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Education as healing: Addressing the trauma of displacement through social and emotional learning

The conditions under which migrants and refugees have to leave their homes and homelands can be traumatic in the extreme. Whether they have crossed the Mediterranean in an overcrowded and unsafe boat, been barricaded in a Syrian basement for protection from shelling, or been chased away from a burning village in Myanmar, the events of their departures and their journeys can leave scars on those affected – and none more than on children who have witnessed and experienced death, loss, violence, separation from family and prolonged insecurity. Even those fortunate enough to find a sanctuary often face further hardship or discrimination in their host communities that can exacerbate their vulnerability.

Traumatic experiences can cause long-lasting physical, emotional and cognitive effects (**Figure 1**). This can be particularly damaging when experienced during the sensitive periods of brain development (Teicher, 2018). Persistent levels of stress can disrupt the architecture and development of brain and other biological systems with serious negative impacts on learning, behaviour and lifelong physical and mental health (Wood et al., 2012). Brain areas implicated in the stress response to trauma include those responsible for emotion regulation and memory; increased exposure to cumulative life stress during childhood has been associated not only with poorer spatial working memory but also with physical changes in the size of different brain areas (De Bellis and Zisk, 2014). Trauma may also lead to behaviours that disrupt individuals' learning, such as withdrawal,

outbursts of anger or delays in language development (Statman-Weil, 2015).

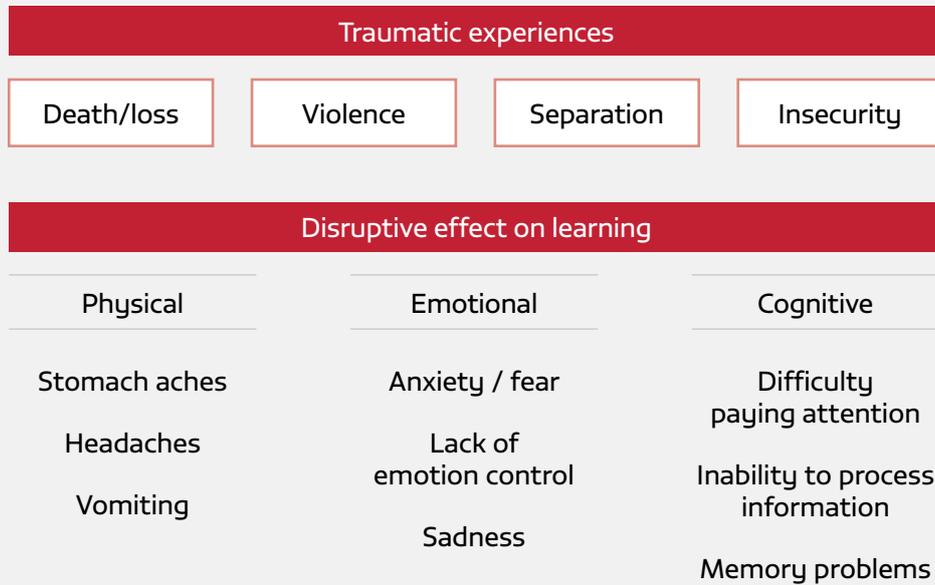
However, even at critical times of brain development, the effects of traumatic experiences can be addressed with appropriate medical treatment and a responsive environment (Weder and Kaufman, 2011). Care and recovery following a traumatic event are commonly considered the exclusive purview of health services, especially when clinical mental health issues need to be addressed. But in practice, this may not always be the case (Sandalo, 2018).

Access to specialized medical care may present a challenge for populations affected by the trauma of displacement. In some cases, refugees may underutilize mental health services, even when they are available for free and despite being at higher risk of psychological distress, because of systemic barriers, such as lack of documents necessary to seek medical health practitioners, or cultural barriers, such as lack of knowledge about or cultural taboos surrounding mental health issues (Sullivan and Simonson, 2016). In such situations, schools can connect healthcare professionals, communities, teachers, parents and students (Vostanis, 2016). In resource-poor contexts, the lack of health facilities means that teachers may be the only professionals affected families may encounter and psychosocial support interventions may take place in schools (Fazel and Betancourt, 2018; Munz and Melcop, 2018). This is despite the fact that teachers themselves may need support.

FIGURE 1.

Traumatic experiences affect the potential to learn

Antecedents and effects of trauma which can affect learners' well-being and academic achievement



Source: GEM Report team.

The crucial complementary role of education is increasingly being recognized (Graham et al., 2016; Tyrer and Fazel, 2014). Education can stimulate resilience, nurture learners' social and emotional development and give children and communities hope for the future. It can help communities rebuild, by healing some of the trauma and thus in the long term encouraging social cohesion, reconciliation and peacebuilding (Nicolai, 2009; Novelli and Smith, 2011). Schools can help migrant and refugee children deal with trauma through psychosocial support integrated with social and emotional learning interventions, helping to build self-confidence, resilience and emotional regulation skills, and teaching children to create relationships based on trust with others (Betancourt et al., 2013). Far from taking over the role of specialized mental health professionals, teachers can be trained to recognize the signs of trauma and deploy teaching methods to help mitigate its effects on learning.

This paper discusses formal and non-formal education interventions, notably those focused on social and emotional learning, as a promising approach to providing psychosocial support for mitigating the negative effects of trauma on migrants and refugees. The review covers emergency settings as well as community settings where migrant and refugee children eventually settle. The paper deals with access and the learning environment; the content of teaching and learning both for children and their parents; and the role that teachers and other professionals can play.¹

¹ This policy paper draws extensively on background analysis by Frisoli et al. (2019). We gratefully acknowledge helpful feedback by several members of the Psychosocial Support / Social-Emotional Learning Collaborative of the Inter-Agency Network for Education in Emergencies.

