



# Key Issues for the effective integration of the MHPSS approach into education

Due date – M9

Submission date May 30, 2022

Document identifier: D1.2

Version: 2

Author: UAB

Dissemination status: Public





## D1.2. Key Issues for the effective integration of the MHPSS approach into education

<b>Grant Agreement n°:</b>	101004717
<b>Project acronym:</b>	REFUGE-ED
<b>Project title:</b>	Effective Practices in Education, Mental Health and Psychosocial Support for the integration of Refugee Children
<b>Funding Scheme:</b>	H2020-MIGRATION-05-2018-2020: Mapping and overcoming integration challenges for migrant children
<b>Project Duration:</b>	2021/01/01 – 2023/12/31 (36 months)
<b>Coordinator:</b>	UNIVERSITAT AUTÒNOMA DE BARCELONA (UAB)
<b>Associated Beneficiaries:</b>	UNIVERSITA DEGLI STUDI DI FIRENZE (UNIFI) NEW BULGARIAN UNIVERSITY (NBU) KENTRO MERIMNAS OIKOGENEIAS KAI PAIDIOU (KMOP) THE PROVOST, FELLOWS, FOUNDATION SCHOLARS & THE OTHER MEMBERS OF BOARD OF THE COLLEGE OF THE HOLY & UNDIVIDED TRINITY OF QUEEN ELIZABETH NEAR DUBLIN (TCD) MHPSS COLLABORATIVE (STCD) DANSK RODE KORS (DANISH RED CROSS) (PSC) SUPPORT GROUP NETWORK (SGN) ASSOCIAZIONE CULTURALE COOPERAZIONE INTERNAZIONALE SID SUD (CISS)



# Project no. 101004717

## REFUGE-ED

Effective Practices in Education, Mental Health and Psychosocial Support for the integration of Refugee Children

MIGRATION-05-2018-2020: Mapping and overcoming integration challenges for migrant children

Start date of project: 01/01/2021 Duration: 36 months

History Chart				
Issue	Date	Changed page(s)	Cause of change	Implemented by
0.10	28/07/2021	-	Draft	UNIFI/UAB
1.0	30/08/2021	ALL	Version 1.0	UNIFI
2.0	30/05/2022	3	EC Disclaimer	UAB

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## Table of Contents

<b>1. Acronyms and abbreviations .....</b>	<b>5</b>
<b>2. Executive Summary.....</b>	<b>6</b>
<b>3. Tackling education and MHPSS at once.....</b>	<b>7</b>
<b>4. Key Issues for the effective integration of the MHPSS approach into education .....</b>	<b>11</b>
<b>5. References List.....</b>	<b>14</b>
<b>6. Appendix A. Methodology .....</b>	<b>32</b>
<b>7. Appendix B. REFUGE-ED Policy Brief #1 .....</b>	<b>33</b>



# 1.Acronyms and abbreviations

MHPSS	Mental Health and Psychosocial Support
SPICE	Supportive Process for the Inclusion of Children's Experience
DLG	Dialogic Literary Gatherings
IG	Interactive Groups



## 2.Executive Summary

The dynamic integration of refugee and migrant children can be much more improved through the implementation of effective practices in education that consider appropriately the MHPSS approach. A consensus is identified among major international bodies, both governmental and non-governmental, on the need to tackle both dimensions education success and MHPSS at the same time. Research also provides consistent evidence on the need to consider well-being and mental health as intrinsic part of the educational experiences of children and youth in general, and more specifically for refugee and migrant children. When the shared aim is to pursue and effective dynamic integration of refugee and migrant children, both dimensions should be considered, as failing to do so will represent serious hindrances for these constituencies' future opportunities.

This report outlines key issues for the effective integration of the MHPSS approach into education. It draws from the results of the WP1 literature and policy review and mapping of different best-practice, tools and solutions in the fields of MHPSS and education (in formal, non- formal and informal learning environments) for the integration of migrant children in Europe, conducted under Tasks 1.1., 1.2. and 1.3 of the REFUGE-ED's project. Hereby general guidelines for the adoption of MHPSS approach in education for children with a migratory and refugee background are presented. The guidelines are meant to inform interventions in order to help the dynamic inclusion of migrant children, by doing a more comprehensive representation of refugee and migrant students, their surrounding communities and professionals and promote collaboration for a better consideration of mental health and psychosocial support.



