental disorders). Finally, treatment and maintenance interventions seek to reduce and manage symptoms in children with identified mental problems (O'Connell, Boat, & Warner, 2009).

It is important to note that people in need of support at levels three and four may also benefit from psychosocial support and community-based activities (ARC, 2009; IASC, 2007; IFRC Reference Centre for Psychosocial Support, 2009a & 2009b). Thus, a child who has recently lost both parents and/or has experienced violence or trauma might:

- Benefit from individual counseling (a mental health intervention offered to a very small percentage of the children in the community—specialized services);

- Later join a group of other children who have been directly affected in a structured group intervention that supports grieving and facilitates normalization (focused non-specialized supports); or

- Be encouraged to participate in community and family support activities with a significant number of other children in the community.[6]

PSS programs generally fall within the realm of community and family supports and focused non-specialized supports, and to a lesser extent within the realm of specialized psychosocial support.

Psychosocial supports in learning spaces

Table 1 (page 27) illustrates psychosocial needs felt by children and some of the possible psychosocial approaches that can be set in place in an education in emergencies response.

Before looking into the PSS approaches that have been implemented in learning spaces, it is important to briefly acknowledge some of the key topics recommended for inclusion in teacher training according to international guidelines and global good practices (REPSSI,

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[6] Examples of community or family support activities include making autobiographical storytelling and art exercises. More information available at http://www.repssi.org/making-a-hero-active-citizen-book-a-guide-for-facilitators/.

2010). This information can be found in Annex 1, as well as a list of key materials for trainers.

Children´s Needs	Possible Psychosocial Interventions
A Sense of Belonging	Establish an educational structure where children feel included.
	Promote the restoration of cultural, traditional practices of childcare, whenever possible.
Relationships with Peers	Provide a dependable, interactive routine, through school or other organised educational activity.
	Offer group and team activities (i.e., sports, drama etc.) that requires cooperation and dependence on one another.
Personal Attachments	Enlist teachers that can form appropriate caring relationships with children.
	Provide opportunities for social integration and unity by teaching and showing respect for all cultural values, regardless of differing backgrounds.
Intellectual Stimulation	Enhance child development by providing a variety of educational experiences.
Physical Stimulation	Encourage recreational and creative activities, both traditional and new, through games, sports, music, dance etc.
To Feel Valued	Create opportunities for expression through individual/group discussions, drawing, writing, drama, music etc. which promote pride and self-confidence.
	Recognize, encourage and praise children.

Table 1. Possible Psychosocial Interventions. *Source:* REPSSI (2010), p. 40

A number of challenges are encountered when one attempts to analyze PSS programs in learning spaces; for example, most information available is focused on studies carried out in HICs; available research tends to focus on mental health disorders (predominately posttraumatic stress disorder) rather than on the full range of psychological distress and functional impairments; only a limited number of studies are available on promoting mental health in low- and middle-income countries (LMICs); and, finally, data on prevention is scarce.

So far, interventions in learning spaces have focused mainly on the prevention of anxiety, depression, or the negative impact of exposure to potentially traumatic events (Fazel et al., 2014). Interventions are usually carried out by trained teachers, followed by others implemented by mental health and associated professionals, such as child psychiatrists, school counselors, and social workers. A few are carried out by non-specialists, including community members and, at times, older students. Key findings of MHPSS interventions implemented in learning spaces can be found in Annex 2.

Although there are a number of limitations when drawing conclusions from such a diverse sample of interventions, it seems increasingly safe to make the following assumptions: children's well-being is strongly supported through the normalization of social conditions—a key construct of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)—with field studies documenting the dynamic between social

reconstruction and personal well-being (Ager, Stark, Olsen, Wessells, & Boothby, 2010; Ager, Strang, & Abebe, 2005); multi-layered MHPSS interventions may be an effective and efficient method for delivering beneficial low-risk services and addressing broad social complexities (Layne et al., 2008); families and communities are likely to be important components of MHPSS interventions based in learning spaces (Fazel et al., 2014).

There are other points worth contemplating: Is exposure to conflict—either witnessed, experienced, or perpetrated by children—indeed the key issue to be addressed by MHPSS interventions, given that continuing stressors have shown to have a substantial negative impact on mental health and psychosocial well-being (Mels, Derluyn, Broekaert, & Rosseel, 2010). Consequently, can short-term MHPSS interventions realistically address the highly complex effects on individuals of potentially traumatic experiences? Longitudinal studies seeking to identify risk and protective factors have shown family- and community-level stressors to be crucial to mental health and psychosocial well-being (e.g., stigma from community members, family conflicts; Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010; Panter-Brick, Goodman, Tol, & Eggerman, 2011).

Recommending interventions suitable to implement in learning spaces as part of an education in emergencies response is not without its challenges, given the lack of evidence gathered. Life skills programs (e.g., the Children's Resilience Program[7], the Youth Resilience Program[8], the I Deal Program[9]), psychoeducation initiatives, group support initiatives, psychological first aid[10], and psychosocial interventions through the arts are some of the psychosocial interventions that have potential in integrated psychosocial and education responses to emergencies and should be further explored. In countries fractured by civil war, professional training in psychosocial first aid (PFA) can be an effective method for demonstrating core SEL skills, such as empathy, active listening, assessing needs, and addressing concerns. PFA trainings focus on teaching non-mental health experts, such as responders in humanitarian settings to provide a supportive response and reduce the occurrence of post-traumatic stress disorder in the people they assist. PFA trainings sometimes also familiarize aid workers with the foundations of peace education

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[7] More information available at
http://resourcecentre.savethechildren.se/library/childrens-resilience-programme-psychosocial-support-and-out-schools.

[8] More information available at
http://resourcecentre.savethechildren.se/library/youth-resilience-programme-psychosocial-support-and-out-school.

[9] More information available at http://www.warchildholland.org/deals

[10] More information available at
http://www.who.int/mental_health/publications/guide_field_workers/en/

(understanding, tolerance, etc.), active participation, and problem-solving. By being trained in PFA and resultantly demonstrating SEL skills, aid workers can positively impact the mental health of the people they assist, or at the very least, protect the people they are assisting from further harm.

When exploring psychosocial interventions in education, it seems fundamental to address the role of child-friendly spaces (CFSs), which are an instrument used widely to help support and protect children in emergency contexts. These spaces are used by a growing number of agencies as a mechanism to protect children from risk, as a means of promoting children's psychosocial well-being, and as a foundation for strengthening capacities for community child protection (Ager & Metzler, 2012). Furthermore, these spaces are known to be used to carry out recreational activities, non-formal education, life skills programs, and support groups.[11] Ager and Metzler (2012) studied ten papers that addressed CFSs, some established in areas affected by conflict, others in areas affected by natural disasters. The implementation settings were Africa, Asia, and the Middle East, and included communities of internally displaced people, refugee settings, and conflict-affected communities. The ten studies reported positive psychosocial outcomes for children and/or the wider community, and eight studies indicated increases in children's social and emotional well-being.

Finally, a number of studies carried out in HICs have demonstrated that successful interventions apply a whole-school approach, focus on positive mental health, teach social and emotional competence, include all children in the school, and take place over a long period of time (Barry, Clarke, Jenkins, & Patel, 2013; Durlak et al., 2011; Jané-Llopis et al., 2011; O'Mara & Lind, 2013; Weare & Nind, 2011). Wilczenski and Cook (2014) state that MHPSS services in schools in the 21st century "will be prevention oriented with a grounding in positive psychology and strong school-family-community partnerships that emphasize proactive and systemic practices to build social-emotional competencies for all children" (Wilczenski and Cook, 2014, p. 1).

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[11] More information available at
http://www.terredeshommes.hu/library/laugh-run-and-move-to-develop-together/2123;
https://mhpss.net/?get=51/Traditional-Games-for-Child-Protection.pdf;
http://www.avsi.org/2012/11/14/do-you-want-to-play-with-me-didactic-games-for-childrens%E2%80%99-well-being-2/;
http://mhpss.net/resource/ideas-bank-of-creative-activities-for-child-friendly-spaces-and-youth-centresclubs/;
http://resourcecentre.savethechildren.se/library/draw-your-rights;
https://mhpss.net/?get=51/1301921776-JEUX_DEXPRESSION.pdf;
http://resourcecentre.savethechildren.se/library/together-we-play-and-learn.

Who provides psychosocial services?

Psychosocial support is generally provided by trained community members, who often come from the population being targeted. Ideally, these people are trusted and respected in the community, and they should be identified through an interactive community process. Additionally, trained mental health professionals, often local psychologists and psychiatrists, provide services at the top end of the intervention pyramid.

Figure 5 (below) illustrates the flow of support from the program managers to community members in a Red Cross Red Crescent National Society. The triangular shape of the model suggests that, while there are only a few people at the program management level, many are community facilitators and volunteers who work directly with a large number of affected people. The overall responsibility lies with program management, and supervision flows downward.

In countries that have little if any experience of psychosocial responses, it may be beneficial and necessary to bring in external resources, such as independent consultants or experienced colleagues from within the organization, to help to plan a psychosocial intervention.
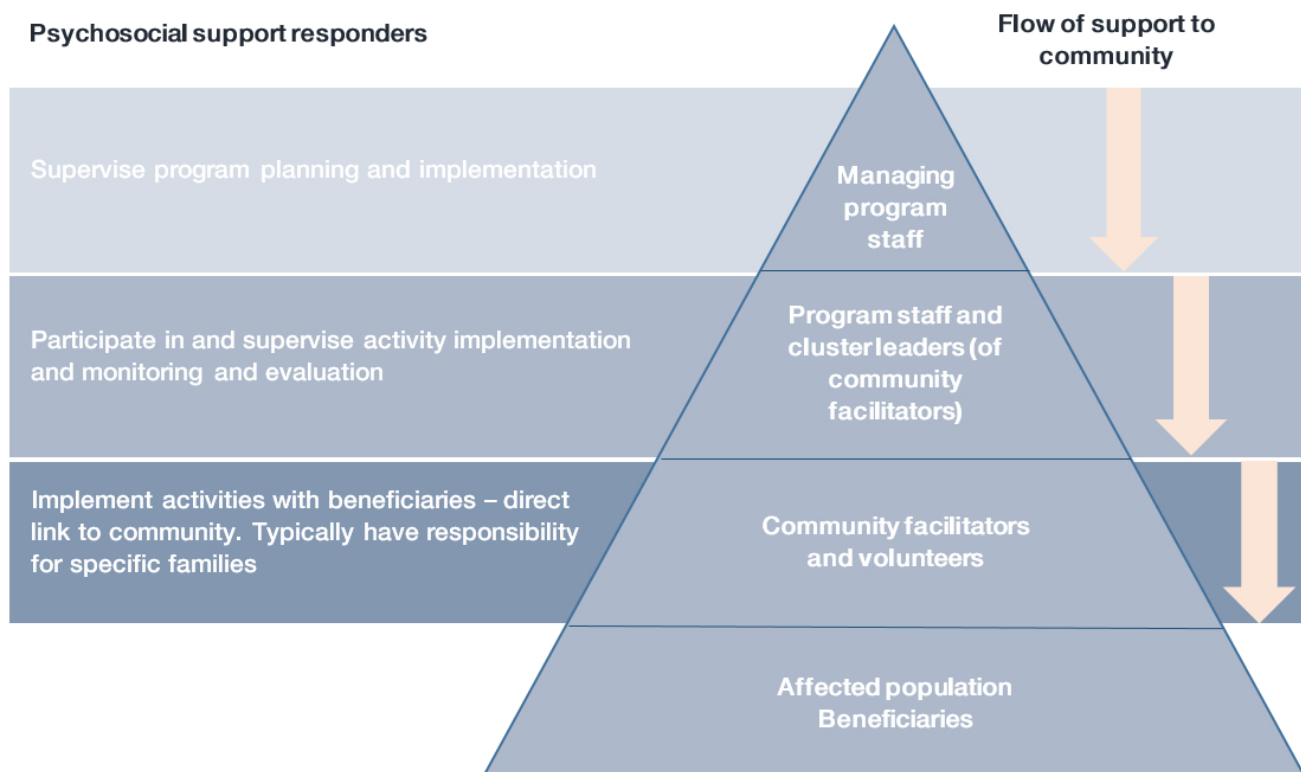