THE PREVALENCE OF TRAUMA AND STRESS AMONG MIGRANT AND REFUGEE CHILDREN AND YOUTH CAN BE HIGH

The experience of trauma is not limited to any group; there is a growing consensus that trauma affects many learners and that its effects should be considered in education planning and delivery. A recent study examining the prevalence of youth trauma using a representative sample in England and Wales (United Kingdom) showed that 31% of the general population experienced trauma by the age of 18 and almost 8% experienced post-traumatic stress disorder (Lewis et al., 2019).

Due to the severity and prolonged nature of their experiences, migrant and refugee populations are more likely to experience trauma than the general population (BPtK, 2017; Kessler et al., 2017; Tyrer and Fazel, 2014). In Germany, about 40% of refugee adults and 20% of refugee children suffered from PTSD (BPtK, 2017). In the Netherlands, between 13% and 25% of refugees and asylum seekers suffer from post-traumatic stress disorder and/or depression (BPtK, 2017). Over 40% of children who resettled in Europe after experiencing the war in former Yugoslavia had mood and anxiety disorders, while one-third suffered from post-traumatic stress disorder. Stressful experiences after resettlement also contributed to these effects (Bogic et al., 2012).

It is important to stress that not all children with migration and displacement experiences necessarily develop post-traumatic stress disorder or mental health issues. But for those that do, symptoms such as flashback, violent outbursts and inattentiveness can significantly hamper their daily functioning, and warrant support (Bryant et al., 2018; Kessler et al., 2017; Sullivan and Simonson, 2016).

The psychosocial effects of trauma can depend on the context of displacement. Among Syrians, post-traumatic stress disorder rates were 32% for the internally displaced and 23% for those who found refuge in the Netherlands. However, depression rates were significantly higher among refugees (44%) than among the internally displaced (16%). The difference may be due to the fact that the internally displaced

continued to live in their homeland, albeit in conflict mode, while refugees experienced the loss of their identity, homeland, community and family (Al Ibraheem et al., 2017). In Denmark, a study of all asylum-seeking children aged 4–16 living in asylum centres managed by the Red Cross evaluated mental health both through teacher reports and self-reports. Children who had been seeking asylum for more than a year or who had experienced four or more relocations were at higher risk of mental difficulties (Nielsen et al., 2008).

In low and middle income countries the rates of psychological disorders following trauma in refugees have also been found high (Nickerson et al., 2017). For instance, 75% of 331 displaced children in camps for internally displaced people in southern Darfur met diagnostic criteria for PTSD, and 38% had depression (Reed et al., 2011). To meet increasing mental health needs, Médecins Sans Frontières/Doctors Without Borders (MSF) has more than doubled its mental health projects, including individual counselling, treatment with medication and group activities, between 2015–2019, Sudan and South Sudan. In the Nduta refugee camp in Tanzania, the number of mental health cases treated by MSF per month doubled from 700 in January to more than 1,400 in August 2018 (MSF, 2019).

Unaccompanied minors might be particularly vulnerable to trauma and mental health issues following it. A study in Norway found that among 160 unaccompanied asylum seeker children from Afghanistan, the Islamic Republic of Iran and Somalia, the majority (78–80%) had experienced life threatening events, physical abuse or loss of a close relative. Almost one-third (31%) suffered from PTSD (Jakobsen et al., 2014). A study of 166 unaccompanied refugee children and adolescents in Belgium found that 37–47% had 'severe or very severe' symptoms of anxiety, depression and PTSD (Derluyn and Broekaert, 2007).

The large differences between prevalence rate estimates in different contexts and countries might also be due to misreporting in the absence of appropriate instruments to diagnose post-traumatic stress disorder and its effects or lack of studies. Culturally appropriate diagnostic research tools are especially lacking in resource-poor environments, particularly in emergency settings, which host the majority of displaced people. A review of research on

displaced people showed a lack of data concerning the wider extent of psychiatric disability among people living in protracted displacement situations (Morina et al., 2018).

THERE ARE MULTIPLE INTERVENTIONS ADDRESSING TRAUMA

One way to classify different interventions aimed at addressing trauma is the mental health and psychosocial support pyramid (IASC, 2007). Interventions at the bottom (or first) level are related to the establishment of basic services and security for all children affected by trauma. These interventions should be safe, appropriate and protect children's dignity, and include activities that can be implemented by teachers, parents and volunteers with minimal specialized training. The second level is aimed at children in mild psychological distress and includes supportive generalized activities which can be applied in formal or non-formal education settings, led by trained teachers, parents and volunteers. It also relies on mobilizing social networks. The third level provides focused, non-specialized support for children demonstrating greater needs, with activities facilitated by highly trained teachers and social workers, actively supervised by mental health professionals. At the top (or fourth) level, children in most need participate in more individually targeted specialized mental health services, which are conducted only by mental health specialists (IASC, 2007; INEE, 2016) (**Figure 2**).

Psychosocial support intervention is an umbrella term first used in the mental health field, subsequently adapted by the child protection sector and later adopted in education. Such interventions can be applied in different settings, including schools. They can be preventative (when they decrease the risk of developing mental health problems), curative (when they help individuals and communities overcome and deal with psychosocial problems) or focused on promoting well-being (INEE, 2016).

One type of intervention, social and emotional learning, takes an explicit skills-based education approach.