### 3. Tackling education and MHPSS at once

Refugee children are more vulnerable than the average child, as they have a higher risk of suffering from learning problems and academic achievement difficulties due to experiences with displacement and trauma exposure (Graham et al., 2016). Early exposure to a deprived environment may be a risk factor for negative long-term cognitive and mental health outcomes (Merz et al., 2016). This perspective highlights the effect of multiple factors—both risk and protective—on the learning processes of child refugees.

The importance of focusing on well proven protective factors is thus crucial. Education can protect and improve learning and mental health of refugee children, if appropriately implemented. Inclusive and learner-centred approaches of education, which considers achievement of the children’s full potential an important goal of education. In turn, this concept of inclusive education relates to the common European values and the overall educational strategies promoted in the last decades. Existing evidence demonstrates that attending school, building relationships with teachers, and being provided with affirmation from teachers had significant effects on educational outcomes (UNHRC, 2016b). The recent growth in the number of asylum seekers and refugees worldwide highlights the importance of increasing awareness of the effects of these factors on learning opportunities, academic success, and the psychosocial wellbeing of child refugee (UNHRC, 2016b).. This information could assist health professionals, educators, and policy makers develop guidelines and standards for refugee-friendly care within existing health and educational programs to improve health and educational services for these children.

The Inter-Agency Standing Committee Guidelines on MHPSS in Emergencies points out that “in emergencies, education is a key psychosocial intervention: it provides a safe and stable environment for learners and restores a sense of normalcy, dignity, and hope by offering structured, appropriate, and supportive activities” (UNICEF, 2021, p. 53) for individuals, families, and communities. Along similar lines, “increasing evidence demonstrates the importance of education and attendance in school (both formal and non-formal) in humanitarian settings” (Mattingly, 2017). Schools provide the stability, structure, and routine that children need when coping with loss, fear, stress, and violence, which can improve mental health and resilience and can help recovery for most children and youth affected by conflict or disaster (Miller & Jordans, 2016; Burde et al., 2015). For these reasons, schools have been identified as potentially protective locations for MHPSS interventions in humanitarian settings (Kamali et al., 2020; Kohrt et al., 2018)’ (UNICEF, 2021, p. 54).

The urgent need for an appropriate integration of the MHPSS approach into education is also recognized for all students. In this sense, the European Commission, in its adoption of the Council Recommendation on Key Competences



for Lifelong Learning (The Council of the European Union, 2018),<sup>1</sup> emphasizes the importance of the “Personal, social and learning to learn competence” which includes the consideration of physical and emotional well-being, to maintain physical and mental health as skills to be acquired. This is consistent with the consensus among Member States on the importance that educational systems guarantee a broad set of competences for the children’s success addressing the current and future challenges and realities. These go beyond academic knowledge and are related to social and educational skills. (Cefai, Downes, Cavioni, 2021) and combined they represent a holistic set of skills which are essential for full development in school and later life (OECD, 2021).

The conception of the linkage between academic and social emotional learning leans on the premise that learning is a relational and emotional process and is supported by neuroscience research and by empirical evidence (National Academies of Sciences, Engineering, and Medicine, 2018). The gaining importance of interactions as crucial aspects for learning effectively poses in the centre the acquisition of pro-social behaviours as well as social and emotional well-being. In the measure that these are acquired better academic results are also obtained (Khalfaoui, García-Carrión, Villardón-Gallego, & Duque, 2020).

Therefore, **learning outcomes and wellbeing are not at odds but should be pursued together, and they are both necessary for all children:** ‘all children have the right to learn in safety, and without fear in order to grow and reach their full potential, and the education system has a critical role to play in providing nurturing and healing learning environments for children in crisis’. Awartani and Looney (2015) identified six key trends that explain the relationship between learning and wellbeing: 1) Children’s agency and participation, with a particular focus on the UN Convention on the Rights of the Child (UNCRC).; 2) Systems-based approaches, which explore the interaction of the child with the people in his or her life and the different contexts in which children live and learn; 3) Process-orientation examples, such as UNESCO’s 1996 Delors Commission report, which emphasizes a holistic approach to lifelong and life-wide learning; 4) The “capabilities approach” for children, including skill development for critical thinking and reasoning, as well as the capacity to listen to and empathize with others; 5) Strengths-based approaches that emphasize the importance of promoting well-being and not just preventing ill-being; and 6) Pluralistic approaches which recognize the diversity of learners’ social identities as well as diverse ways of learning important to wellbeing and educational attainment (pp. 13-14).