Figure 5. Psychosocial support responders. *Source:* IFRC, p. 39

SEL Programming

SEL programs

Although putting into practice social, emotional, and academic learning in the classroom can take a number of forms, research points to a few effective fundamental principles. An extensive review of SEL programs for preschool and elementary school students in HICs concluded that the most effective were embedded in the academic curriculum and included explicit instruction in SEL skills, as well as opportunities to practice these skills both in and outside the classroom (CASEL, 2013). More specifically, it was found that, in order to be effective and sustainable, classroom-based SEL interventions must take a coordinated systemic, school wide, whole-child approach. School climate plays a central role to the effectiveness of SEL programs — schools are microcosms of society, and unless they are properly supported, violence outside the school will echo within it. A three-tiered approach to promoting the social and emotional well-being of children is suggested. It focuses on (a) classroom and school climate, (b) teaching pedagogy and school personnel support, and (c) student skill-building, as briefly described in the following:

- Students who feel safe, cared for, and supported are better able to learn. This is achieved by creating a school environment in which students feel a sense of control and predictability, and where there are both clear and consistent rules and consequences for their behavior. The International Rescue Committee's Healing Classrooms is an example of this principle. The Healing Classrooms program has been implemented in areas affected by crisis and conflict, where it supports teachers in creating and maintaining "healing" learning spaces in which children can recover, grow, and develop.

- Through effective teaching and instructional practices, teachers enable students to develop and practice social and emotional skills. School administrators can provide leadership and guidance that will reinforce students' application of these skills outside the classroom. Research conducted by the World Bank on resilience in Palestine refugees living in the West Bank, Gaza, and Jordan illustrates the central role teachers play in providing not only academic instruction but care, advice, and emotional support (Varela et al., 2013). This was happening through direct support (e.g., teachers' visits to students' homes after particularly difficult moments) and through integrated social and emotional care given during school and extracurricular activities, and by giving students opportunities to exercise leadership and be mutually supportive. It should be noted that, when teachers work on their own SEL knowledge and skills, their students also benefit.

- Providing skill-building opportunities and practice exercises enables students to demonstrate and model social and emotional competencies with their peers, teachers, and parents. A meta-analysis of 213 school-based universal SEL programs led to the conclusion that the most effective SEL student skill-building programs were sequenced, active, focused, and explicit (Durlak et al., 2011). Programs that use active forms of learning, allocate sufficient time for developing skills, and have explicit learning goals generally meet these criteria (Bond & Hauf, 2004).

A number of authors (e.g., Elias et al., 1997) have also emphasized that sustained approaches to SEL involve students, parents, educators, and community members as partners in planning, implementation, and evaluation. Finally, it is recommended that systematic SEL programs begin in preschool, continue through high school, and be integrated into the long-term environment, school curriculum, or school system, and not just be treated as temporary projects or add-ons (CASEL, 2013; Elias et al., 1997; IASC, 2007; Zins & Elias 2007). Zins, Weissberg et al. (2004) compiled the core features of effective SEL programming, which can be found in Annex 3.

An overview of the SEL programs implemented in international relief and development responses can be found in Annex 4, where Tables 4 and 5 provide a summary of SEL programs in relief and development responses, based on the information available. Table 6 displays some of the SEL programs implemented and studied in HICs, predominantly in the U.S., that are among the most researched. The fundamental skills underlying SEL are universally important, yet the rigorous scientific knowledge on SEL has been largely restricted to HICs in the global North. International relief and development organizations are now beginning to understand and promote SEL in the LMICs, but there is little information available on evaluations carried out on the programs featured under international relief and development initiatives, and those implemented by international non-governmental organizations (INGOs) and/or country ministries, primarily in LMICs, seem to be the least integrated into the flow of international discussion and scholarship.

Who implements SEL programs?

Research in HICs shows that outside personnel are not needed to deliver SEL programs effectively (Durlak et al., 2011), and that they should be led by school actors, such as teachers and student support personnel (Payton et al., 2008; Varela et al., 2013), and be incorporated into routine educational practices. Clarke and Barry (n.d.) conducted a review of 317 studies that involved 324,303 schoolchildren ages 5-13. They found that, when school staff led the intervention, students' academic performance improved significantly. This implies that the

direct involvement of teachers and school staff is critical if SEL programs are to translate improvements in children's social and emotional skills into improved academic outcomes.

This understandably brings into question the professional development of teachers, the investment in their training, supervision, and self-care, and the extent to which it is feasible to expect teachers in crisis settings to be consistently available and responsive to children's social and emotional needs, given the disruptions in their own environment (e.g., a conflict or natural disaster). These topics will be analyzed in section three of this paper.

Psychosocial Support and Social & Emotional Learning: Programmatic Considerations

School-age children spend more time in learning spaces than in any other social setting. Hence, establishing a system of care within those spaces could help ensure that children get appropriate attention and support. Psychosocial support in emergencies is provided mainly through child-friendly spaces and, in education, along with Social and emotional learning through temporary learning spaces and child-friendly schools.[12] In learning spaces, children come into contact daily with an array of professionals, which gives trained staff a chance to make assessments, provide counseling, intervene when necessary, consult other trained professionals, make referrals, and follow-up with children as needed. This makes learning spaces an unparalleled setting in which to support children—more so given that most mental health and psychosocial problems can be prevented or detected at a young age and, if treated as soon as possible, the negative consequences for future educational, employment, and family roles can be limited (Blackman et al., 2016; Raines, 2008). Moreover, by integrating PSS services into an existing system that caters to children and their families, learning spaces—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 well-being 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.[13]

Training, supervision, and well-being

Although often neglected, ongoing staff training is a key component of the psychosocial support approach, including SEL programs. Staff training makes it possible to link theory and practice, and to provide ongoing follow-up and supervision. Education practitioners

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[12] For more information on child-friendly schools, please refer to UNICEF (2009), the child -friendly schools manual.

[13] For more information, please refer to Emmons (2006, pp. 32–33).

should have the opportunity to access standardized training, which will ensure that they have the skills and knowledge to carry out expected tasks, and that everyone understands what type of psychosocial support is acceptable and appropriate in a given context (IFRC Reference Centre for Psychosocial Support, 2009a).

Continuous supervision makes it possible to promote the development of knowledge and competence, and to support the service provider. It specifically provides a forum for the supervisee to raise concerns, seek help in understanding and dealing with the problems encountered in their work with children most effectively, and receive emotional support. It also promotes greater professional and personal capacity, increases service providers' self-awareness, and creates a privileged space in which to monitor and evaluate the provision of services. This requires that structures and procedures be established, which can be costly and time-consuming but is nonetheless necessary. It is important that training activities are included in the planned response, and that the different training needed at different stages is recognized in advance (IFRC Reference Centre for Psychosocial Support, 2009a, b). Empowering people with critical skills and knowledge is an investment in the future well-being of a population, and a resource when responding to other crises. When planning training activities, it is imperative to carefully consider each trainee's current capabilities and prior training in order to tailor the training as much as possible to their specific needs.

On another note, if teachers and other staff are not well, it will affect their students and lower the quality of service provided, which can endanger an ongoing project. Participating in a response to an emergency and working in protracted crisis situations can be very stressful and emotionally challenging. In many cases, teachers live with the same insecurities as their students and, because they are seen as leaders in their communities, they also may be the targets of further violence by armed forces.[14] Studies of teacher education programs in postwar contexts have found that, in addition to threats to their personal security, teachers working in (post)conflict regions are also faced with numerous occupational challenges (Women's Commission for Refugee Women and Children, 2004). A lack of teacher training and support thus can have a direct impact on the well-being of teachers. Asimeng-Boahene (2003) found that teachers felt restricted by occupational and social factors, such as a lack of resources or administrative support, large class size, inadequate professional training, a hostile political climate, and few opportunities to grow professionally. The author pointed out that this can lead to feelings of powerlessness and frustration—commonly referred to as "burnout" in the education and PSS literature—and emphasized that burnout has the potential to create a dangerous cycle for teachers working in low-resourced schools. For

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[14] More information available at
   http://www.ungei.org/resources/files/doc_1_Teaching_Well_-_IRC_Liberia_Report-1.pdf, p. 10

example, teachers experiencing burnout may leave their jobs, thereby increasing the scarcity of trained teachers. Through SEL programs, teachers are trained to employ both psychosocial pedagogy and curriculum in their classrooms. These approaches often bring up painful stories and experiences for students, and for the teachers managing the classroom (Sinclair, 2004b). Measures to address this should include training teachers in self-help techniques and providing resources to help them deal with their own mental health and psychosocial problems access to counseling services, psychological first aid training and assistance, psychoeducation on how to prevent stress and burnout; as well as peer support, social activities, and opportunities to integrate spirituality (such as prayer) into the training. Although teachers' importance in the quality of education provided is widely acknowledged, there is limited literature and scarce empirical data on the consequences of providing only limited support to teachers working in emergency and early reconstruction programs. Specific research or practice materials on providing psychosocial support to teachers is also limited (IRC, 2007).[15]

A gender perspective

Emergencies are experienced differently by men and women, boys and girls. The different roles, skills, activities, positions, and status of men and women in their families, communities, and institutions create gender-differentiated risks, vulnerabilities, and capacities in an emergency situation.[16] Under such circumstances, girls' educational opportunities are generally more limited than those of boys, although "windows of opportunity" may open up for girls and women (e.g., a need to control the household finances or go out to work) and enable them to access education (UNESCO, 2006; UNICEF, 2006b). Ensuring that both girls and boys have early and equal access to and benefit equally from a relevant education is absolutely fundamental. However, the challenges of gender are great as students' new education needs emerge. Male and female teachers' different experiences and priorities need to be addressed, along with the large gender disparities in both the supply and demand of education—usually to the disadvantage of girls. Factors on the supply side include the following[17]:

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[15] Some materials that can be used to provide psychosocial support to teachers is available at http://pscentre.org/wp-content/uploads/volunteers_EN.pdf; http://www.ifrc.org/Global/Publications/Health/managing-stress-en.pdf; http://www.who.int/mental_health/publications/guide_field_workers/en/; http://resourcecentre.savethechildren.se/sites/default/files/documents/final_pfa.pdf.