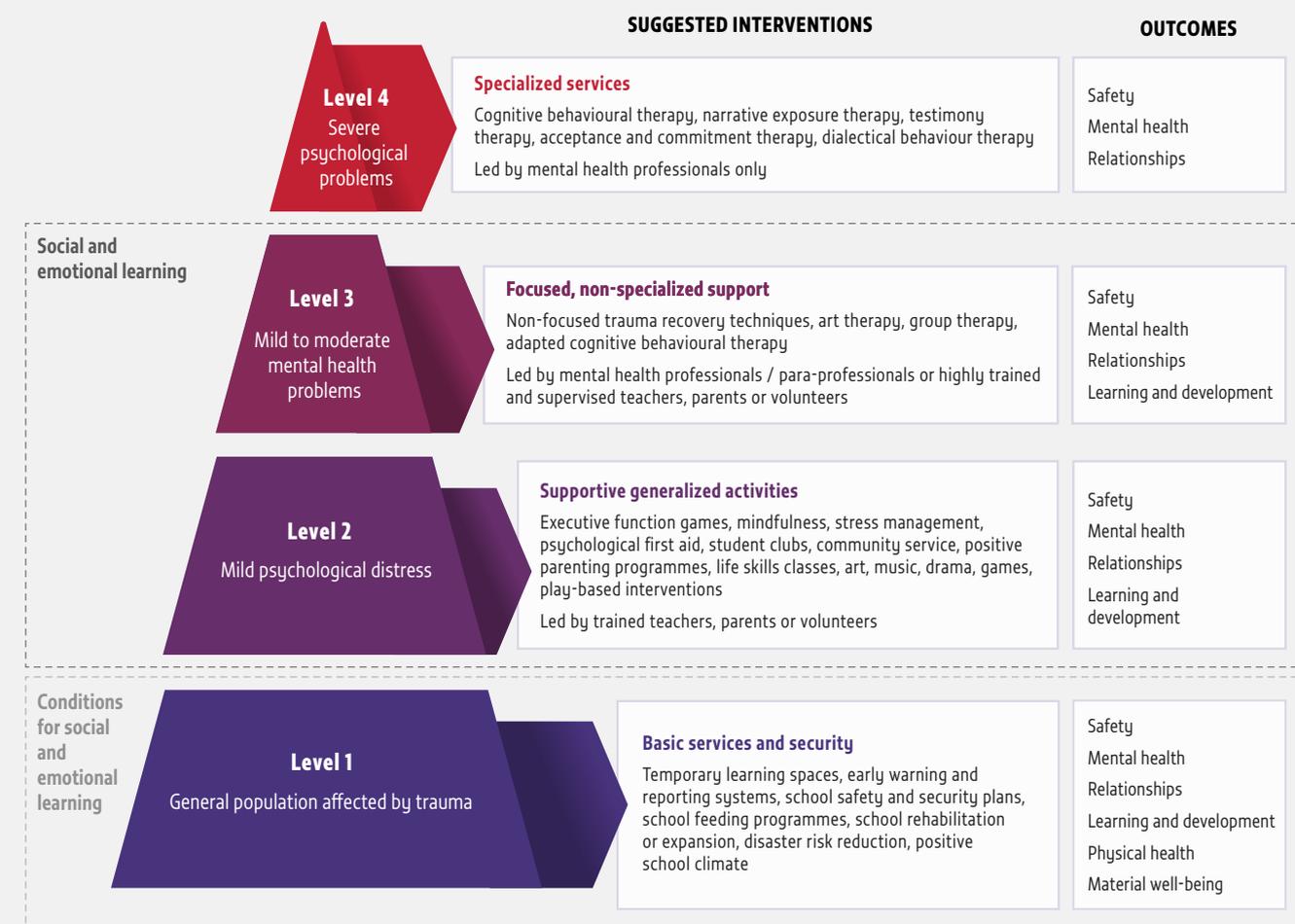
It focuses on promoting positive child and youth development and well-being. It helps build resilience in the face of adversity and avoids treating children and youth who have had traumatic experiences primarily as victims. It targets skills related to self-awareness, self-management, social awareness, relationship building and responsible decision-making, all areas that can be particularly damaged by the uncertainty and dangers of migration or displacement. Developing these skills can provide children with the tools to successfully negotiate their environments: for instance, self-management training can help build skills needed to manage stress, control emotions, and set and achieve goals (INEE, 2016).

Social and emotional learning is geared towards many other aspects of life than just psychosocial support. Likewise, psychosocial support is provided through several channels, only one of which is social and emotional learning. The two approaches overlap but are not identical.

Recognizing and addressing children's trauma is complex and, in severe cases, the engagement of trained mental health professionals is crucial. However, incorporating social and emotional learning approaches into routine educational practices may be a solution for less acute situations; when led by trained education personnel, and focused on promoting growth and building individuals' skills rather than on emphasizing migrant and refugee problems, these approaches hold promise (Nilsson and Bunar, 2016).

Social and emotional learning programmes address trauma as part of their broader aim to improve child and youth behaviour and academic performance. Social, emotional and cognitive facets of human development are deeply intertwined in the brain and central to learning (Aspen Institute, 2017). Effective social and emotional learning programmes tend to use active forms of learning, such as project-based learning, role play or group discussions, and, in some cases, form part of a coordinated, school-wide, whole-child approach (CASEL, 2013). Other effective programme characteristics include appropriate sequencing, focus and explicitness of the activities (Durlak et al., 2011).

FIGURE 2.
Some psychosocial support interventions involve social and emotional learning
Mental health and psychosocial support interventions by level of mental health problem severity



Source: GEM Report team based on IASC (2007), INEE (2016) and Frisoli et al. (2019).

SAFE AND SUPPORTIVE SCHOOL ENVIRONMENTS PROMOTE WELL-BEING

Interventions to address trauma need to restore people's sense of safety, connection and power (Herman, 2015). Education settings can be key for mitigating and reversing the effects of trauma. Safe school environments, in which students feel cared for, supported, engaged and stimulated, not only help students cope with trauma but also facilitate

their learning. When they take diverse cultural norms or values and past experiences into account, these environments help create feelings of stability and predictability, and can encourage affected students to build positive relationships.