### ***Relevant findings on the need for a better integration of MHPSS approach into education***

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<sup>1</sup> Council Recommendation of 22 May 2018 on key competences for lifelong learning Text with EEA relevance. (europa.eu)



Awareness of the importance of applying the MHPSS approach in education for refugee and migrant children integration has increased over the past decade (Sarkadi & al., 2017). A series of pilot projects tested intervention strategies and collected data and evidence to support the effectiveness of this type of approach (Rousseau & al. 2007). The challenge of integrating political refugees and migrant children into European societies through education can take advantage of the tools and strategies developed within the MHPSS.

Diversity among child refugees regarding their academic performance, mainly due to the educational and pre-migration experiences and found that early challenges are often resolved with time spent in the host country. This latter finding is noteworthy given the number of risks these children face, including interrupted schooling, lack of early childhood education, premigration- and migration-related trauma exposure, starting school in an additional language, parental challenges with communication and school involvement, and diverse cultural and economic backgrounds (Aghajafari et al., 2020).

Refugee children have then a variety of learning, social and emotional need that have to be specifically considered so that integration can occur. In OECD research of the integration models and practices in different countries, the needs are: Need to learn host country language, need to overcome interrupted schooling or limited education, need to adjust to a new education system, need to communicate with others, need to develop a strong person identity, need to feel safe, need to cope with separation, loss, and trauma (Cerna, 2019).

Existing research shows that the schools which were able to respond to all these different psychosocial and emotional needs, were the ones with a holistic view of education, with mechanisms such as life skills programmes, welfare and pastoral support, admission support, extensive induction processes and provision of lunchtime, and after-school activities (Arnot and Pinson, 2005; Pugh, Every and Hattam, 2012; as cited in Cerna, 2019). Among the additional barriers faced by our target groups, research points out the prevalence of discrimination as an important one. Particularly, research conducted starting from 2000 on how migrant children and the children of immigrant parents experience discrimination, and what the psychological and educational consequences are, confirmed that discrimination is a major factor on academic success (Brown, 2015). Evidence suggests that race and discrimination is a factor for academic outcomes of refugee youth. In this sense, Wilkinson (2002) conducted a study looking at factors that influence academic success. The study was based on qualitative data gathered through structured interviews with 91 refugee youth aged 15 to 2 settled in Canada. In the analysis, *SUCCESS* was defined as being 'on-track' for completion of high school and being educationally prepared to enter post-secondary education. The study found that ethnicity had the strongest influence on educational status, more so than the time spent in the host country, the gender, the English language abilities on arrival, school enjoyment, age, and mental health. Besides this, the study also found that refugees coming from the former Yugoslavia were more likely to be 'on-track' in



their education because these students were close to mainstream 'white' or Canadian culture, thus making integration easier. Conversely, refugees from different ethnic and cultural backgrounds with less similarity to 'white' or Canadian culture faced more difficulties with integration resulting in poor academic achievement. Although this study did not measure the direct impact of discrimination and racism on a refugee's academic achievement, its findings suggest that institutional racism, systematic discrimination, and implicit forms of racism and discrimination negatively impact on refugee academic achievement (Wilkinson, 2002). Research has also indicated ways to overcome and reverse the negative effects of discrimination in the field of education, however, a comprehensive approach with the appropriate MHPSS approach is much needed. For instance, Walker and Zuberi (2020) identified some factors which can impact and improve refugee academic achievement.: Supporting English (or French in Quebec) language acquisition, teacher preparedness, and mental health help were all factors which were noted to enhance a proper approach of the unique needs of refugee students in school. Therefore, focusing resources on these three objectives, can potentially improve the academic success of refugee youth. As for mental health, evidence has shown that child refugees are at high risk for mental health and psychosocial problems due to compounded trauma experienced during their journey, including the closing of borders, worsening of living conditions, xenophobia, and social marginalization (ISSOP, 2017; Vaage, 2014). Other factors that affect children's mental health are their parents' psychological health, poor housing, frequent changes in where they live, lack of toys, limited access to school, and lack of interaction with peers (ISSOP, 2017; Vaage, 2014). A recent overview of the prevalence of mental health disorders in refugee populations showed an average frequency of 18% for depression and 36% for posttraumatic stress disorder (PTSD) in child and adolescent refugees (Turrini et al., 2017).

These mental health issues have been associated with increased risks of violence, delinquency, addiction, suicide, and radicalization. As an additional burden, all this contributes to the double marginalization of child and youth refugees both in their society of origin and their host society (Ratkowska & Leo, 2013). Sourander (1998) demonstrated that behavioural problems were significantly more severe in younger refugee children (i.e., 6–14 years of age) compared to older children (i.e., 15–17 years of age). Young age was a risk factor for psychosocial problems in multiple studies (Eruyar et al., 2018; Lau et al., 2018; Son, 1995; Wiegersma et al., 2011).