[16] For more information, please refer to UNESCO (2006, pp. 2–5).

[17] This list of supply and demand factors is taken directly from UNESCO (2006), p. 5.

- When schools are destroyed and children have to travel long—and probably dangerous—distances to attend the nearest functioning learning space, girls are more likely to stay at home than boys.

- When schools are damaged or not maintained and have no sanitary facilities, girls are disproportionately affected, as they may have to miss school when menstruating.

- While at school or on their way to and from, boys may be at risk of abduction and forced recruitment by fighting forces. Girls may be at risk of abduction, and also be more vulnerable to sexual violence, abuse, and exploitation.

Factors on the demand side include the following:

- Impoverished families may prioritize boys' education, as it may be easier and safer for them to go out and engage in income-generating activities in order to pay their school fees.

- Girls are often relied on to do household chores and care for siblings. Early marriage and pregnancy are additional barriers to girls taking up or continuing schooling; teenage pregnancy rates are often very high in camps for refugees and internally displaced people, and girls who have babies may not be able to attend school because of exclusionary policies, social stigma, lack of support, no appropriate facilities, etc.

- For refugees, internally displaced people, and others affected by crises, school is often regarded as a passport to a different and better life and children want to go to school whatever the costs. Girls may be at great risk of engaging in transactional sex with older men and even their teachers in order to pay their fees, cover the cost of supplies, and ensure that they get good grades; this exposes them to a higher risk of STD and HIV/AIDS infection.

- Children who are separated from their families and living in temporary conditions with relatives or foster families may lack the support and encouragement to continue their education. This is especially true of girls, who are often expected to do household chores and have no time to study (UNESCO, 2006; Women's UN Report Network, 2006).

The following steps provide some guidance for the design and implementation of gender-responsive education in emergencies:

- Collect basic information about the number of girls and boys, their location, and their cultural context. Education-related demographics need to be examined, including the number of displaced girls and boys, access to education, the number of boys and girls

heading households, the number of out-of-school adolescent girls and boys, and literacy rates for women and men.

- Analyze the impact the crisis has had on the lives of girls and boys, and how the crisis has affected female and male teachers. Pay particular attention to the disproportionate impact insecurity has on girls and women, and their vulnerability to gender-based violence. This may include providing escorts to and from school, and establishing codes of conduct for teachers and other educational personnel in order to prevent sexual exploitation and abuse, as well as sexual harassment.

- Understand that the relationships between gender and power in the community and in the school/learning space are critical in promoting gender equality in and through education.

- Explore safety and access issues, including school locations, travel routes, and access to latrines and water. Ensure that the learning environment is secure and promotes the protection and physical, mental, and emotional well-being of learners.

- Current learning materials need to be analyzed and assessed for their inclusiveness and relevance to girls.

- Ensure community involvement when developing education programs and sensitize communities to the importance of girls' and women's access to education, especially in emergencies. Involve female and male youth in the development and implementation of varied recreational and sports activities, and ensure that their constructive initiatives are supported by relevant stakeholders.

- Promote learner-centred, participatory, and inclusive instruction, and actively reach out to and engage girls in class. Develop gender-sensitive curricula that address the specific needs, perspectives, and experiences of girls and boys, including content on reproductive health and HIV/AIDS (IASC, 2006).[18]

On another note, most PSS interventions that are carried out during emergencies — namely, those illustrated in Annex 2 — have an average positive correlation with improved well-being and achievement. Disaggregating the data by gender presents a more nuanced picture, highlighting the differing effects of PSS programmes on boys and girls. For example, the classroom-based intervention carried out in Nepal (see Annex 2) found the intervention

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[18] More information can be found in the following resources: IASC (2006, pp. 50–53); UNESCO (2006, pp. 8–9); UNICEF (2006b, pp. 89–92); Women's UN Report Network (2006).

especially beneficial for boys, as it reduced aggression and behavior-oriented psychological difficulties; girls in turn showed an increase in self-reported prosocial behaviors.[19] In a U.S. study carried out on gender differences in positive social and emotional functioning, findings suggested that girls seem to demonstrate more social and emotional strengths, including skills related to self-regulation, social competence, responsibility, and empathy (Wesley & Merrel, 2010). Interesting questions can also be raised regarding the social and emotional development of boys and girls, especially in the school context, where social and emotional skills have been linked to positive academic outcomes (Zins, Bloodworth et al., 2004). Girls tend to experience more internal distress, whereas boys tend to demonstrate fewer social and emotional skills and exhibit more behavior problems in certain contexts (Pomerantz, Altermatt, & Saxon, 2002).[20] An in-depth analysis of this topic is outside the scope of this paper, but it should be noted that the exploration of gender differences and analysis of its clinical and practical implications in programming needs to be carried further.

The following section briefly sets the context for the importance of PSS and SEL programs as explored above in crisis-affected contexts.

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[19] More information available at
https://www.researchgate.net/publication/
41147458_Evaluation_of_a_school_based_psychosocial_intervention_in_Nepal_A
_randomized_controlled_trial.

[20] More information available at
https://www.researchgate.net/publication/
232497577_Making_the_grade_but_feeling_distressed_Gender_differences_in_ac
ademic_performance_and_internal_distress.

Impact of Conflict and Natural Disasters on Children's Well-Being

Demographics

Currently, about 263 million children and youth are out of school worldwide (UNESCO, 2016). The total includes 61 million children of primary school age, 60 million of lower secondary school age, and 142 million of upper secondary school age. According to the data presented by the UNESCO Institute for Statistics, older youth in every region face even greater barriers to education. According to the global average, youth ages 15 to 17 are four times more likely to not be in school than children between the ages of 6 and 11. This is partly explained by the fact that primary and lower secondary education are compulsory in nearly every country, while upper secondary school is not. Furthermore, because these youth are often of legal working age, many have no choice but to work, while others attempt to combine going to school with having a job (UNESCO, 2016).[21] Finally, armed conflict also poses major barriers to education. Globally, 35 percent of all out-of-school children of primary age (22 million), 25 percent of all out-of-school adolescents of lower secondary age (15 million), and 18 percent of all out-of-school youth of upper secondary age (26 million) live in conflict-affected areas. Some of the world's poorest children also live in areas that are especially vulnerable to natural disasters, such as flooding, drought, or severe storms (UNICEF, 2016). When children experience poverty, poor health, malnutrition, stress, violence, abuse, neglect, inadequate care, and a lack of learning opportunities, particularly during the first years of their lives, their ability to fulfill their potential is at risk (McCoy et al., 2016).

In LMICs, one-third of three- and four-year-old children do not reach basic milestones in cognitive and/or socioemotional growth (McCoy et al., 2016). It is estimated that 80.8 million of the roughly 240 million preschool-age children living in LMICs fail to attain a core set of age-appropriate skills that allow them to maintain attention, understand and follow simple directions, communicate with others, get along with other children, control aggression, and solve progressively more complex problems. These early capabilities are

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[21] More information available at
   http://www.uis.unesco.org/Education/Pages/oosc-data-release-2016.aspx.

associated with a child's subsequent development and their mental and physical health, as well as with better learning in school and more productive lives as adults (McCoy et al., 2016). These education failures also jeopardize nations' equitable economic growth and social cohesion, as they prevent many countries from reaping the potential benefits of their growing youth populations.

Risk factors

Exposure to adversity, particularly in early childhood, can lead to lifelong impairments in learning, behavior, and both physical and mental health (Shonkoff, Boyce, & McEwen, 2009). Adverse childhood experiences (ACEs) are risk factors that refer to intensive and frequently occurring sources of stress that children may suffer early in life. ACEs include multiple types of abuse, neglect, violence between parents or caregivers, other serious household dysfunction such as alcohol and substance abuse, and peer, community, and collective violence (WHO, 2016). While some stress in life is normal and even necessary for development – children need to experience some emotional stress in order to develop healthy coping mechanisms and problem-solving skills – the type of stress experienced when a child is exposed to ACEs may become toxic if there is an intense, repeated, and extended activation of the body's stress response system, particularly if there is no protection offered by a supportive adult figure (Center on the Developing Child, 2016; Shonkoff & Garner, 2012). Emergency situations present a number of threats to children's safety, mental and physical health, and overall development.[22] Emergencies may have additional impact on the functioning of their families and communities, which in turn will impact their development, as demonstrated by the ecological model developed by Bronfenbrenner (1979), which is widely used in child development (see Figure 6, page 42). Table 2 (page 44) explores the most common risk factors children, families, and communities face in emergencies.

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[22] An emergency refers to a situation that threatens the lives and well-being of the affected population, and where extraordinary action is required to ensure their survival, care, and protection. Emergencies may include armed conflict, terrorism, communal violence, torture, and situations of political instability. Natural disasters are also considered emergencies, but with natural rather than human causes; however, human impact on the environment may be related to some natural events. Common natural disasters include earthquakes, drought, floods, hurricanes/cyclones, volcanic eruptions, tsunamis, and famine (UNICEF, 2009a, p.14).
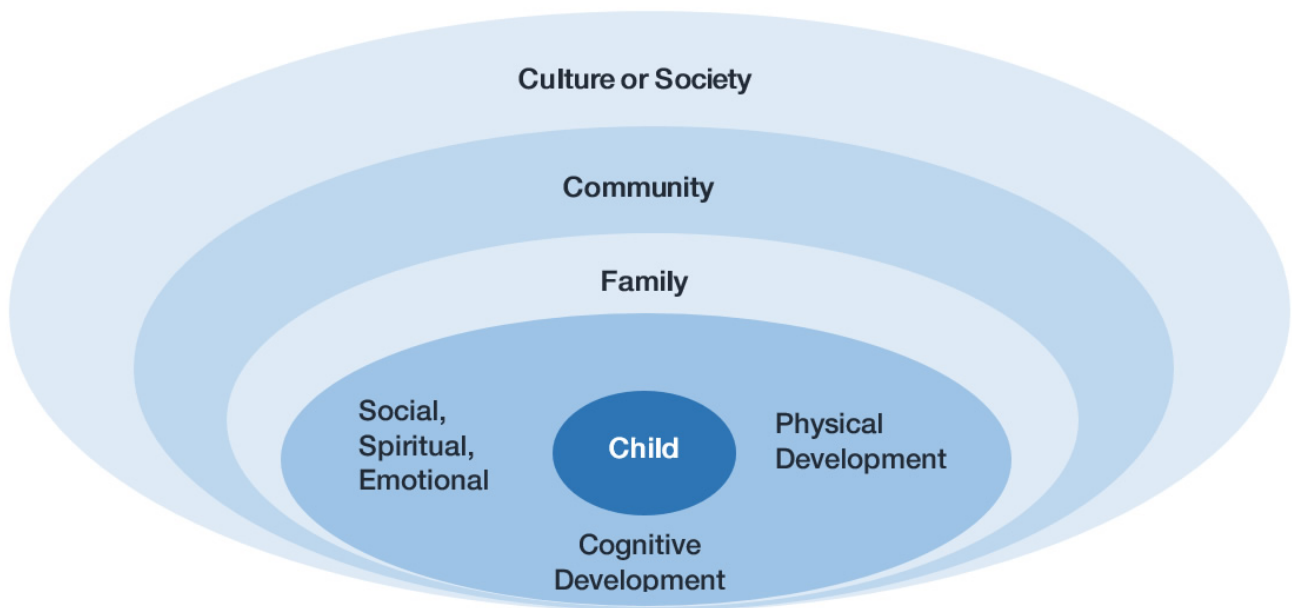
Figure 6. Ecological model. *Source:* Bronfenbrenner (1979), retrieved and adapted from ARC (2009)