In Victoria, Australia, a number of school-led strategies in primary and secondary schools focused on building a **supportive school ethos** to develop feelings of safety, connection, respect and belonging among refugee students dealing with trauma. Refugee well-being committees and transition programmes helped

students adapt to new learning environments and connect to services that could provide psychological help. Committees addressed well-being and discipline issues in school through a refugee-inclusive process. They could also liaise with outside agencies and experts to make sure that schools were responsive to refugee needs. School surveys were used to monitor the well-being of all students and helped schools adjust their support to struggling students' social and emotional issues (Foundation House, 2016).

In the United Kingdom, the Schools of Sanctuary network encourages its members to take positive action to 'embed concepts of welcome, safety and inclusion' within the school and wider community. The programme provides schools with resources on refugee experiences, including trauma. Among its suggestions, it offers guidance on how to create a welcoming environment, for instance, through inviting refugees to speak in schools and supporting them in sharing their experiences, celebrating diversity through children's art, creating a welcome pack for new pupils and their families, employing refugee support teachers or teams and setting up home-school liaisons (City of Sanctuary, 2014).

In the 708 schools run by the United Nations Relief and Works Agency for Palestine Refugees in the Near East, an inclusive education approach is adopted for the provision of psychosocial support. Psychosocial well-being is considered a shared responsibility in the education system, from teachers and school counsellors to parents and caregivers. In times of emergencies, psychosocial support activities are scaled up, including through increased recreational activities, enhanced community engagement and the deployment of additional Counsellors (UNRWA, 2017).

Indeed, instilling **feelings of safety** is more challenging in emergency settings, where basic safety conditions may not be met. Instability can make both schools and routes to school insecure and vulnerable to attacks by armed groups and generalized violence. The trauma of violence in schools, whether due to the direct or indirect consequences of conflict, can have a negative impact not only on enrolment, quality and achievement but also on student mental health. Education interventions to promote school safety, therefore, should aim to improve school infrastructure and to protect schools and routes to school both from external threats (such as attacks or the effects

of natural disasters) and internal threats (such as school-based violence or bullying).

There are many examples of psychosocial support interventions focused on improving students' sense of safety. In Jordan, the Norwegian Refugee Council, a non-government organization, supported the rehabilitation and expansion of host community schools that accommodated large amounts of refugees, which had a positive effect on enrolment both of Jordanian and of Syrian students. Students attending the schools targeted reported that rehabilitation activities reduced their distance to school and improved their physical safety. Moreover, being in better ventilated, less crowded and brighter classrooms enhanced their ability to learn (Shah, 2018).

The non-government organization Save the Children has developed a model of schools as Zones of Peace, which uses a holistic community-based approach to ensure that children in displacement and conflict contexts are socially, emotionally and physically safe. In Nepal, related activities included the creation of a community-wide agreement, including from political groups, on how to ensure school safety. Child protection committees were established, while students, teachers and community members created school-wide codes of conduct. Reduced political interference in schools was reported, military forces were removed from schools, closed schools were re-opened and education environments were improved, which ensured children's safety and increased levels of social cohesion (Save the Children, 2011; UNICEF, 2010).

Schools that have been damaged by armed conflict often require rehabilitation to address damage ranging from bullet holes to completely levelled buildings. Internal sub-cluster-level reports from Mosul, Iraq, indicate that 60 schools were completely destroyed and more than 200 suffered damage affecting between 25% and 75% of the building, making them structurally unsound. The damage to school buildings, along with the exposure to improvised explosive devices, remnants of war and even grave sites in schools and playgrounds, can be surmised to have had a negative impact on children's well-being. Yet, many schools were re-opened and used because no other space was available (UNDP et al., 2018).

Where schools are not available, providing safe access to education via the establishment of **temporary learning spaces must be a priority**, so as to help

children begin to cope with the adversities they have faced before they can get to school. Case studies of Child Friendly Spaces, an initiative implemented by different intergovernmental and civil society organisations in the Democratic Republic of the Congo, Ethiopia, Iraq, Jordan, Lebanon and Uganda, revealed a positive correlation between children's attendance in these spaces and their well-being. The biggest improvements were documented in locations where a stronger focus was placed on implementing psychosocial support activities (as opposed to only providing literacy and numeracy classes) and among younger children (compared to older children, who had lower attendance rates). The greatest impact across locations was found in Uganda, most likely due to a higher level of fidelity in implementation (Metzler et al., 2015).

Guidance notes generated by UNICEF, the Global Education Cluster and national clusters focus on best practices in the construction of temporary learning spaces and the implementation of activities (South Sudan Education Cluster, 2016; UNICEF, 2013). They discuss the natural hazards and security threats that should be considered in construction and site selection and the locally available materials that should be used, as well as appropriate strategies for inclusion, child protection and well-being. However, no data are available about the impact of design aspects of temporary learning centres on student well-being.

SOCIAL AND EMOTIONAL LEARNING SHOULD FEATURE IN CURRICULAR AND EXTRA-CURRICULAR ACTIVITIES

Many children experiencing distressing migration and displacement journeys develop a toxic stress response that can lead to immediate and long-term negative consequences, such as poor physical and mental health, behaviour issues, unhealthy relationships and the inability to learn (Shonkoff et al., 2012). Traumatic experiences undermine the development of self-awareness, self-management, social awareness, relationship skills and responsible decision-making. A range of interventions, many of which feature components of a social and emotional learning approach, aim to address this. Five broad categories can be distinguished (Purgato et al., 2018).

First, **creative expression** programmes help develop social and emotional skills through art, music or drama. These programmes may include grief-focused art activities, child-centred play therapy and role playing, and may reduce post-traumatic stress disorder, anxiety and depression symptoms (Tyrrer and Fazel, 2014).