In contrast, social inclusion, a supportive family environment, good mental health of caregivers, and positive school experiences have been found to enhance resilience in child refugees (Betancourt & Khan, 2008; Fazel et al., 2012). In this sense, a longer period of time spent in the host country (Thai, 1982), support for family (Annan et al., 2017; Chiu et al., 1989; Driver & Beltran, 1998; Son, 1995), integration of the child refugees' culture into their new life (Birman & Tran, 2017; Sekhon, 2008), building relationships with teachers (Birman & Tran, 2017; O'Shea et al., 2000), a culturally homogeneous learning environment (Nykiel-Herbert, 2010), and working



collaboratively with teachers (O’Shea et al., 2000) have all been shown to act as shield and have a protective effect on the wellbeing of child refugees. What evidence reveals is that school and the learning environment within the educational space is one of the most potentially effective and efficient ways to provide access to mental health services and support to refugee children and youth. Existing research have observed that although refugees underutilize community-based mental health services, they highly value education (MacNevin, 2012; Miller & Rasco, 2004; Stewart, 2011). Yet, while school-based counsellors are typically trained to help students with stress, family conflict, and trauma, they are generally not trained to deal with complex trauma resulting from armed conflict and forced migration (Stewart, 2014). This is a gap which needs to be urgently tackled. In this sense, incorporating social and emotional education (SEE) into the school curriculum is one of the most effective approaches to support the psychological wellbeing of children and young people and to foster their strengths and resilience (Cefai et al., 2018; Durlak et al., 2011; Weare and Nind, 2011, as cited in Cefai, Downes and Cavioni, 2021).

These findings reinforce the **importance of (i) creating policies and practices that support the stable settlement of these children and their families, (ii) providing access to positive school environments, and (iii) supporting access to healthcare.** Taken together, these endeavours could promote the resilience, good health and integration of refugees and migrant children.

## 4. Key Issues for the effective integration of the MHPSS approach into education

**Incorporate approaches and practices that have shown evidence of social impact.** Scientific evidence of social impact is what tells which practice, once they are implemented, contribute to improving (a) academic results, (b) well-being and the sense of belonging of refugee, migrant children and unaccompanied minors and which do not. Scientific evidence of social impact also makes its limitations clear and inform about which are the practices that work well in a certain type of centre or context and which ones obtain improvements in any context in which they are rigorously implemented, that is, which ones can be considered as ‘universal’. Improving professional practice and the communities’ access to MHPSS and education require scientific evidence that has already demonstrated social impact in properly supporting the inclusion of refugee child.

**Turn schools/reception centres into Learning Communities to be able to have better access to basic MHPSS.** Support the development of learning communities in which all the stakeholders are committed in order to build more effective MHPSS



and education interventions. The MHPSS approach should be communicated and understood by family members, school leaders, teachers, educators, volunteers, people from the local community, policy makers and government officials (Chang & al., 2019). Communities, civil society organizations and local service providers should be involved in the evaluation and planning of services for the children together with school and families (Bennouna & al. 2019). Professionals are very important but not indispensable to consider MHPSS approaches into education, communities, volunteers, families, children and youth can be better equipped with the MHPSS tools and resources to be self-sufficient in fulfilling basic MHPSS. Educational centres and other type of settings can promote this type of trainings.

**Provide high quality and research-based training to teachers, educators, school staff, volunteers and families on how to incorporate MHPSS principles** into their everyday practices and professional interventions. Training and coaching on MHPSS principles should be both evidence-based (ensuring international scientific standards) and incorporated as an underlying key aspect of the whole socio-educational approach of schools/reception centres. This involves treating the person and its inclusion process from a holistic approach. Therefore, training and coaching on MHPSS principles needs to be treated as cross-cutting to any socio- educational training, and not approached as one at the expense of the other.

**Dialogic co-creative methodologies.** In order to ensure an equal opportunity for all actors involved, a flexible and integrated framework which makes use of diverse forms and methods of participation, learning and assessment is necessary. This means reflecting the diversity of students', communities and professionals characteristics, way of learning and also cultural backgrounds (Cefai, Downes and Cavioni, 2021).