Children
Physical injuries that create long-term disability—loss of movement, amputation, loss of hearing or speech, or significant physical disfiguration —can have continuing consequences for a child's self-image, social acceptance, and ability to contribute to the family economy, and for future self-reliance.
Chronic poor health, often associated with malnutrition, can affect a child's natural inclination to explore and learn. Malnourished children also have less resistance to disease. Severe clinical malnutrition is associated with long-term effects on the cognitive, emotional, and behavioral aspects of development, as well as motor functioning.
Separation from their families denies children the protection their families provide, leaving them vulnerable and at risk of physical and sexual exploitation, exploitive labor, trafficking, abduction, military recruitment, drug abuse, and other high-risk behaviors. The eldest children in sibling groups may become heads of household, taking on significant responsibilities and hardships.

Loss of family members and friends, and witnessing death, injury, and physical damage to their homes and communities, can be emotionally distressing events. Children may be left with feelings of anxiety, sadness, fear, anger, or guilt for having survived while others did not (for more information on signs of distress, please refer to Annex 1).

Displacement causes the loss of structure, routine, and predictability in the day-to-day lives of children, and the loss of such social services as education. This loss can further undermine a child's sense of stability and security.

Play allows children to explore, learn, cooperate, cope, and adjust. A number of factors may inhibit play in emergency situations: coping with the disaster may put time pressure on parents and other caregivers; parents' own anxieties may make them emotionally unavailable to their children; the lack of safe spaces to play and anxieties about security may lead parents to restrict their children's movements.

Risk of rape, sexual humiliation, prostitution, and other forms of gender-based violence makes unaccompanied girls especially vulnerable. While most of these victims have been girls, young boys are also raped or forced into prostitution. Due to poverty and desperation, some children may feel forced to exchange sex for basic necessities.

Injury from landmines can have serious effects on a child's mental wellbeing, in addition to the extraordinary physical damage caused. Of the maimed children who survive a landmine explosion, only a few will receive prostheses that keep up with the   growth of their stunted limbs. This can have a significant impact on the child's self-image, social acceptance, and ability to contribute to the family economy, and future self-reliance.

Families

Decrease in or loss of household income can lead to poor nutrition, reduced access to basic services such as health care and education, and parents or caregivers may have less time to care for children as they seek economic opportunities to provide for basic needs.

Crowded accommodations present risks to health, hygiene, and safety. Importantly, there also may be a lack of privacy, which puts additional stress on families and perhaps changes the social and cultural norms within a household.

Traditional gender and status roles may change with the loss of male heads of household, or with the need for all family members, including women and children, to contribute to the household income.

The stress of all of the losses and changes created by an emergency may create strain within families that can lead to **substance abuse and violence**.

Community

Loss of services:

- **Lack of health services** (inadequate immunization, reproductive health care, neonatal care, and pediatric programs) and a lack of clean water and adequate sanitation will pose particular threats to the health of a growing child, particularly infants, who are at high risk of diarrheal diseases.

- **A breakdown in law and order** may lead to violations of legal rights, such as discrimination, denial of inheritance rights for women and children, arbitrary detention, and military recruitment of children — as well as increased criminality and lack of protective measures for vulnerable groups.

- **Children whose primary education is disrupted** often find it difficult to return to school later in their childhood; girls are particularly likely to discontinue their education.

Breakdown of community supports:

- **Loss of peers** for children and adolescents means a loss of the emotional support and social interaction that comes from other children and young people. The loss of peers, even temporarily, can be a source of enormous distress for children and adolescents.

- **Traditional cultural institutions** can provide financial resources during difficult times, assistance with burial and other transitional rites or spiritual guidance, and the transmission of cultural knowledge that binds communities. However, these may be weakened during emergencies, and community resources may be overwhelmed by the massive needs.

- **Cultural norms and values may change**, due to the disruption of communal practices and influences from outside forces that come with the relief effort. These changes can produce stress and tension that impact the well-being of everyone in the community.

- **Social tensions** often increase during emergencies, when needs are enormous and resources limited. These tensions can strain community cohesion and lead to divisions within the group or conflict between different parts of the community.

Table 2. Risk Factors Faced by Children, Families, and Communities in Emergency Situations. *Sources:* American Academy of Paediatrics (2014); Gouvêa (2016); Save the Children (1996); UNICEF (2009a, 2015c).

More than half of the world's forcibly displaced people are children, for whom displacement seems to be particularly disruptive (UNHCR, 2016). Many will spend their childhood away from home, sometimes separated from their families. They may have witnessed or experienced violent acts and, in exile, are at risk of abuse, neglect, violence, exploitation, trafficking, or military recruitment[23]. The combined weight of socioeconomic adversity and exposure to crisis in their countries of origin, followed by migration and finally resettlement and/or adjustment to a new context, exposes children to several cumulative risks to their physical, emotional, and social development (Reed et al., 2012). Additionally, being displaced for a longer time has been associated with communication difficulties, lower social interest, and lower social compliance (Lahiti, Ommeren, & Roberts, 2016). Research conducted with refugees suggests that postmigration or exile-related stressors, such as social isolation, unemployment, and discrimination, are better predictors of mental health problems than premigration exposure to violence (Porter & Haslam, 2005). Indeed, children face an array of challenges, such as altered family dynamics, assuming the role of caregiver for younger siblings, or for psychologically and physically injured parents. Moreover, those who resettle across international borders often carry out these tasks while managing a new language, education system, and culture, typically under difficult economic and legal circumstances (Reed et al., 2012).

These facts show how paramount the stressful social and material conditions of everyday life are, which emphasizes the importance of looking beyond a direct causal relation between exposure to ACEs and mental health (Miller & Rasmussen, 2010). Ongoing or chronic threats to psychosocial well-being gradually erode people's coping resource, which leads to feeling a of lack of control over the basic resources an individual's physical and psychosocial well-being depend on. Daily stressors, such as a breakdown in community services, economic hardship, and difficulty maintaining contact with family and friends as a result of a crisis, were found to be better predictors of distress among Lebanese families than the threat of conflict-related violence (Farhood et al., 1993). It is important to note that daily stressors are persistent among populations affected by crisis (Fernando, Miller, & Berger, 2010; Miller & Rasmussen, 2010).

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[23] For further guidance on child protection in humanitarian crisis situations refer to the Child Protection Minimum Standards (CPMS).

Understanding stress responses

POSITIVE — Brief increases in heart rate, mild elevations in stress hormone levels

TOLERABLE — Serious, temporary stress responses, buffered by supportive relationships

TOXIC — Prolonged activations of stress response systems in the absence of protective relationships
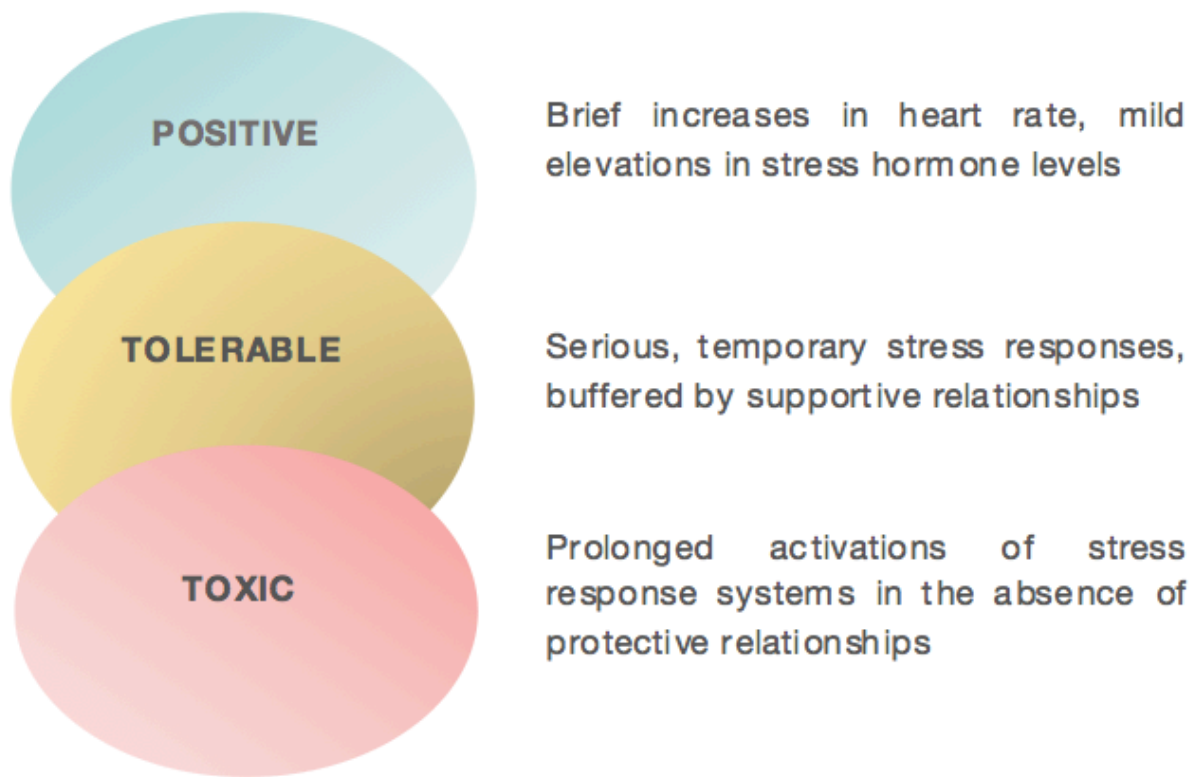
Figure 7. Types of stress responses. *Source:* Center on the Developing Child, Harvard University (2017)

When faced with risk factors, young children can display three key types of stress responses: positive, tolerable, and toxic (see Figure 7 above, and National Scientific Council on the Developing Child, 2005-2014; Shonkoff, 2010). A positive stress response refers to a brief physiological response that is mild to moderate in magnitude. At the core of positive stress responses is the availability of caring and responsive adults who help the child cope with the stressor, thus providing a protective effect that enables the stress response to cease. This type of stress is a normal part of life, and learning to adjust to it is an essential feature of healthy development that includes adaptive responses to adverse experiences. This kind of stress can be triggered by situations such as getting an immunization, dealing with frustration, and having anxiety on the first day attending a child-care center.