Two projects in Montreal, Canada, focused on immigrant and refugee adolescents. The first involved creative arts workshops with verbal and non-verbal expressions, offered in primary schools in 2-hour sessions once a week for 12 weeks and administered by an art therapist, a psychologist and a teacher. The programme aimed to develop students' confidence and help overcome behavioural problems such as aggressive behaviour. Following the programme, participants exhibited higher self-esteem and decreased mental health symptoms (Rousseau et al., 2005). The second project involved a 10-week series of drama workshops offered to new students, carried out as part of the regular programme in an upper secondary school with teachers' participation. The workshops aimed to create a safe space, stimulate students to exchange experiences from their family environments, and develop storylines and act them out. Some stories that spoke directly of trauma were not acted out, but were instead written up by students and shared with peers on paper. Evaluations showed that students appreciated the opportunity to express themselves, while teachers reported that the theatre activity strengthened ties between students, including among those who had previously felt lonely (Rousseau et al., 2007).

In Turkey, the Maya Vakfi Foundation, with the guidance of the Ministry of National Education, has been running the Trauma-Informed Schools project since 2016 in selected primary schools and temporary education centres hosting Syrian refugees. This social and emotional learning programme runs eight-week long art therapy workshops for children, aimed at providing children with the skills to help them deal with trauma and bullying as well as social and cultural adjustment. One example is an activity called 'Build your own super hero', in which children are encouraged to talk about their emotions and are told they have a superhero inside them. They are then asked to paint or decorate these superheroes and describe their powers or features. Groups are tailored to treat the specific symptoms exhibited by learners, but a one-day general session is also held for all the children in each school (Maya Vakfi, 2018; Watt, 2019).

The non-government organization War Child Holland developed a creative play intervention for war-affected internally displaced youth in northern Uganda, based on the premise that youth resilience is strengthened by verbal and non-verbal expression of thoughts and feelings through creative activities such as songs, art, role play, music, sports, games and debates. Each activity served specific psychosocial goals and was followed by discussions on the lessons learned from each intervention, building positive social skills through group activities. Evaluations did not show that the intervention reduced anxiety or depression symptoms. However, this may be because the play activity was originally designed for children and the evaluation sample consisted of adolescent population (Bolton et al., 2007).

Healing and Education Through the Arts, a project of Save the Children, uses the arts to help children aged 3 to 14 process and speak about feelings related to trauma and displacement. It guides children to develop critical skills through drawing, painting, signing, sculpting, theatre, dance and poetry, incorporating local traditions and resources. However, a rigorous study of the method for early childhood in Bosnia and Herzegovina found no effect on social and emotional development compared to a control group (Pisani et al., 2016).

Second, **executive function activities** target cognitive processes that coordinate and integrate thought, memory, emotions and motor movement. The Education in Emergencies, Evidence for Action initiative of the International Rescue Committee implemented low-intensity executive function games in out-of-school tutoring programmes for internally displaced and refugee children in different countries. They were facilitated by teachers during 10-minute breaks in between literacy and numeracy lessons. The games allowed students to practice focusing and active listening, using active memory and impulse control techniques. All games were framed by an introduction and a post-game talk so that students could reflect on the skills they used during the game and on how they could use them in real life (Jones et al., 2017). An evaluation of the programme in Niger (covering 22 weeks of classes) showed that students exposed to such low-cost social and emotional learning interventions improved their school grades more than those who received only literacy and numeracy classes. Participants' social and emotional behaviours and skills, such as participation, attention and impulse control,

were also judged more positively by the teachers (IRC and NYU Global Ties for Children, 2017).

Third, **mind-body activities**, such as meditation and breathing exercises, involve managing stress, improving focus and regulating emotions. The Better Learning Programme administered in Jordan and Palestine by the Norwegian Refugee Council is a complex set of interventions that includes mindfulness, aimed at establishing a sense of safety among students, promoting calming and self-regulation, increasing community and self-efficacy (how to find, give and receive support), and inculcating a sense of mastery and hope (Shah, 2017a).

Fourth, **social support-building activities**, such as excursions and sports programmes, share some common features with arts programmes and include community participation, contextualization and inclusive practices. There are no universal implementation frameworks and evidence of their effectiveness is not consistent. Still, anecdotal evidence suggests participation in sports programmes supports the well-being of children through improved peer and teacher-student relationship building. A youth football project implemented in Za'atari refugee camp, Jordan, engaged about 3,000 Syrian boys and girls, and trained coaches in ways to encourage children's development and raise awareness of social issues to promote well-being (Boateng, 2017).

Various similar activities take place in high income countries. In Australia, an after-school sport and recreation programme for refugees employed strategies to strengthen connections with families, friends, schools and local communities. It linked students to local clubs, offered transport to activities and worked to increase student confidence (Foundation House, 2016). In California, United States, the Refugee Girls Academy of the International Rescue Committee aims to develop skills in emotion regulation, perseverance, social interaction and conflict resolution through classroom and extracurricular experiences such as focused excursions (BRYCS, 2018).

Fifth, **cognitive behavioural therapy**, an approach implemented by specialized staff, aims to target current mental health problems and symptoms by focusing attention on feelings, thoughts and behaviours that are distorting or even catastrophic, for instance through verbal processing or self-soothing (Sullivan and Simonson, 2016). A school-based

intervention in Istanbul, Turkey, used cognitive behavioural therapy to address the mental health issues of war-traumatized Syrian refugee students, almost all of whom had experienced the death of someone close to them during the war. It was implemented by specially trained Arabic-speaking teachers. Eight weekly sessions lasting for 70–90 minutes with groups of 8–10 refugee students followed a specific sequence that included relaxation techniques; the identification and management of strong emotions; maladaptive thinking and depression signals; the use of drawing, trauma narrative and writing techniques to address grief; and planning for stress management in the future. Participants showed a significant decrease in anxiety and the proportion of those with clinical symptoms of post-traumatic stress disorder dropped from about 55% to 26% (Gormez et al., 2017).

