



Healing Classrooms, Healing Families, Healing Communities

SOCIAL AND EMOTIONAL LEARNING AT THE IRC

IRC's vision is for a world in which children and youth are protected, resilient and able to develop to their fullest potential.

To achieve this, IRC's programs ensure that children and youth:

- Have access to a quality education;
- Are safe from violence, abuse, neglect and exploitation;
- Are able to set positive goals and achieve sustainable and safe livelihoods as adults;
- Are healthy.

The IRC has been working with conflict and crisis-affected populations for over 75 years. IRC's experience and research have shown us that children and youth are disproportionately and uniquely affected by war, and that their resilience and overall well-being are essential to achieving peace, stability and longer term development in their communities and countries. Specifically, studies have shown that programs focused on strengthening children's social and emotional skills, inter-personal skills, and self-esteem have helped to prevent aggressive and conflict-inducing behavior at later agesⁱ and are critical to healthy and positive child and youth development.ⁱⁱ As such, the IRC's programs have focused on ensuring that children and youth who have experienced conflict and crisis are able to "heal" and have the skills to remain resilient and develop. This means equipping them with age-appropriate social and emotional skills as well as academic, vocational and business skills.

The IRC defines **social and emotional learning (SEL)** as a process by which children and youth acquire specific skills which will improve both their well-being and their academic or vocational performance. Based on IRC's experience and external research in this field, IRC emphasizes the interconnectedness of psychological, emotional and social well-being and academic and vocational performance.ⁱⁱⁱ Our conceptualization of SEL, therefore, intends to emphasize the integrated nature of these concepts, and our SEL programs focus on contextually-driven outcomes that tend to fall within both well-being and academic or vocational categories.

Outcomes we want to see for children and youth

Although well-being and academic or vocational performance outcomes vary depending on context, the following are examples of how these outcomes have been defined in particular contexts where the IRC works:

- **Well-being:** psychological, emotional and social outcomes such as reduced symptoms of anxiety and depression, reduced aggression and disorderly conduct, increased pro-social behaviors, increased cooperative behaviors, improved memory, improved impulse control, improved attention span and problem-solving abilities.

- **Academic or vocational performance:** early literacy and numeracy, including letter name and sound knowledge, phonemic knowledge, known word reading, reading fluency at appropriate standards, reading and listening comprehension, number name and values, ordering and comparing. Vocational performance outcomes will depend on specific jobs, but may also include more general business skills such as maintaining and balancing budgets, assessing profit margins, developing marketing strategies.

Skills we want children and youth to develop

IRC has identified particular skills our programs seek to build in order to achieve these outcomes. These skills are categorized into the following domains:

- Sense of belonging
- Sense of control
- Sense of efficacy and self worth
- Positive relationships with peers
- Personal attachment to and positive relationships with adults

Our approach to achieving desired skills and outcomes for children and youth

The IRC also emphasizes a range of **processes** through which children and youth may acquire these skills. These processes reflect the multiple layers of a young person's ecology depicted in the diagram below, and the themes "healing families," "healing communities," and "healing classrooms" are used to conceptualize the programming areas that correspond to these layers (the classroom and teachers, families and communities). Recognizing again the interdependence of these actors and institutions, our programs tend to focus on multiple layers of a child's ecology at once.^{iv} For example, the Opportunities for Equitable Access to Quality Basic Education Project (OPEQ) project in DRC works with teachers and parent-associations as well as national, provincial and local levels of the Ministry of Education (see below and attached documents for more details about OPEQ).



Child and Youth Protection and Development
Protective and Developmental Environment

The Healing Classrooms Initiative

The Healing Classrooms Initiative was born out of an internal evaluation of IRC's education programs carried out in 2001. Parents, teachers, children and education officials participating in the evaluation highlighted the value of the IRC's focus on children's psychosocial wellbeing in its education programs. Specifically, they emphasized the essential role played by teachers in conflict and post-conflict settings in making and maintaining "healing" learning spaces in which all children can recover, grow and develop. From its inception, Healing Classrooms has aimed not only to improve IRC's education programs, but also to influence policy-making and thus resource allocations for education in crisis contexts.

The first phase of the Healing Classrooms Initiative involved in-depth, qualitative research on teacher practices and children's conceptions of wellbeing, followed by field testing teacher development models in Afghanistan, Guinea, Ethiopia and Sierra Leone. The research revealed the five domains of student wellbeing – sense of control, sense of belonging, self worth, positive relationships with peers and positive relationships with adults – described above. It also identified teacher identity, motivation and well-being and gender dynamics in classrooms as key factors influencing student well-being.