A tolerable stress response, while not helpful, will most likely not cause permanent damage. It emerges due to experiences that involve a greater magnitude of adversity or threat. Precipitants may include the death of a family member, a serious illness or injury, a natural

disaster, or an act of terrorism. If the child is protected by supportive adults, the risk that such experiences will activate the excessive stress response systems—which lead to physiological harm and long-term consequences for health and learning—is significantly reduced. The supportive relationships with adults will enhance the child's adaptive coping skills and sense of control, which in turn will reduce the stress response (Kashef, 2015).

The third and most serious form of stress response, toxic stress, can overcome a child's undeveloped coping mechanisms and lead to long-term impairment and illness. It can occur when there is a strong, frequent, or prolonged activation of the child's stress response systems, while buffering adult relationships are unavailable. Circumstances that can precipitate this response are child abuse or neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship. When a toxic stress response occurs continually or is triggered by multiple sources, it can have a cumulative toll on an individual's physical and mental health, including impaired learning and behavior (American Academy of Paediatrics, 2014; Shonkoff & Garner, 2012). Trauma is the emotional, psychological, and physiological residue left over from heightened levels of toxic stress that accompany experiences of danger, violence, significant loss, and life-threatening events. It should be noted that stress is by nature a subjective experience, and that the perception of stress varies from child to child. This variability is multifactorial and depends on a child's previous trauma, social and emotional support, and genetic predisposition (American Academy of Paediatrics, 2014).

Toxic stress and brain development

Briefly, toxic stress weakens the architecture of the developing brain (Center on the Developing Child, 2016; UNICEF, 2015c). The emotional centers of the brain are intricately interlaced with the neurocortical areas involved in cognitive learning. When a child trying to learn is caught up in a distressing emotion, the centers for learning are temporarily hindered. The child becomes preoccupied with the source of the trouble, and because paying attention is a limited capacity, the child becomes less able to hear, understand, or remember what a teacher is saying or a book contains. In sum, there is a direct link between emotions and learning. From the perspective of neuroscience, an optimal learning environment (e.g., with a caring teacher and a positive classroom environment) reflects an internal brain state well-attuned to learning (Zins, Weissberg et al., 2004).

Prolonged and/or excessive exposure to fear and a state of anxiety can cause levels of stress that impair early learning and adversely affect later performance in school, the workplace, and the community. The long-term effects of toxic stress will differ to a great extent, according to the age of the person and the stage of brain development when the toxic stress

occurs. The younger the brain, the more damaging the effects of toxic stress. Stress experienced during early childhood will have a broader impact, particularly on learning and memory. Experiences such as neglect, physical abuse, and chronic poverty seem to change the amygdala and the hippocampus, the parts of the brain that are vital for learning, memory, and processing stress and emotion. Toxic stress during later childhood and adolescence will cause more problems with paying attention and impulse and emotional control, as these are activated in the parts of the brain that are developing rapidly during this period (American Academy of Paediatrics, 2014; Young, 2016). The extent to which toxic stress can be mitigated depends on a number of things, including genetics, the availability of at least one strong, supportive relationship to act as a buffer, and lifestyle factors that can fortify the brain against the toxic stress. (More information on stress-related diseases and social, emotional, and cognitive impairments can be found in Annex 5.)

Protective Factors

Protective factors are associated with positive outcomes in adverse contexts, and they encompass individuals' social relationships and environments (Masten, Gewirtz, & Sapienza, 2006). Years of research on children's development and well-being have enabled us to understand that some basic conditions must be in place if children are to experience psychosocial well-being, including the following:

- Close bonds and relationships with parents or with other caregivers. Having a close relationship helps children develop trust in other people and in their surroundings, which is also crucial for healthy emotional development;

- Stability and routines in their daily lives, which are related to the experience of trusting their environment; and

- Protection from harm: children are a particularly vulnerable population, owing to their dependence on others for survival and, as they grow older, for nurturing and care (International Committee of the Red Cross, 2011).

Resilience can be described as the process of overcoming the effects of exposure to risks during one's life (Gouvêa, 2016; Rutter, 1987). Therefore, resilience is not a trait that is either present or absent but a process that develops in the face of adversity. As such, children who are exposed to risk factors can be considered resilient when they are able to draw on enough protective factors to buffer them against adversity (Reed et al., 2012). It has been shown that developing protective factors is as important as eliminating or minimizing the risk factors (ARC, 2001). Table 3 (page 49) illustrates key protective factors pertaining to children's characteristics and their immediate social environment.

Children's characteristics, assets or resources	Children's immediate social environment
Cognitive competence - a reasonable level of intelligence, skills in communication, realistic planning, etc.	Good and consistent support and guidance from parents or other caregivers; support from extended family, friends, community networks, teachers, etc.
Sense of self-esteem, self-confidence and self-control	An educational climate that is emotionally positive, open and supportive
An active coping style rather than a passive approach – for example, a tendency to look to the future rather than the past	Appropriate role models who encourage constructive coping
A sense of structure and meaning in the child's life, often informed by religious or political beliefs, a sense of coherence, etc.	Re-establishing a normal pattern of daily life

Table 3. Protective factors. *Source*: ARC (2002), p. 17

Going back to the ecological model developed by Bronfenbrenner (1979), it is worthwhile to point out that, for parents and caregivers, various personal characteristics will either limit or enhance children's resilience. Within their immediate social environment, protective factors may refer to

- A supportive marital relationship;

- Support from the extended family;

- Supportive community structures (e.g., informal support from the community, neighbors, women's associations, etc.);

- Access to appropriate health and support services; and

- Opportunities to reestablish an acceptable economic base for the family (ARC, 2002).

Finally, research suggests that building supportive and responsive relationships with caring adults as early in life as possible has the potential to prevent or reverse the damaging effects of the toxic stress response (Center on the Developing Child, 2016).

Conclusion

This paper defined key terminologies and approaches related to psychosocial well-being and social and emotional learning (SEL) in education in crisis-affected contexts. The term "psychosocial" refers to the dynamic relationship between psychological aspects of our experience (that is, our thoughts, emotions, and behaviors) and our wider social experience (that is, our relationships, family and community networks, social values, and cultural practices), where one influences the other. Social and emotional learning is a process of acquiring social and emotional values, attitudes, competencies, knowledge, and skills that are essential for learning, being effective, well-being, and success in life. The relationship between these terms and the information explored in this paper will serve as a background for developing a global INEE guidance note on PSS and SEL.

The following annexes are presented to highlight additional approaches and resources related to psychosocial well-being and social and emotional learning:

- Annex 1. Brief Resource Analysis: Training of Teachers in Emergencies

- Annex 2. Key Findings: MHPSS Interventions in Schools

- Annex 3. Core Features of Effective SEL Programming

- Annex 4. SEL Programming: An Overview

- Annex 5. Stress-Related Diseases, Social, Emotional and Cognitive Impairments

Annexes

Annex 1. Brief Resource Analysis: Training of Teachers in Emergencies

Table 4. Checklist of Content for Training of Teachers in Emergencies

Content	Location of Content in Training Materials
Psychosocial Consequences of Emergencies	
• Define terminology: "mental health" / "psychosocial support" / "well-being" / resilience / coping. • Multilayered mental health and psychosocial consequences (MHPSS) are a result of emergencies for adults, children, families and communities. • Symptoms of stress and despair are normal consequences and most often do not require special MHPSS responses. • Most people are resilient and do not develop need for specialized MHPSS. • Impact to affected people will depend on availability of basic needs, safety, protection, social supports, natural resilience, coping style, protective factors, attitudes, values, morality etc.	• IASC MHPSS Guidelines (1) • SCF (5) • Balls, Books (7) • UNICEF (11) • IRC (11)
Education as Psychosocial Support in Emergencies	
• People, including children, are affected by emergencies in different ways thereby need different support. • Key concept: "Education as key psychosocial intervention." • Protection for girls available via education. • Best practices for psychosocial support in schools.	• IASC MHPSS Guidelines (1) • IASC GBV (3) • INEE (2) • SCF (5) • Balls, Books (7) • UNESCO/IIEP (4)

Content	Location of Content in Training Materials
International Guidelines for Education in Emergencies	
• Overview of international guidelines for how and why to provide education in emergencies. • Education is a priority. • Education in emergencies based on 3 core principles: • Child's Right to Education (for all including male and female and children with disabilities). • Child's Need for Protection. • Community's Priority of Education. • Multi-layered approach to intervention recommended according to the IASC MHPSS Guidelines pyramid. • Importance of understanding actual needs and providing intervention to people at the correct layer. • Education facilitated by Teachers is needed by all children and offers support at Level 2 of IASC MHPSS Guidelines pyramid since it provides environment that: Normalizes/ Stabilizes/ Protects/ Provides Social environment/ Provides hope for future/ Promotes natural resilience and coping	• IASC MHPSS Guidelines (1) • INEE (2) • SCF (5) • UNESCO/IIEP (4)
Integrated Support Systems Essential in Emergencies	
• All humanitarian activities, including education, should include psychosocial support to facilitate well-being	• Balls, Books (7) • IASC MHPSS Guidelines (1) • SCF (5)
Good Education Always Provides Psychosocial Support in Emergencies	
• Good education always provides psychosocial support with or without emergencies. • Good teaching practices and how they integrate psychosocial support. • Classroom management practices that promote educational environment that facilitate children's growth and development. • Good education provides life skills education to facilitate children's growth and development.	• IASC MHPSS Guidelines (1) • INEE (2) • IRC (10) • UNICEF (11) • SCF (5) • MOE Uganda (8)

Content	Location of Content in Training Materials
Role of Teachers and Schools in Emergencies	
• Teachers have crucial role. • Teachers are part of natural network of psychosocial support. • Teachers can add activities into classrooms that further promote growth and development of all children (Level 2: IASC MHPSS Guidelines). • Teachers are not counselors and activities in classroom are not for counseling. • Teachers can identify children requiring additional mental health and psychosocial support and refer them to others for services. • Only teachers with proper training can offer some additional support/ communication/ problem solving / networking with parents and communities for the smaller grouping of children who experience added psychosocial distress (Level 3: IASC MHPSS Guidelines pyramid). • Teachers can refer children with distress that affects their daily functioning to available resources. (Level 4: IASC MHPSS Guidelines pyramid). • Added protection can be facilitated by schools teaching children essential life skills.	• UNICEF (11) • IRC (10) • SCF (5) • INEE (2) • IASC-GBV (3)
Participation in Self-Help by People Affected by Emergencies	
• All humanitarian activities should maximize participation of affected people in self-help. • Affected people have methods for self-help and these should be facilitated. • Outside supports are only added if affected people do not have sufficient self-help. • Family involvement is essential in schools. • Community participation is essential in schools.	• IASC MHPSS Guidelines (1) • UNICEF (11) • IRC (10)
Support for Teachers Working in Emergencies	
• Realism about the actual role teachers can take during emergencies. • Recognition of the personal, as well as professional, strain on teachers in emergency settings. • Methods that offer teachers support. • Code of conduct for teachers.	• IRC (10) • UNESCO/IIEP (4) • UNICEF (11) • IASC-GBV (3)

Source: REPSSI (2010), pp. 18 – 20

Table 5. List of Training Materials

A. International Guidelines

Title of Training Material	Description
1. IASC MHPSS Guidelines (2007)	Comprehensive guidelines for emergencies. Includes rationale for the importance of education and guidelines with action steps for how to integrate psychosocial support and promotion of well-being into schools. Includes overview of good practices for training.
2. INEE Minimum Standards for Education in Emergencies: Preparedness, Response, Recovery (2010)	Comprehensive guidelines for establishing education within emergencies. Includes action steps for facilitating psychosocial support in schools and girl's education.
3. Inter Agency Standing Committee Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2015)	Comprehensive guidelines for emergencies and the provision of protection from gender based violence. Includes rationale for the importance of education for child protection.
4. UNESCO and IIEP Guidelines for Planning for Education and Reconstruction (2006)	Overview of importance of schools promoting psychosocial wellbeing and how to include psychosocial support with plans for education during reconstruction. Overview of importance of integrating children with disabilities into schools and action steps for how to do so.