In the United States, Cognitive Behavioral Intervention Trauma in Schools was a skills-based group intervention delivered in 10 weekly group sessions of 45 to 60 minutes targeted at treating post-traumatic stress disorder, anxiety and depression among unaccompanied refugee minors from El Salvador, Guatemala, Honduras and Mexico. Interventions were led by mental health practitioners and school personnel. They included child, parent and teacher education sessions and make use of cognitive behavioural therapy techniques, such as teaching about what could be real-life and stress/trauma exposure, possible reactions to trauma, and ways to address these through social problem-solving. The intervention reduced post-traumatic stress disorder symptoms. Lessons learned included the need for the interventions to be culturally responsive and adapted to specific needs; for example, they should take into account cases where caregivers may be absent, and they should avoid over-reliance on reading and drawing activities for children with learning difficulties (Franco, 2018).

More often than not, interventions use a mix of these approaches in parallel. A systematic review found that elements including, among others, insight building techniques, rapport building techniques, cognitive strategies and narrative exposure activities had been used in more than half of interventions in emergency settings (Brown et al., 2017). The Advancing Adolescents programme for displaced Syrian refugee and vulnerable Jordanian youth was an eight-week intervention in safe community spaces to mediate

exposure to extreme and prolonged stress (Mercy Corps, 2017). Participants chose between different activities, including arts and crafts, fitness and community service-learning activities, which integrated sessions on the impact of trauma on the brain, insight building, cognitive strategies, relationship building, networking support, talent building, communication skills, motivational enhancement, social cohesion and empathy. A randomized control trial showed reductions in insecurity and distress symptoms, especially for youth with four or more trauma exposures (Panter-Brick et al., 2018).

PARENTS AND COMMUNITY MEMBERS NEED TO BE INVOLVED

One common model of child development recognizes that family, school, community and society represent supporting layers of influence for children and that these social networks can strengthen children's psychosocial well-being and resilience (Bronfenbrenner, 1979; Fazel et al., 2011). A review of parenting interventions in humanitarian settings showed that those focusing on the well-being of caregivers and on reducing family violence could improve child well-being (Bhatt et al., 2017). Child resilience, too, must be reinforced with complementary programmes to support parents and communities (Fazel and Betancourt, 2018). Parental involvement can help ensure that social and emotional learning interventions are sustainable by continuing their application at home.

If parents are to be engaged in supporting child-focused interventions, a number of challenges need to be overcome. First, immigrant or refugee parents may lack sufficient education or knowledge of the host environment, including the host language, to help their children learn. They may be working multiple, low-paid jobs and be unable to afford to participate in their children's learning (Suárez-Orozco, 2018). Adopting more flexible approaches can help. A study of early childhood centres hosting refugee learners in Sweden found that teachers were often irritated by parents not bringing their children to activities on time and reported misunderstandings in communicating with them. One of the schools allowed parents to be late and set up the space in such a way that children who arrived late did not miss out on activities (Lunneblad, 2017).

The Better Learning Programme aims to strengthen collaboration between teachers, counsellors and

parents to support student well-being and help them to apply the principles and practices of the programme at home. An evaluation in 2017 showed that in Palestine, the programme had improved children's skills in self-calming and self-regulation, as well as in recognizing and managing fear' (Shah, 2017b). Field notes from a camp-based application of the programme in Jordan highlighted the importance of contextualizing activities to what is feasible during the school day, aligning with societal norms and further engaging parents to ensure their participation (Schultz et al., 2016).

Second, parents may have different views regarding education and child rearing than those in the host culture. The contrasting views can lead to culture shock and adverse responses such as depression, resignation and even child neglect. Interventions should adopt a culturally-sensitive lens and support positive parenting, for instance focus on encouraging parents to use non-physical forms of discipline (Fegert et al., 2018).

Third, immigrant or refugee parents might themselves suffer from trauma and post-traumatic stress disorder, which may influence the parenting behaviours to which their children are exposed (Bryant et al., 2018). In Chicago, United States, the Mexican American Problem Solving research programme was designed to address depression symptoms of Mexican immigrant women and primary school children. It was implemented within schools, during after-school programmes and in home visits by trained school nurses. The intervention involved providing health information and offering affective support in addressing family-relevant problem and decision control. Mothers worked with nurses to learn to better identify their mental health issues and the effects on their lives and parenting, and to adjust their behaviours accordingly. Children's classes identified the problems they were facing and discussed ways to address them. The programme improved school work, child mental health and family communication (Cowell et al., 2009).

TRAINED AND SUPPORTED TEACHERS CAN BUILD MIGRANT AND REFUGEE LEARNER RESILIENCE TO COPE WITH TRAUMA

Teachers can be important role models for migrant and refugee learners who might not be familiar with many adults in the host country. Their potential to improve learners' lives is even higher in the context of trauma, since support from a trusted adult can counterbalance the effects of prolonged stress (National Scientific Council on the Developing Child, 2005). This is especially important for unaccompanied migrant and refugee minors or those who do not have parental support.

Even though teachers cannot, and should not, function as therapists to diagnose and support students with trauma, they still need basic knowledge about trauma symptoms and ways of providing help to students, including referring those in need for specialized care. They can also help students through the example of their personal behaviour and the ways in which they organize classroom activity. However, these challenging tasks need to be balanced with teachers' own needs and capabilities. Teachers who are untrained and use discipline methods that humiliate, disconnect and disempower can harm students and reinforce the effects of trauma.

TEACHERS FACE CHALLENGES IN HOST COUNTRIES

Even in high income countries, teachers need a lot of support to fill the gaps in their training on trauma and support for migrant and refugee students. In Germany, the majority of teachers and day-care workers reported that they did not feel properly prepared to address the needs of refugee children (Fegert et al., 2018). In the Netherlands, 20% of teachers with more than 18 years of experience working in mainstream schools reported that they experienced a high degree of difficulty dealing with general-population students with trauma and that they lacked relevant knowledge and skills. The vast majority of these teachers (89%) encountered at least one student with trauma in their work (Alisic et al., 2012). A review of early childhood care and education facilities for refugee children in Europe and North America found that, although many programmes recognized the importance of

providing trauma-informed care, appropriate training and resources were 'almost universally lacking' (Park et al., 2018).