The identification of these areas of focus created the framework for the first Healing Classrooms training manual. The guiding pedagogy for the training was balancing theory with practice. The Healing Classrooms *Guide for Teachers and Teacher Trainers*, *Tools for Teachers and Teacher Trainers*, and comprehensive e-course can be found at <http://www.healingclassrooms.org/>.

Since 2002, Healing Classrooms has been adapted and implemented in 22 conflict and post-conflict countries around the world. Case studies and process evaluations of the programs have informed the most recent phase of the initiative and example projects described below. IRC's next steps with the Healing Classrooms initiative includes the development of an interactive teacher training package, integrating recent research from the SEL and related fields, and the piloting, rigorous evaluation and scale-up of the Healing Classrooms model in specific contexts.

Healing Classrooms Video Project and Multimedia Training Package

Within the field of SEL, many video packages and materials are available for teacher training in US and European contexts; and while many of the SEL themes are relevant, the classrooms, teachers and students depicted in them are very different from those in many conflict and post-conflict settings. Furthermore, teachers and education personnel in IRC's programs have indicated the critical need for interactive materials that will allow teachers to "see" Healing Classrooms in action. As with the IRC's Clinical Care for Sexual Assault Survivors model, the IRC recognized that the unique concepts underlying the Healing Classrooms material are best learned through multiple methods of real-life modeling and practice, rather than in a workshop-type training environment. More information and an excerpt from IRC's Clinical Care for Sexual Assault Survivors multi-media training tool can be found at <http://clinicalcare.rhrc.org/>

The Healing Classrooms multimedia training package includes the use of video to show teachers in IRC country programs demonstrating concrete teaching practices that the literature indicates are shown to promote student well-being. Scenarios and classroom images have been captured from locations that better resemble the realities for teachers in IRC's education programs. The Healing Classrooms training package will provide teachers and trainers in the field with an introductory level package of printed and video material sufficient to facilitate a complete teacher training program.

Safe Learning Environments

Building on its work promoting well-being in the classroom, IRC and UNHCR have initiated a new but related effort called the Safe Learning Environments initiative (SLE). In doing so, IRC and UNHCR help

the international humanitarian community create, foster and sustain safe learning spaces in crisis and post-crisis contexts. The overall goal of SLE is to create and maintain safe, protective, peaceable learning environments. SLE is a relatively new initiative, but it is built on both agencies' cumulative years of experience working with crisis-affected populations. The primary audience for SLE includes international, intergovernmental and local NGO staff responsible for education, child protection or youth and livelihood programs. Designed for conflict and conflict-affected settings, the SLE model is used to conduct trainings and workshops that enable participants to reflect on threats to safety in the formal and non-formal learning environments, that they seek to create, support or foster. Participants are then trained in how to develop action plans that address and mitigate these threats and create safe learning environments.

In 2010, IRC and UNHCR built on the model's foundation to develop an interactive e-course for individual self-study by field staff. The process of developing the e-course involved feedback and testing of the model with more than 115 key stakeholders in the field of education, child protection and youth and livelihood programs. The e-course follows the project cycle as it leads learners through activities in which they analyze types of violence and root causes, develop prevention and response strategies, and create monitoring plans to ensure learning environments are safe, secure and protective.

Opportunities for Equitable Access to Quality Basic Education Project in DRC

Consultative workshop on SEL

In October 2010, IRC brought together academics and practitioners considered experts in SEL from a range of organizations, research institutions and universities including New York University, Harvard University, the American Institutes for Research (AIR), RTI International and the Morningside Center for Teaching Social Responsibility for a consultative workshop. The objectives were to develop a template for teaching SEL skills within the context of teaching reading and math, in order to inform the model being used in a new IRC education program in the Democratic Republic of Congo (see below) and to ensure that IRC's approach to this project was based on solid evidence from the SEL field. The result was the development of a matrix, which outlined what IRC's Healing Classrooms well-being targets looked like and what teaching practices could promote these goals.

Opportunities for Equitable Access to Quality Basic Education in DRC (OPEQ)

OPEQ is IRC's largest SEL-focused education project. Funded by USAID, OPEQ's budget is over \$22 million and the project targets nearly 500,000 children and youth in Eastern Congo over 5 years. Funded OPEQ aims to ensure that the structures and resources are in place in target communities in the DRC to facilitate students' learning of math and reading skills together with important social and emotional skills. IRC is providing a comprehensive teacher support and training package that will guide teachers on how to integrate the teaching of social and emotional skills into their reading and math classes, and how to ensure that this approach results in changes in students' social and emotional skills. Materials include simple activities that are immediately applicable in teachers' classrooms, enabling them to be more attentive to their students' well-being, form closer relationships with students and use positive classroom management techniques. In turn, students are building key social and emotional skills, including recognizing and managing emotions (self-awareness and self-management), developing caring and concern for others (social awareness), establishing positive relationships (relationship skills), making responsible decisions, and handling challenging situations constructively and ethically (responsible decision-making). IRC will also develop standards and conduct assessments that will focus on measuring the skills teachers need to ensure both student well-being and learning as well as measure changes in student learning and social and emotional skills.