B. Information for Trainers

Title of Training Material	Description
5. **Education in Emergencies A tool kit for starting and managing education in emergencies (2003)**	Overview of how to start and manage education in emergencies including the integration of psychosocial support into schools. Includes many practical activities to use in schools. This pack was developed in response to a growing need for practical tools that would guide field staff in understanding and implementing education work in emergencies. In providing a framework and practical tools, the pack is primarily aimed at field staff responsible for setting up and managing education projects during a crisis. The resource may also be used by those leading the overall emergency response, or those writing proposals, planning training or conducting evaluations.
6. **Psychosocial interventions or integrated programming for well-being? (2006)**	Important explanation of the value of integrated programming. The article includes a graphic framework that reflects the integration of safety, participation, and development within the various elements of well-being. An integrated perspective and approach is proposed that calls for inclusion of psychosocial issues within humanitarian programming, across all sectors of intervention. The significant question is not, therefore, what constitutes a 'psychosocial intervention,' but rather how do humanitarian interventions together promote overall well-being. Throughout the article, points are illustrated with examples from field practice.
7. **Balls, Books and Bear Hugs: Psychosocial Response Through Education in Emergency Situations (2006c)**	Lessons learned from the tsunami that are useful to trainers. Case studies relevant to Asian contexts. This document provides a brief explanation of what psychosocial means and how it can be used in a formal education setting to help young people find their resiliency or strengthen it.
8. **Alternatives to Corporal Punishment Creating Safer Schools Series: Volume 1 A guide for promoting positive discipline in schools (2008)**	Perspective on zero tolerance for corporal punishment from the Ugandan Ministry of Education. This handbook is for anyone involved in designing or delivering education, including head teachers, teachers, school governing committees, students, parents, public officials implementing education policy and anyone who intends to create safer schools. This handbook provides alternatives to corporal punishment and how to put these into practice at the schools in your community.
9. **Teacher development and student well being (2004)**	Findings from research about the limited impact of usual methods of teacher training and essential recommendations of how to improve this training.

C. International Models for Teacher Training (Each of these training manuals/handbooks/guides provides detailed models of teacher trainings. They include detailed curriculum with goals, and participatory training exercises for teaching knowledge and skills. They are useful models for trainers to review and refer to as they design their own training for teachers.)

Title of Training Material	Description
10. IRC: Psychosocial Teacher Training Guide (2004)	Connections made between theoretical constructs of psychosocial and child development, needs, and problems of children via their triangle with teachers' roles and the purpose of education and integrating these theoretical ideas into practical classroom activities. Provides useful practical activities for classroom management. Offers ideas for how trainers can include self-reflection and support to teachers. The guide uses a triangle to show levels of problems of children with possible interventions which is not the same as IASC but similar and useful.
11. UNICEF: The Psychosocial Care and Protection of Children in Emergencies (2008)	This guide is the most compliant to IASC MHPSS Guidelines since it is written specifically for that purpose. It offers an overall comprehensive and clear curriculum. Useful for inexperienced trainers. Trainer not trained in how to use this Manual can pick it up and use the day-by-day examples. Provides day-by-day guide with full details of content/methods/resources etc. Concentration in utilizing teacher's experiences in their learning. Inclusion of IASC MHPSS Core Principles and all key concepts essential concepts to promoting psychosocial well-being with schools. Inclusion of methods of relaxation and support for trainees within the guide. Suggestions for how to create a classroom that mainstreams psychosocial wellbeing and support into its style of education i.e.: a supportive safe class, relationship and communication between children and teachers. Distinctions between majority of children who are resilience and how to facilitate their coping and small group of children with special needs. Suggestion for how teachers can assist children with special needs. Provides guidelines for working with families and communities. Useful handouts for participants.

Source: Adapted from REPSSI (2010), pp. 43 – 46

Annex 2. Key Findings: MHPSS Interventions in Schools

Table 6. Sample of MHPSS Interventions in Schools

Intervention and Setting	Approach	Aim	Who implements	Findings
-Classroom-Based Intervention				

Intervention and Setting	Approach	Aim	Who implements	Findings
Classroom-Based Intervention (CBI); Nepal, Burundi, Indonesia, Sri Lanka *Source:* Jordans et al. (2010); Tol et al. (2014); Tol et al. (2012); Tol et al. (2008)	A manualized group intervention for the aftermath of exposure to potentially traumatic events. It combines elements of selective prevention and treatment interventions, with 15 sessions over 5 weeks. A brief screening is allowed to identify children with psychosocial difficulties. CBI was part of a multi-layered care package that included school-based mental health promotion, universal preventive intervention (e.g., structured social activities), treatment interventions (e.g., psychosocial counseling and referral to mental health specialists).	CBI's core objectives are to (1) reduce psychosocial problems and the risk of maladaptation, and (2) facilitate resilience and empowerment through enhanced coping, prosocial behavior, and hope. It combines both trauma-focused components (cognitive behavioural techniques, such as drawings related to adverse events, psychoeducation, and discussion of coping) and creative expressive elements (drama exercises, movement, and use of music).	Nepal: A gender-balanced group of interventionists was selected, based on their previous experience and their affinity for children from targeted communities. Burundi and Sri Lanka: Locally identified nonspecialized facilitators had at least a high school diploma and were selected for their affinity for and capacity to work with children.	Nepal: Psychosocial intervention demonstrated moderate short-term beneficial effects, such as improved social behavioral and resilience indicators among subgroups of children exposed to armed conflict; reduced psychological difficulties and aggression among boys, increased prosocial behavior among girls, and increased sense of hope for older children. The intervention did not reduce psychiatric symptoms. Overall this study confirms that psychosocial support can result in moderate reductions in psychosocial distress symptoms (specifically social-behavioral problems) and increased positive aspects of well-being (sense of hope and prosocial behavior) among at-risk youth, although the effects are limited to specific subgroups. Burundi: No overall effects of the intervention were identified. Subgroup benefits were identified for children living in large households (decreased depressive symptoms and functional impairment) and living with both parents (decreased PTSD and depressive symptoms); younger children and those with low levels of exposure to traumatic events in the intervention condition showed improved sense of hope. The groups of children in the waitlist condition showed increased depressive symptoms; negative effects were seen for displaced children, such as those in the intervention group that did worse in terms of

				sense of hope and functional impairment.
Intervention and Setting	**Approach**	**Aim**	**Who implements**	**Findings**
				Overall, these findings do not support this school-based intervention as a treatment for PTSD and depressive symptoms in conflict-affected children; the intervention appears to have more consistent preventive benefits, but these effects are contingent upon individual (e.g., age, gender) and contextual (e.g., family functioning, state of conflict, displacement) variables. Sri Lanka: An intervention effect was observed in conduct-related difficulties in boys experiencing anxiety symptoms and PTSD, and in children experiencing low levels of war-related stressors (PTSD, anxiety, and functional impairment); girls in the intervention group showed smaller reductions in PTSD symptoms than the waitlisted girls. A main effect in favor of intervention for conduct problems was observed; this effect was stronger for younger children. Intervention benefits for specific subgroups also were observed. Stronger effects were found for boys with PTSD and anxiety symptoms, and for

Intervention and Setting	Approach	Aim	Who implements	Findings
				younger children on prosocial behavior; stronger intervention effects on PTSD, anxiety, and function impairment for children experiencing lower levels of current war-related stressors were verified; girls in the intervention condition showed smaller reductions of PTSD symptoms than waitlisted girls. Overall, it was concluded that preventive school-based psychosocial interventions in volatile areas characterized by ongoing war-related stressors may improve indicators of psychological well-being and posttraumatic stress-related symptoms in some children; however, they may undermine natural recovery for others.
			Indonesia: Interventionists, who had to be at least 18 years old and have at least a high school education, were selected from local target communities.	Indonesia: This setting showed the strongest intervention benefits, mainly seen in improved sense of hope and additional benefits for girls with PTSD symptoms and functional impairment; however, changes in traumatic idioms (stress-related physical symptoms), depressive symptoms, anxiety, and functioning were not different between the treatment and wait-listed groups. Note: Children in Indonesia and Nepal were generally living in supportive families, with little continued exposure to conflict-related violence. In these settings, CBI can build on existing strengths. In Burundi and Sri Lanka, protracted armed conflicts had severely damaged family-level and neighbourhood-level protective functions, and violence was on going. In these settings, brief CBI was counterproductive for particularly vulnerable groups.

School-based Psychosocial Structured Activities

Intervention and Setting	Approach	Aim	Who implements	Findings
School-based Psychosocial Structured Activities (PSSA)—Northern Uganda *Source:* Ager at al. (2011)	The PSSA intervention comprised a series of 15 class sessions designed to progressively increase children's resilience through structured activities that involved drama, movement, music, and art, with additional components addressing parental support and community involvement.	Uses children's natural resilience to help them recover from trauma.	Regular schoolteachers trained in the methodology implemented the classroom and community components. Save the Children staff facilitated meetings with parents.	Significant increases in the ratings of child wellbeing were observed in both intervention and comparison groups over a 12-month period. However, the well-being of children who had received the PSSA intervention increased significantly more than that of children in the comparison group, as judged by child and parent (but not teacher) reports. There was evidence on some indicators that older children and girls demonstrated the greatest gains. Results point to the value of the PSSA program in post-conflict recovery contexts.