Moreover, social and emotional learning techniques have a component of differentiated instruction that can be adapted to the needs of individual students and may be novel for teachers used to employing more passive modes of teaching (Hall et al., 2004). This can be a high bar in many settings with migrant and refugee students who have experienced traumatic events. Even in high income contexts, utilizing such active teaching strategies requires additional training and potentially extra personnel resources (Suárez-Orozco et al., 2013).

Often, specialized teacher training on addressing trauma in migrant and refugee populations happens at the in-service level and locally, rather than in national contexts. For instance, the 'Supporting minds' guide in Ontario, Canada, raised awareness of the role that schools and teachers can play in supporting student mental health. The guide included a component specifically on supporting mental health for migrants and refugees, urging teachers to recognize that these populations might be particularly vulnerable to stress and trauma. It also emphasized the need for cultural understanding and for embedding support in students' culture and values (Government of Ontario, 2013).

School principals can help to build a supportive school environment. However, they too lack training on how to support students with trauma. In Europe, Sweden was the only one in a review of 10 education systems in which top-level education officials emphasized raising school principals' awareness of the social and emotional needs of migrant and refugee students (Commission/EACEA/Eurydice, 2019).

Teachers can also connect students to trained mental health specialists, but in order to do so, an adequate number of mental health specialists must be available, and coordination between medical and education personnel needs to be effective. However, in practice, such cooperation still has its limitations. In the Netherlands, teachers complained about the long wait for specialized help for traumatized asylum-seeking students, who had to wait even longer for care than did other students (Keulen, 2014).

Asylum seekers are a particularly vulnerable category, not only because of their displacement trajectories

but also due to the uncertainty, isolation and language problems they face while their applications are being examined. In Denmark, children aged 7 to 16 have been receiving education in asylum centre schools run by the Red Cross, which follow a 'reception class' programme with fewer hours and subjects than public schools. After up to two years, children's Danish reading and writing skills are assessed before they are allowed to attend public school. These children have benefited from Red Cross psychoeducational interventions, and teachers report to child welfare services any signs of emotional distress or learning difficulties that block children's development and progress. However, an evaluation showed that waiting times for assistance were too long and, overall, children were very seldom referred to be assessed by specialists (Jessen and Montgomery, 2010).

In Norway, a qualitative study of unaccompanied young refugees and the staff in their schools (teachers, school counsellors and heads of department) found teachers reported that they did not always know how best to deal with traumatized refugees in their classrooms. Some teachers said that they had to improvise and do more than with other students, for instance by finding practical coping strategies for students who often skipped school because they felt depressed in the morning. In other cases, teachers reported not knowing how to help their students and lacking sufficient knowledge about trauma. In addition, even the school psychologists did not have the training to understand the problems that refugees faced. In one of the schools analysed, this problem was remedied by a collaboration with the municipal Refugee Agency's Mental Health team. A trained nurse mentored teachers and worked with students, for example by giving easy-to-understand psychoeducational talks (Pastoor, 2015).

Even in contexts where school psychologists and social workers are connected to schools, trauma expertise can be lacking. In Austria, the Ministry of Education introduced Mobile Intercultural Teams in 2016 to support schools and teachers with diverse student populations. In their visits to schools, the teams are often accompanied by a psychologist qualified in trauma. About 80% of schools that used the teams reported that they wanted the programme to continue. In Sweden, the National Agency for Education in collaboration with Save the Children developed a course on trauma care for school health professionals, which was delivered in 35 schools in 2018 (Cerna et al., 2019).

TEACHER CHALLENGES ARE EXACERBATED IN EMERGENCY SETTINGS

In emergency settings, teachers are often not fully qualified and must work in challenging conditions: not only do they provide instruction and academic support to students, they also support students in transitioning to a new learning environment, learning a new language, building positive relationships with peers from different cultural backgrounds, and learning how to cope with stress and manage their emotions (Bartlett et al., 2015; Dryden-Peterson, 2015).

In the absence of support personnel or trained counsellors, teachers risk being overburdened. Many trauma symptoms can manifest as disruptive behaviour or the appearance of disinterest. Teachers working with refugee students in Bangladesh, Lebanon and Uganda reported that they seemed 'distant', 'absent-minded' and 'not mentally present' (Save the Children, 2018). Lack of understanding of the negative effects of trauma on student behaviour can lead to misattribution and encourage prejudice. For instance, teachers dealing with refugee students may perceive their behaviour as a sign of not being interested in studying and thus evaluate them negatively.

The Teachers in Crisis Contexts collaborative at the Inter-Agency Network for Education in Emergencies (INEE) promotes comprehensive professional development for teachers in displacement contexts, including ongoing in-service training, coaching and peer learning, which increases the likelihood that teachers have the knowledge and skills to handle the challenges they face. The model provides a series of comprehensive open-source materials that focus on the need for teachers to understand their role and their own well-being and to support the psychosocial and emotional protection, well-being and inclusion of displaced and crisis-affected children. The materials include mindfulness activities and impulse control and conflict resolution techniques, such as 'stop-think-act', in which teachers practice responding to conflict in calm and proactive ways (INEE TiCC Collaborative, 2019a, 2019b).

Plan International, a non-government organization, trains teachers in Bangladesh in social and emotional learning-oriented, child-centred approaches, including the use of teamwork, flash cards and board games in learning. The programme also includes peer learning mechanisms to help teachers adopt these approaches in their daily practice, as well as teacher observations,

which are partly focused on making sure that teachers follow a code of conduct that is displayed in every classroom (Plan International Bangladesh, personal communication).