IRC has partnered with Dr. Larry Aber from New York University to design and carry out a randomized control trial impact evaluation of OPEQ. For more information on this evaluation and the project design,

please see the attached documents entitled “OPEQ Evaluation Framework” and “OPEQ Theory of Change.”

Healing Families and Communities Initiative

In addition to the IRC’s focus on school-based Healing Classrooms models, the IRC has recently launched family and community-based initiatives to promote SEL. Known as the “Healing Families and Healing Communities” this initiative builds off of the learning from IRC’s school-based work as well as the extensive research showing the essential role of families and communities in promoting the wellbeing of children and youth. IRC’s approach to Healing Families and Healing Communities is illustrated by the two projects in Burundi and Thailand highlighted below, and described in more detail in the attached document: “An Innovative Approach To Child Protection: Family-Strengthening Interventions In Humanitarian Contexts.”

IMPACT Thailand

The project “Improving Mechanisms for Partnership and Action for Children in Thailand” (IMPACT), is a three-year child protection project being implemented in Tak, a province on the Thai-Burmese border that is home to an estimated 250,000 displaced or migrant Burmese. The project, which includes a family-based intervention for 400 families, responds to findings from qualitative research that revealed that Burmese migrant children face a number of protection risks due to inter-related stressors on families that combine to intensify family conflict, erode the quality of parent-child relationships and reduce families’ capacity to provide adequate care and protection for their children. IMPACT’s family intervention model aims to improve child well-being and is based on the Strengthening Families Program (SFP), a behavioral parenting training program that emphasizes behavioral change through the acquisition of concrete parenting skills such as setting behavioral goals, rewarding good behavior, and managing problem behaviors.⁹ The project model includes a dual parent and child track where parents and children participate in separate skills training groups for the first hour of the session, then spend the second hour together to practice their recently-acquired skills. Building in structured activities for families to spend time together is crucial for re-establishing traditional family bonds that have been eroded by the stressors of economic insecurity and displacement.

New Generation: Burundi

Like the IMPACT project in Thailand, the IRC’s “Urwaruka Rushasha” (meaning “New Generation” in Kirundi) project in Burundi is an evidence-based and evidence-generating, three year family-based intervention. The project model includes both family and household economic strengthening interventions, which together aim to improve parenting practices and family functioning, increase families’ economic assets and ultimately improve children’s’ development and well-being, including their health, access to education and psychosocial well-being. Through the implementation of 80 Village Savings and Loans Associations (VSLA), representing approximately 1600 families, the project supports caregivers’ economic capacity to respond to children’s needs, fulfill their rights, and protect them from violence, abuse, and exploitation. The VSLAs are combined with “Healing Families and Communities” discussion groups, resulting in what is known as the “VSLA plus” model. The “Healing Families and Communities” discussion groups include ten modules to help raise awareness about issues including child protection and participation within the family and community, health, education, family budgeting and positive discipline



ⁱ Aber, J.L., Brown, J.L., and Jones, S. (2003). Developmental trajectories toward violence in middle childhood: Course, demographic differences, and response to school-based intervention. *Developmental Psychology*, 39(2), 324-348.

ⁱⁱ See, for example, Brown, J.L., Jones, S., LaRusso, M., and Aber, J.L. (2010). Improving classroom quality: Teacher influences and experimental Impacts of the 4Rs Program. *Journal of Educational Psychology*, 102(1), 153-167 and Jones, S., Brown, J.L., and Aber, L. (2008). Classroom settings as targets of intervention and research. In M. Shinn & H. Yoshikawa (Eds.), *Towards positive youth development: Transforming schools and community programs* (pp. 58-77). New York, N.Y.: Oxford University Press.

ⁱⁱⁱ See, for example, Durlak, J., Weissberg, R., Dymnicki, A., Taylor, R., and Schellinger, K. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432, and Entwisle, D., and Hayduk, L.A. (1998). Lasting effects of elementary school. *Sociology of Education*, 61, 147-159; and 1988 and Miles, S.B. and Stipek, D. (2006). Contemporaneous and longitudinal associations between social behavior and literacy achievement in a sample of low-income elementary school children. *Child Development*, 77(1), 103-177.

^{iv} Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

^v Kumpfer, K. L., Pinyuchon, M., de Melo, A., & Whiteside, H. (2008). Cultural adaptation process for international dissemination of the Strengthening Families Program (SFP). *Evaluation and Health Professions*. 33 (2), 226-239.