Overshadowing the Threat of Terrorism

Intervention and Setting	Approach	Aim	Who implements	Findings
Overshadowing the Threat of Terrorism (OTT)— Israel *Source:* Berger, Pat-Horenczyk, Gelkopf (2007)	This universal program provides psycho-educational material and skills training with meditative practices, bioenergy exercises, art therapy, and narrative techniques for reprocessing traumatic experiences. (The intervention includes significant parental involvement through homework assignments that required their cooperation).	OTT is a classroom-based Program designed to help children cope with the threat of and exposure to terrorism.	Homeroom teachers.	There were significantly greater reductions on all measures of PTSD symptomatology, somatic complaints, and in both generalized and separation anxiety levels as compared to the control group. Additionally, no students in the active group showed significant worsening of symptoms, which suggests that the intervention had no detrimental effects. Boys improved more than girls on functional impairment measures.

Healing and Education through the Arts (HEART)				
Save the Children's Healing and Education through the Arts (HEART) Program	HEART is designed for 3- to 14-year-old children living in communities affected by conflict, violence, HIV/AIDS, or extreme poverty.	HEART helps children express their emotions and experiences through art forms such as drawing, painting, music, drama, and dance. This helps to improve their emotional wellbeing and ability to learn.		HEART has been piloted in six places—El Salvador, Haiti, Malawi, Mozambique, Nepal, and the West Bank—with remarkable results. Healing: children developed the ability to express and regulate their emotions, improve self-control and self-esteem, recover and build resilience so they're ready to learn; Learning: children developed the cognitive skills they need to learn - perception, attention, memory, logic, and reasoning - in addition to language, social, and physical skills.
Intervention and Setting	**Approach**	**Aim**	**Who implements**	**Findings**
Healing and Education through the Arts (HEART)				
Source: Save the Children (2016)	Save the Children develops a culturally relevant HEART curriculum to meet children's needs within each community. This includes training local teachers and other caregivers in guiding children in expressive arts activities; using the arts as a means of self-expression and critical skill development; recognizing and supporting children who			Children who participated in HEART were consistently more expressive and engaged in learning than those who did not. They liked going to school and transitioned more successfully to higher levels of education. Some of these children experienced hope, and even joy, for the first time in their lives

	need special help; involving children's parents and communities in the process. HEART embraces a variety of expressive arts forms. The healing process begins when a child shares his or her memories and feelings, either verbally or through artistic expression, with a trusted and caring adult or peer.			

Annex 3. Core Features of Effective SEL Programming

Carefully Planned, Theory and Research Based
• Organized systematically to address identified local needs
• Based on sound theories of child development, learning, prevention science, and empirically validated practices
• Implementation monitoring and program evaluation incorporated during planning process

Teaches SEL Skills for Application to Daily Life
• Instruction in broad range of social-emotional skills, knowledge, and attitudes provided in developmentally and socio-culturally appropriate ways
• Personal and social applications encourage generalization to multiple problem areas and settings
• Helps develop positive, respectful, ethical attitudes and values about self, others, work and citizenship
• Skills include recognizing and managing emotions, appreciating others´ perspectives, setting positive goals, making responsible decisions, and handling interpersonal interactions effectively

Addresses Affective and Social Dimensions of Learning
• Builds attachment to school through caring, engaging, interactive, cooperative classroom, and schoolwide practices
• Strengthens relationships among students, teachers, other school personnel, families and community members
• Encourages and provides opportunities for participation
• Uses diverse, engaging teaching methods that motivate and involve students
• Promotes responsibility, cooperation, and commitment to learning
• Nurtures sense of security, safety, support, and belonging
• Emphasizes cultural sensitivity and respect for diversity

Leads to Coordinated, Integrated, and Unified Programming Linked to Academic Outcomes
• Unifying framework that promotes and integrates social-emotional and academic development
• Integral aspect of formal and informal academic curriculum and daily routines (e.g., lunch, transitions, playground, extracurricular)
• Provided systematically to students over multiple years, prekindergarten through high school
• Coordinates with student support services, including health, nutrition, service learning, physical education, psychology, counselling, and nursing

Addresses Key Implementation Factors to Support Effective Social and Emotional Learning and Development
• Promotes a safe, caring, nurturing, cooperative, and challenging learning environment
• Monitors characteristics of the intervention, training and technical support, and environmental factors on an ongoing basis to ensure high-quality implementation
• Provides leadership, opportunities for participation in planning, and adequate resources

• Institutional policies aligned with and reflect SEL goals
• Offers well-planned professional development, supervision, coaching, support, and constructive feedback
Involves Family and Community Partnerships
• Encourages and coordinates efforts and involvement of students, peers, parents, educators, and community members
• SEL-related skills and attitudes modeled and applied at school, home, and in the community
Includes Continuous Improvement, Outcome Evaluation, and Dissemination Components
• Uses program evaluation results for continuous improvement to determine progress toward identified goals and needed changes
• Multifaceted evaluation undertaken to examine implementation, process, and outcome criteria
• Results shared with key stakeholders

Source: Zins, J.E., et al. (2004), p. 10

Annex 4. SEL Programming: An Overview

Tables 7 and 8 provide an overview of SEL programs in relief and development responses, based on the information available. Table 9 displays some of the SEL programs implemented and studied in HICs, predominantly in the U.S., that are among the most researched.

Table 7. International Relief and Development: SEL Programs

SEL Programs	Target Population	Program features	Findings
FARG (Fund for Genocide Survivors) Family Program			
FARG (Fund for Genocide Survivors) Family Program at Alliance High School in Gasabo District, Rwanda *Source:* Baskin (2014)	Orphans and other vulnerable children in Rwandan secondary schools	Out of classroom SEL approach: Meetings held twice weekly during designated times throughout the school week. During these meetings, "families" consisting of 15-25 students spanning all grade levels met at a chosen place on school grounds for 30 minutes. The meeting time for families was student owned and run, and groups were allowed to use the time any way they saw fit—to sing, pray, discuss school and social issues or specific challenges they were facing. Occasionally, family leaders would invite teachers or nonparticipating students to visit or join their family meeting, reinforcing a communal level of respect among all students and teachers. During the second term of the school year, families provided crucial social and emotional support for one another in the absence of students' lost family members. Throughout the school year, older family members often assumed the role of mentor, providing younger family members, who are new to Alliance High School, with guidance on how to navigate school culture, be social, excel academically, and cope with recurring feelings of loss. The program remains a completely student-run initiative, which promotes a collective student identity grounded in a shared experience, regardless of age, grade level, ethnicity, or religion.	The design of FARG's Family Program is effective in informal settings outside of the classroom in postconflict countries. It fortifies many of SEL's core competencies by building students' capacity for empathy, respect, and cooperation. The program promoted a sense of belonging, efficacy, and self-worth, as well as positive relationships with peers and teachers. With the exception of start-up costs of piloting the program in new schools, there are no reoccurring costs, making the program cost-effective and sustainable over time, with younger family members assuming their roles of their graduating mentors. The practice of inviting teachers and other students to visit family meetings rewards proactive behaviour amongst family members and engagement with the larger school community.

SEL Programs	Target Population	Program features	Findings
Rehabilitation of Child Soldiers at Lhanguene Center			
Rehabilitation of Child Soldiers at Lhanguene Center in Maputo, Mozambique

Source: Baskin (2014) | Child soldiers between the ages of 6 and 16 | Save the Children´s six-month rehabilitation program at the Lhanguene Center focused on achieving four outcomes: establish safety and appropriate codes of conduct; reestablish self-regulatory processes; promote security versus survival-seeking appraisal and behavior; and support meaning-making. Save the Children staff worked to establish new social and behavioral norms within the center and to counteract Mozambique National Resistance (RENAMO) attempts to harden the children emotionally by punishing anyone who offered help or displayed feelings for others. Daily activities were introduced—playing sports, music, group art projects, and sharing personal narratives—to help replace the coping and survival mechanisms instilled in the children during years of war with feelings of safety, stability, and normalcy—the goals of these activities. Through such activities, child soldiers can re-learn trust, communication and conflict resolution skills, cooperation, and individual expression. | After three months the evaluation measures pointed to signs of achieved "normalization" for all children, associated with decreased aggression toward staff, increased pro-social behaviors and engagement. The reintegration of rehabilitated child soldiers from Lhanguene into their communities was followed over the course of 16 years. It was found that most have regained a foothold in the economic life of rural Mozambique and are perceived by their spouses to be good husbands; all of the former child soldiers continue to experience psychological stress, but rely on their family, community, and friends to overcome these adversities. The program was successful in delivering coping strategies for managing grief and trauma, as well as instilling a sense of social responsibility and the importance of self regulation. Participants identified their greatest need as being accepted back into their family and communities, which most of them were able to accomplish, with the exception of three participants from the original group of 29. |
| **Healing Classrooms** | | | |
| Healing Classroom´s (International Recue Committee, IRC) | Teachers | Initiative to promote student well-being, primarily through teacher development. IRC's Healing Classrooms approach is specially designed for contexts including sudden onset emergencies, chronic crises, post-crisis recovery, and state fragility. The approach aims to develop and strengthen the role that schools, and particularly teachers, play in promoting the psychosocial recovery and well-being of children and youth. It targets five domains of personal development: a sense of belonging, a sense of control, a sense of efficacy and self-worth, positive | A 2005 internal assessment of the integration of Healing Classrooms into the IRC's work in Afghanistan indicated that trained teachers made considerable efforts to create more child-centered learning environments. A 2007 internal assessment found that, according to teachers and students, Healing Classrooms had been |

SEL Programs	Target Population	Program features	Findings
Source: IRC (n.d.)		relationships with peers, personal attachment and positive relationships with adults.	"transformative."
		Healing Classrooms promotes these skills in school, family, and community contexts, with extensive staff training in how to facilitate the process. Healing Classrooms' key method is teacher development and training, with a focus on concrete teaching practices that the literature indicates are shown to promote student well-being.	Teachers reported an increase in attendance after the application of Healing Classrooms methodologies, and even took it upon themselves to do trainings of other teachers using this model. Children in the program reported feeling safe and happy in school and indicated that teachers were implementing key aspects of the Healing Classrooms approach.