**Promote the families' acquisition and/or consolidation of their competences in understanding the mental and psychosocial state of their children,** in particular the adolescent ones, and to better equip with the resources to acquire/consolidate their skills to support the children and youth well-being (Newcomer, 2020). Special attention must be paid to improve the quality of life of children, making them feel loved and accompanied by their family, in the context of the digital divide among many other consequences derived from the COVID-19 pandemic (UNICEF, 2021).

**Support communities, civil society organizations and local services to organize sensitization/information campaigns in the community for the active participation of volunteers in school and extracurricular activities adopting MHPSS approach in education** (The MHPSS Collaborative, 2021). Volunteers can be crucial components in the development of effective practices, an



encouragement to explore the possibilities available in the surrounding communities in order to better address the needs of the children and youth and their families.

**Promote multidisciplinary professional teams.** Educational settings must work closely with the health, and social sectors to properly design and implement MHPSS interventions. Every relevant stakeholder should be informed through the sharing of knowledge among the most suitable and effective approaches in the health and education domains (Lingying Chang & al., 2019).



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## 6. Appendix A. Methodology

All relevant articles were identified by searching in the ISI Web of Science database (July 2021). A search strategy was designed for this database based on the target group (i.e., child refugees), the context, and the three underlying categories included in REFUGE-ED: academic success, wellbeing and social belonging.

In order to identify the latest evidence about these topics, papers published within the time frame of 2012-2021 were considered. Finally, publications and reports elaborated by the main institutional organizations working in the sector of MHPSS were also consulted (e.g.: UNHRC, UNICEF, European Commission, among others). See below the list of keywords used in our search:

TARGET GROUP	CONTEXT	ACADEMIC SUCCESS	WELLBEING	SOCIAL BELONGING
Refugee children	School	academic achievement		
migrant children	Kindergarten		mental health	
migrant children	high school			belonging
refugee		educational achievement	mental health	
Refugee families		academic success	wellbeing	



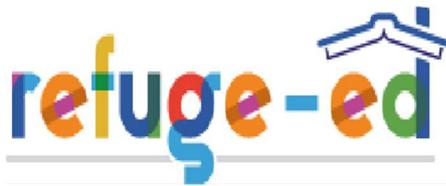
## **7. Appendix B. REFUGE-ED Policy Brief #1**



D1.2 - Key Issues for the effective integration of the MHPSS approach into education

EUROPEAN

# POLICY BRIEF #1



**Effective practices in education, mental health and psychosocial support for the integration of refugee children**

## INTRODUCTION & BACKGROUND

Children and youth from recent migration cohorts, including refugees and asylum seekers, and unaccompanied minors, are facing many hazards and complex situations. These situations range from financial to legal as well as social, cultural and economic constraints, all of which are jeopardizing these children's right to education, and therefore their prospects of being fully integrated. UNCRH data indicates that 77% of refugee children attend primary school, only 31% of refugee youth accesses secondary education, and a mere 3% accesses tertiary opportunities,<sup>2</sup> which is a substantially lower rate than their peers. Besides, students of migrant backgrounds are also more likely to dropout and underachieve.<sup>3</sup> However, existing evidence also shows that this reality can be reversed by promoting quality education, well-being and a sense of belonging among these children. These elements are not only essential to all children's development, but they are also

<sup>2</sup> World Bank and UNHCR. 2021. The Global Cost of Inclusive Refugee Education. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO

<sup>3</sup> European Commission, (2020). The EC Action Plan on Integration and Inclusion (2021-2027), Brussels, available at: European Web Site on Integration -European Commission (europa.eu)



especially important for a successful integration in new homelands and communities. Therefore, **education is critical for safety reasons, social inclusion and stability, social and emotional health and represents one of the most effective strategies to promote the integration of migrant children.**

REFUGE-ED addresses the pressing challenge of improving the dynamic integration of children from recent migration cohorts, including those residing in hotspots and reception centres, from both arriving and receiving communities through improved and research-based educational and mental health and psychosocial support (MHPSS) outcomes. Leveraging from previous projects funded by the EU Framework Programme of Research and Innovation, **REFUGE-ED identifies, evaluates, and implements existing evidence-based practices in education and MHPSS that have shown to promote the educational success, well-being and sense of belonging of children.**

## KEY FINDINGS

During its first year the REFUGE-ED project, has generated three main contributions:

1) A selection of effective practices and approaches from the fields of education (including formal, non-formal and informal education), and mental health and psychosocial support (MHPSS) that are efficiently contributing to the successful dynamic integration of children from recent migration cohorts, children of refugees and asylum seekers, and unaccompanied minors in schools and on the broader society’.