Little Ripples is a programme developed by iACT, a non-government organization, which uses trauma-focused, play-based learning activities to foster social and emotional development. In the Burundian refugee camps of Nduta and Mtendeli in the United Republic of Tanzania, 40 refugee teachers were trained in the Little Ripples approach, and the activities were carried out among children aged 3 to 5 years. A five-month follow up showed that participating children reported feeling safe and happy and teachers were using positive discipline in their classrooms with fewer student conflicts (Plan International, 2018).

The Learning in a Healing Classroom programme of the International Rescue Committee in the Democratic Republic of the Congo included teacher professional development focused on creating student-centred, safe, predictable and emotionally supportive learning environments with structured pedagogical content. It aimed to enhance teacher motivation using weekly collaborative school-based grade-level meetings, giving teachers the opportunity to exchange information and implement new strategies. Evaluation of the programme after one year showed that teachers were more motivated and felt a greater sense of accomplishment. The effects were particularly strong among less experienced teachers. Students in participating schools felt more welcome, more respected, safer and more supported by their teachers, while their classrooms were more intellectually engaging and stimulating. The programme had an impact on student learning but not on their subjective well-being (Torrente et al., 2015). This suggested that teacher training needed a stronger psychosocial support component (NYU Global Ties for Children, 2016).

Teachers in emergencies are exposed to higher rates of trauma, whether directly or through their interactions with students. The emotional pressure of working in a traumatic setting and with traumatized individuals can have severe negative impacts on teachers' mental health, which not only leads to personal and professional costs but may also limit their effectiveness in assisting trauma survivors. Professional training needs to include the development of finely tuned self-care and coping abilities, so that

teachers can better recognize and ameliorate the stressful impact of responding to others' trauma (Courtois and Gold, 2009).

CONCLUSION AND RECOMMENDATIONS

Schools can be important settings to foster the well-being of all students, and particularly that of migrant and refugee students who may have had traumatic experiences before leaving their homes, during the journey or while settling in a new community or country. Schools connect these children with the host culture and, in principle, can help reduce students' exposure to daily stressors and mediate the psychological impact of traumatic events. In that sense, they can be highly complementary to health services, which are usually assumed to have the primary responsibility for addressing trauma.

However, schools can play an even more important role than as locations for psychosocial support. Social and emotional learning interventions have the potential to be effective in developing skills related to self-awareness, self-management, social awareness, relationship development, and responsible decision-making, which can be particularly undermined by the difficult experience of migration or displacement. A variety of approaches are available, including creative expression, executive function-focused activities and cognitive behavioural therapy, to provide psychosocial support.

Having said that, only a limited evidence base exists on the impact that psychosocial support interventions with a social and emotional learning focus have on building resilience to address trauma and improving the well-being of migrant and refugee children. Sometimes, this is due to the lack of common frameworks, methodologies and measurement tools, which hampers evaluations and comparisons across programmes (Jones et al., 2019).

More often it is simply the result of insufficient investment. The RefugeesWellSchool research project, a European Union-funded project to be carried out in Belgium, Denmark, Finland, Norway, Sweden and the United Kingdom, will evaluate five preventive

school-based interventions: school-mediation intervention, classroom drama therapy, social support groups in refugee classes, support networks at school level and teacher training. Outcomes of interest will be mental health, resilience, school leaving, academic achievement and social support (Norwegian Centre for Violence and Traumatic Stress Studies, 2018).

This project also serves as a reminder that the little rigorous evidence that does exist tends to be limited to refugees, asylum seekers and immigrants in high income countries. Very few comprehensive studies of a similar nature have been conducted in emergency, conflict and displacement settings (Right to Play, 2018). The INEE measurement reference group is currently testing out different outcome measures for a variety of age groups across different contexts. This kind of coordination is necessary to find effective ways to measure and collect data on the fidelity of implementation and share rigorous findings and tools for the global education in emergencies community.

With these limitations in mind, the evidence that is available suggests several important insights.

On the school as a location for psychosocial support services:

- *Whether in high income countries or emergency settings, learning environments must be safe, nurturing and responsive. They must not only be physically safe but also promote a positive whole-school climate that is inclusive of learners' histories and backgrounds.*
- *Teachers working with migrant and refugee students who have suffered trauma face particular hardships and need training to address the challenges in the classroom. Many of the negative effects of trauma can cause sufferers to be disruptive in classrooms or appear disinterested to teachers who lack the training to recognize these symptoms. Teachers should be trained in the type of whole-school approach that is required for social and emotional learning interventions to be effective. Moreover, teachers' own well-being should not be neglected: teachers need training and support to recognize and deal with their own stresses.*

- *Psychosocial interventions require cooperation between education, health and social protection services.* Education personnel cannot substitute for trained mental health staff, but teachers and support staff can be important facilitators if appropriately trained to refer learners to specialists. Mental health professionals need to be part of education planning for psychosocial support, especially in schools with high migrant and refugee populations.

On social and emotional learning as a component of psychosocial support:

- *Social and emotional learning interventions need to be culturally sensitive and adapted to context.* There is a risk that current interventions, whether in formal or non-formal education settings, rely too heavily on foreign cultural norms that do not translate well unless adapted to local contexts and perceptions of mental health and well-being needs.

- *Social and emotional learning activities and other psychosocial interventions can be delivered through extracurricular activities that address the needs of migrant and refugee students who have experienced traumatic events.* Contextualized and inclusive interventions involving arts, games or meditation should be made part of classroom routine. Achieving this – and ensuring effective implementation – will require considerable changes in teaching practice.
- *Community and parental involvement are necessary elements of child well-being.* Child development takes place under the influence of families, schools and communities. Interventions should consider parents, caregivers and community members as partners in psychosocial support efforts and take their values – and also their own traumas – into account.

References for this paper can be found online at the following link:

<https://en.unesco.org/gem-report/sites/gem-report/files/TraumaReferences.pdf>

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