Table 8. SEL Initiatives by INGOs and Ministries

The Organization/Institution and the Initiative
BRAC International-Bangladesh Rehabilitation Assistance Committee   A development organization dedicated to alleviating poverty by empowering the poor to bring about change in their own lives *Source:* Sherman (2011)
With assistance from leading experts on SEL, BRAC assessed its education curricula on how well it develops the five core competencies of SEL, held an international training of trainers with its education team, and is piloting ways to strengthen it. It has focused on the fundamentals of SEL, and on creating optimal conditions for learning. Like the IRC, BRAC sees teacher training as the heart of its education enterprise. In distinct contrast to government-run schools, BRAC elementary schools view emotional development as intertwined with cognitive growth. BRAC sets four conditions for promoting SEL: that students feel and are safe, are supported, are socially capable, and are challenged. These conditions make acquisition of specific SEL skills more likely. From this base, teachers were introduced to a host of programmatic options around their own learning, classroom management, rule-setting at the school, cocreation of classroom behavior norms with students, and productively using morning or class meetings. BRAC conducted a training of trainers for the entire organization to explicitly introduce and integrate SEL into all programs from microfinance to emergency response. The basics of effective problem-solving and self-calming were also conveyed to BRAC staff. For more information, please see: http://www.brac.net/.
The Education Ministry of Chile *Source:* Sherman (2011)
Tools of the Mind emphasizes the self-mastery and relationship-building results of free play for students. Scholars are now comparing effects in Chile with those found using the program in the U.S. For more information, please see http://www.mscd.edu/collcom/assets/docs/ListofOngoingResearchProjects2.pdf.
UNICEF *Source:* Sherman (2011)
Child Friendly Schools is a rights-based, child-friendly educational program. UNICEF's focus on being child centered and child friendly is directly in sync with CASEL's core formulations about SEL (CASEL, 2013). Child Friendly Schools teach and promote the equality of boys and girls, men and women, as a core learning and code for behavior. Schools actively encourage democratic participation, inclusiveness, and the development of the whole child. For more information, please see http://www.unicef.org/lifeskills/index_7260.html. UNICEF's education strategy has been adopted by a number of ministries in UNICEF's East Asia and Pacific Region, where the goals of Child Friendly Schools directly incorporate SEL as a way of reducing dropout and enhancing life skills. For more information, please see http://www.unicef.org/eapro/media_7792.html.
Mercy Corps *Source:* Sherman (2011)
Comfort for Kids was developed in response to the terrorist attacks in New York City on 9/11/2001. The program has been taken all around the world since that time. It is seen as laying the groundwork for emotional recovery in devastating situations. Mercy Corps trains teachers, parents, and other caregivers how to recognize and support the mental health needs of children, and it provides activities and workbooks to help children process their experiences. Emotional expression in any form—talking, singing, dancing, other play, weeping—is encouraged, with adults making clear that they will be consistently available and supportive. The program has been implemented in New York City, in Louisiana following Hurricane Katrina, in Gaza, Japan, and China. For more information, please see http://www.mercycorps.org/topics/children/10782; https://www.mercycorps.org/researchresources/comfort-kids-%E2%80%94-gaza-youth-support-materials.

The Organization/Institution and the Initiative
Save the Children *Source:* Sherman (2011)
Save the Children´s Rewrite the Future program works in conflict-torn countries, where it attempts to stabilize children in crisis through education. For more information, please see http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6148051/k.BB46/Rewrite_the_Future.htm. Save the Children´s Healing Education through the Arts (HEART) program, not unlike Mercy Corps' Comfort for Kids, focuses on the healing powers of self-expression and the imperative for children to remain in communication, through whatever means, with the adults in their lives during times of trauma. Children, some so young they don't yet have language skills, learn how to use the arts to give voice to their emotions about difficult events in their everyday lives. This is critical to helping children cope. For more information, please see http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6292389/k.335/Healing_and_Education_through_Art_HEART.htm.
The Education Ministry of Peru *Source:* Diaz-Varela et al. (2013)
The national education strategy against school violence in Peru (2013–2016) is an example of an institutionalized, system-wide approach to SEL. Its Escuela Amiga component works across multiple ministries and focuses explicitly on social and emotional skills development, improving school climate, and strengthening school-community relations. Curricular reform has added an area called "personal development" as a core learning outcome for students in kindergarten to grade 11, with clear descriptions, sequencing, and indicators for each competency, capacity, and skill that students need to master.
Colegio del Cuerpo de Cartagena de Indias in Colombia *Source:* Diaz-Varela et al. (2013)
Colegio del Cuerpo recognizes and builds on the special role that dance has in Colombian culture to present an alternative to the other image of the body that has been promulgated through the country's violent conflict.
Afghanistan National Institute of Music *Source:* Diaz-Varela et al. (2013)
The Afghanistan National Institute of Music builds on local culture and traditions—in this case the rich history of music-making in the region. It teaches vocational music skills alongside the national curriculum so that students may "have the skills, creative vision and confidence" to contribute to the artistic, social, and cultural life of their country.
Cambodian Living Arts *Source:* Diaz-Varela et al. (2013)
Social healing and transformation through the arts is an important aspect of the Living Arts Program in Cambodia, which explicitly seeks to restore the vibrant arts culture that was in place prior to the genocide.
Qattan Center for the Child in Gaza *Source:* Diaz-Varela et al. (2013)
The Center has adopted an integrated pedagogical approach that uses 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. Education systems can institutionalize these types of SEL innovations through their policies and programs.

Table 9. SEL Program Sample (high-income countries)

Program	Key feature	Main outcomes
Caring School Community Responsive Steps to Respect For more information, please see https://www.collaborativeclassroom.org/caring-school-community	Safe school environments and violence prevention	24% stronger academic motivation 33% greater sense of the school as a caring community 12% more liking for school
Lions Quest and Caring School Community For more information, please see https://www.lions-quest.org/	Alcohol, tobacco, and other drug prevention activities	Lower alcohol and marijuana use Lower lifetime and 30-day use of alcohol, 30-day binge drinking, 30-day cigarette use, lifetime marijuana use, and current use of beer, liquor, and chewing tobacco
PATHS (Promoting Alternative Thinking Strategies) For more information, please see http://www.pathstraining.com/main/	Student behavioural, social, and emotional support	20% increase in students' scores on cognitive skills tests 32% reduction in teachers' reports of students exhibiting aggressive behavior 36% increase in teachers' reports of students exhibiting self-control 68% increase in students' emotional vocabulary
Social Decision-Making and Problem-Solving Program For more information, please see http://ubhc.rutgers.edu/sdm/	Mental health services	Lower levels of depression, self-destructive behavior, and delinquency
High-Scope Educational Approach for Preschool and Primary Grades For more information, please see http://www.highscope.org/file/educationalprograms/earlychildhood/upkfullreport.pdf	Early childhood social and emotional learning programs	Less time in special education More success in life, as indicated by higher rates of graduation from 12th grade, less likelihood of being arrested, and higher early adult incomes

Source: Adapted from Education Development Center, Inc. (EDC) PromoteEvent (n.d.), p. 6

Annex 5. Stress-Related Diseases, Social, Emotional and Cognitive Impairments

These are a few examples of stress-related diseases, social, emotional, and cognitive impairments (Shonkoff & Garner, 2012; Kashef, 2015; Young, 2016):

- Learning, memory, and emotion (The part of the brain that triggers the stress response—the amygdala—may become overdeveloped and overactive, while other areas of the brain that govern memory, learning, and decision-making are underdeveloped. Moreover, areas like the prefrontal cortex, which is where human beings do most of their thinking and decision-making, may not become as developed as the other more emotion-regulated parts of the brain. This can lead to chronic anxiety, learning delays, or poor social skills);

- Over-reactivity and hypersensitivity to possible threat (tendency to misread ambiguous or non-threatening situations as threatening; a greater likelihood of sensing anger or hostility, even when there is none; being in a constant state of high alert, even in the absence of any real stress or threat);

- Greater vulnerability to mental illness (such as depression);

- Increased vulnerability to addiction (adolescents with a history of multiple risk factors are more likely to start drinking alcohol at a younger age and more likely to use alcohol as a means of coping with stress);

- Greater vulnerability to physical illness (the biological manifestations of toxic stress can include alterations in immune function and measurable increases in inflammatory markers, which are known to be associated with poor health outcomes as diverse as cardiovascular disease, viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and depression);

- Migraines and chronic pain conditions (such as chronic fatigue syndrome);

- Compromised immune system (when stress is more chronic and longer lasting, stress-related chemicals—cortisol, adrenaline—will keep surging through the body. Cortisol —the stress hormone—shuts down the immune cells' capacity to respond to foreign invaders. When the release of cortisol is persistent, immune cells do not get the chance to recover. This means that when the body is invaded by viruses or infections, the immune system no longer has the strength to fight back, making the body more vulnerable to disease).

Fear and Anxiety Affect the Brain Architecture of Learning and Memory

PREFRONTAL CORTEX
Center of executive functions; regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

AMYGDALA
Triggers emotional responses; detects whether a stimulus is threatening. Elevated cortisol levels caused by stress can affect activity. Matures in early years of life.

HIPPOCAMPUS
Center of short-term memory; connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.
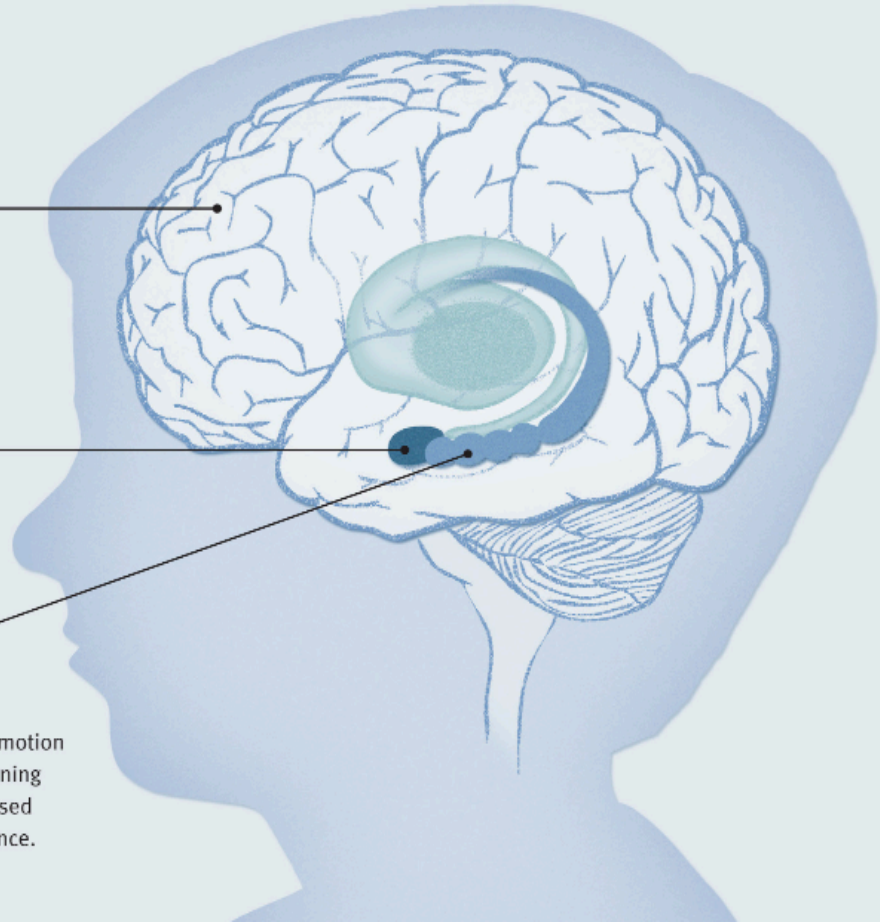
Figure 8. Persistent Fear and Anxiety Can Affect Young Children's Learning and Development
Source: National Scientific Council on the Developing Child, Center on the Developing Child at Harvard University (2010), p 4. Illustration by Betsy Hayes.

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