2) A study of schools which, despite being in highly disadvantaged neighbourhoods and having high rates of migrant and ethnic-minority children, have provided evidence of academic and well-being improvements of all students (including migrant and refugee) against all odds;

3) Key guidelines on how to better integrate MHPSS and education in practice.

### *Effective practices and approaches in MHPSS and education*

The effective practices and approaches in MHPSS and education have been selected based on a set of common criteria. Among these criteria, two of them stand up for their substantive component. First, all the approaches and effective practices have been selected because it exists for each of them *evidence of social impact*. In other words, there is scientifically endorsed evidence which reveals that when these approaches and practices have been used as the base to inform policies or actions, improvements have been accomplished - when compared to the initial scenario- towards achieving a societal objective. These societal objectives are defined in relation to those benchmarks that enjoy a wide societal consensus (e.g.: UN 2030 Sustainable Development Goals).

Second, these practices have been also selected considering the expertise brought by the REFUGE-ED consortium teams in order to guarantee the possibility to train and to provide support to the implementation of any of the approaches and practices. In doing so,



REFUGE-ED capitalizes on previous research experience of partner organisations in both fields. While the experience brought by the MHPSS partners in projects like H2020 FOCUS, H2020 STRENGTHS and H2020 REDEFINE,<sup>4</sup> partners in the field of education have brought the identification of Successful Educational Actions (SEAs) in the FP6 INCLUD-ED, H2020 SALEACOM, Steps4SEAS or Enlarge (Erasmus Plus), among others.<sup>5</sup>

The effective approaches in MHPSS presented are:

- 1) Creating a Safe Space;
- 2) Capacity building;
- 3) Cognitive Behavioural therapy;
- 4) Expressive Therapy; and,
- 5) Psychological Staff in Schools.

The effective practices identified in the field of education are:

- 1) Dialogic Literary Gatherings;
- 2) Interactive Groups;
- 3) Educative Participation of the Community;
- 4) Family education;
- 5) Dialogic Pedagogical Education for teachers; and
- 6) Dialogic Conflict prevention and resolution model.

### *Schools against all odds*

Students from deprived areas, belonging to migrant groups or ethnic minorities and whose parents do not have academic qualifications are often expected to fail. It is also very often considered that this course cannot be reversed, thus, no one expects these children to succeed, having long standing and highly negative consequences in their actual performance. Moreover, these groups are blamed for their own failure, without considering the type of education they receive, which in some cases is a watered down and low-quality one. This vision promotes what is known as *the self-fulfilment prophecy of educational failure* among non-academic families, and it feeds prejudices and stereotypes towards these groups and makes it easier for schools to skip any type of accountability or responsibility for their own results. These discourses are also very much spread out in non-formal education settings working also with these groups leading to devastating consequences for the life prospects of these children and youth.

Knowing how these discourses and situations can be reversed is a key point to improve the future opportunities of these children and youth. The scientific community has already

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<sup>4</sup> For more information, visit: [FOCUS-addressing the challenges of forced displacement \(focus-refugees.eu\)](http://focus-refugees.eu), [STRENGTHS Project –STRENGTHS PROJECT \(strengths-project.eu\)](http://strengths-project.eu), [Re-Define Project –Refugee Emergency: Defining and Implementing Novel Evidence-based psychosocial interventions \(re-defineproject.eu\)](http://re-defineproject.eu)

<sup>5</sup> For more information, visit: [Strategies for inclusion and social cohesion in Europe from education | INCLUD-ED Project | FP6 | CORDIS | European Commission \(europa.eu\)](http://includ-ed.eu) [SEAs4all –Schools as Learning Communities in Europe, SEAs, 4all –Schools as Learning Communities in Europe, SALEACOM Project –SALEACOM Project \(medishub.net\)](http://seas4all.eu); [13 INCLUD- ED Book on SEA.pdf \(schooleducationgateway.eu\)](http://13-includ-ed-book-on-sea.pdf).



gathered solid evidence on how this type of schools can achieve academic success.<sup>6</sup> In doing so, the REFUGE-ED project has conducted two qualitative case studies on schools responding to this profile that despite all odds have achieved exemplary success. This has been done, by looking at both the practices (what?) and their implementation process and procedure in those school settings in which there has been an improvement of academic success, well-being, and sense of belonging. Our study reveals that practices such as **Family Education** contributes to break the fulfilment prophecy and increases the family's and the children's academic expectation meanwhile promoting role models for students. Other practices like **Tutored Library or Literary Groups** improve academic success. Referring to the well-being of the children and the community, with the implementation of these practices school becomes aspect of contact so families get to better know each other, contributing to both improve coexistence and break down stereotypes among native and refugee/migrant families. At the same time, families and students feel supported by the school and they also support each other; thus, the peer supports enhanced. A key factor in improving social belonging is the horizontal relationship established between families and schools through these actions, something highly appreciated by families, who see that they are welcomed, and their voices considered. Also, visibility and representation of cultural differences in the school also enhance integration and inclusion of families, a feeling which is also intensified through participative mechanisms.

*The key lessons learned are the following:*

- a) Strong commitment to implementation only what works (evidence-based practices and with evidence of social impact), these schools were outperforming other similar schools due to their implementation of the Successful Educational Actions;
- b) Crucial role of co-creation processes, through the community meaningful involvement;
- c) Importance of the interactions (Multiple and diverse);
- d) high quality and high expectations- Shared goal for all the community;
- e) The benefits of diversity- No segregationist practices, inclusive education with a reallocation of resources; and f) Extension of the learning time.

### ***Key issues in the integration of MHPSS and education***

The close connection between education and mental health of refugee and migrant children is clearly acknowledged by main international organizations, governments, civil society and research. In this sense, a well-recognized aspect in relation to this is the benefits of education in emergency situations as a way to promote safety and a stable environment for peers as well as the restore of a sense of normalcy, dignity, and hope for individuals,

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<sup>6</sup> Flecha, R., & Soler, M. (2013). Turning difficulties into possibilities: Engaging Roma families and students in school through dialogic learning. *Cambridge Journal of Education*, 43(4), 451-465.

Garcia Yeste C, Morlà Folch T and Ionescu V (2018) Dreams of Higher Education in the Mediterrani School Through Family Education. *Front. Educ.* 3:79. doi: 10.3389/educ.2018.00079



families, and communities.<sup>7</sup> The education system has an important role to provide positive learning environments for children in crisis, and for these reasons, schools have been identified as potentially protective locations for MHPSS interventions in humanitarian settings.<sup>8</sup> This perspective has been emphasized by the very situation experienced under the COVID-19 pandemic, which has negatively affected the education and the psychosocial well-being of students and their families/caregivers across the globe. Even more, this has made more visible the mental health problems derived of isolation, and specially the subsequent disconnection between children and schools.

These findings reinforce the importance of promoting policies and practices which combine both instrumental knowledge and well-being. Practices that support the stable settlement of these children and their families, provide access to positive school environments, and promote access to healthcare, all of which could enhance resilience in child refugees and promote good health and positive integration trajectories.

## POLICY IMPLICATIONS & RECOMMENDATIONS

- ❖ Promoting those educational and MHPSS practices supported by evidence of social impact. This implies making the effective practices identified by research approachable for all citizens so all actors can have reliable knowledge of the effective practices.
- ❖ Involving all actors (i.e., children, teachers, professionals, families, local community, policy makers) in co-creation processes based in dialogue. Designing policies and actions build on dialogical exchange with communities. Especially important to equip communities in MHPSS approaches to guarantee access to basic resources.
- ❖ Promoting those practices that break down the association between school failure and coming from a family with migrant/minority background, low socio-economic status an/or without educational credentials. Existing research shows that what is often presented as a causation (family cultural/ethnic- or SES background, as cause of school failure/school attainment) is a correlation. School success or school failure depends on what actions and measures are implemented; hence the self-fulfilment prophecy is showed not to be true. There are throughout Europe schools that being in underprivileged areas and against all odds are contributing to academic success, along with well-being for all students. The consensus on the need to develop and promote effective practices that tackle MHPSS and educational success at once, as basic pillars for children development and future opportunities. Giving importance to the well-being of the children as a key factor for their academic success and vice versa, and consequently for a shrinkage in inequality.

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<sup>7</sup> UNICEF (2021) [Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice](#)

<sup>8</sup> Kamali, M., Munyuzangabo, M., Siddiqui, F. J., et al. (2020): Delivering mental health and psychosocial support interventions to women and children in conflict settings: A systematic review. *BMJ Global Health*, 5, e002014; Kohrt, B. A, Asher L., Bhardwaj, A., Fazel, M., Jordans, M. J. D., Mutamba, B.B., Nadkarni, A., Pedersen, G. A., Singla, D. R., & Patel, V. (2018). The role of communities in mental health care in low- and middle-income countries: A meta-review of components and competencies. *International Journal of Environmental Research and Public Health*, 15, 1279; UNICEF (2021) [Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice](#)



## PROJECT OBJECTIVES AND METHODOLOGY

Building on the social impact of prior EU-funded research in the field of education and mental health and psychosocial support (MHPSS), REFUGE-ED will identify, implement, and evaluate evidence-based practices in these two areas that have been shown to promote the educational success, well-being and sense of belonging of all children (0 to 18 years old - ISCED 0-3), targeting those from recent migration cohorts, refugees and asylum seekers, unaccompanied minors, including those residing in hotspots, reception/identification centres and institutionalized care. This will be done through a dialogic process of co-creation, involving (1) children and families, (2) communities, civil society organisations and local service providers, (3) schools and teaching staff (including school counsellors or other focal points focusing on MHPSS needs in the educational arena) and (4) policymakers, working across different settings (i.e. hotspots, schools, communities, reception centres, institutionalised care). The identified practices will cover the areas of formal, non-formal and informal education.

The methodology of the REFUGE-ED project is divided in three phases. Phase 1 consists of the dialogic co-creation of effective practices. At this initial moment, preparatory actions will be developed across 46 pilot settings, in six European countries: Bulgaria, Italy, Greece, Ireland, Spain and Sweden). Phase 2 consists of the pilot implementation, aimed at the implementation of three types of pilot actions across the mentioned countries. This is followed by evaluation. Phase 3 culminates with the creation of a *Brokering Knowledge Platform on effective practices*, guidance and support will be provided to scale the work of the working groups and leverage their cocreated social capital to other (European and international) stakeholders via the established Community of Practice and Learning (one in each pilot site). In this phase, outcomes and results generated by the project will be disseminated and exploited, upscaling them to newer international context, thus informing practitioners working on the ground, researchers, and policymakers.

Phase 2 consists of the pilot implementation. WP3 is aimed at the implementation of three types of pilot actions across the six countries. Subsequently, WP4 is aimed at the evaluation of the process and products generated from the dialogic co-creation and the implementation of pilot actions. Phase 3 culminates with the creation of the Brokering Knowledge Platform on effective practices. It will consist of the integration of outcomes of WP1, WP2, WP3 and WP4, for the creation and development of a Brokering Knowledge Platform (WP6). Besides, guidance and support will be provided to scale the work of the working groups and leverage their cocreated social capital to other (European and international) stakeholders via the established Community of Practice and Learning (one in each pilot site). In this phase, outcomes and results generated by the project will be disseminated and exploited, upscaling them to newer international context, thus informing practitioners working on the ground, researchers, and policymakers.



<b>PROJECT NAME</b>	REFUGE-ED. Effective practices in education, mental health and psychosocial support for the integration of refugee children.
<b>COORDINATOR</b>	Teresa Sordé Martí, Autonomous University of Barcelona
<b>CONSORTIUM</b>	Associazione Culturale Cooperazione Internazionale Sud Sud - CISS - Palermo, Italy Dansk Rode Kors (Danish Red Cross) -PSD- Kobenhavn, Denmark Kentro Merimnas Oikogeneias kai Paidiou – KMOP – Athina, Greece New Bulgarian University -NBU –Sofia, Bulgaria The MHPSS Collaborative, Red Barnet -STCD-Kobenhavn, Denmark Support Group Network – SGN –Vanergsborg, Sweden The Provost, Fellows, Foundation Scholars & the other Members of Board, of the College of the Holy & Undivided Trinity of Queen Elizabeth near Dublin – TCD Dublin, Ireland Autonomous University of Barcelona – UAB - Cerdanyola Del Valles, Spain Universita degli Studi di Firenze - UNIFI -Florence, Italy
<b>FUNDINGSCHEME</b>	Horizon 2020,Innovation Action: MIGRATION-05-2018-2020 - Mapping and overcoming integration challenges for migrant children
<b>DURATION</b>	January 2021 – December 2023 (36 months).
<b>BUDGET</b>	EU contribution: 2 997 830 €.
<b>WEBSITE/SOCIAL MEDIA</b>	<a href="https://www.refuge-ed.eu">https://www.refuge-ed.eu</a>  @ed_refuge  Refuge-Ed H2020 Project  <a href="http://www.refuge-ed.eu">www.refuge-ed.eu</a>  refuge.ed
<b>FOR MORE INFORMATION</b>	<a href="mailto:pr.refuge.ed@uab.cat">pr.refuge.ed@uab.cat</a>



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