

Psychosocial Support for Children during COVID-19

An education in emergencies training workshop for teachers

Trainer's notes



**FOOD FOR
THE HUNGRY**

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This training module was produced by Viva and Food for the Hungry in 2020.

Key resources used in this training module:

- ARC: Foundation Module on Psychosocial Support
- IFRC and Save the Children Denmark, The Children's Resilience Programme: Psychosocial support in and out of school
- IRC, Creating Healing Classrooms: Guide for Teachers and Teacher Educators
- INEE, Teachers in Crisis Contexts Working Group (TICCWG), Training for Primary School Teachers in Crisis Contexts package
- INEE, Guidance Note on Teaching and Learning
- IASC, Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Headington Institute, www.headington-institute.org
- Mentally Healthy Schools, [Resource toolkits and activities](#)
- Anna Freud National Centre for Children and Families, [Coronavirus Support](#)
- Save the Children, Protect a Generation: The impact of COVID-10 on children's lives

How to use this training manual

This training workshop includes two two-hour training sessions which can be delivered in either online or face-to-face settings. The training is designed to equip teachers and school administrators to care for students effectively and ensure that they receive the psychosocial support they need in order to cope with crisis and return to school during the ongoing COVID-19 pandemic. The materials can be adjusted for use in other crises.

The two sessions should be delivered on different days to enable participants to reflect on the first session before attending Session 2.

<p>PART 1: INTRODUCTION TO PSYCHOSOCIAL SUPPORT</p> <p>The impact of emergencies on children</p> <p>What is Psychosocial Support?</p> <p>Encouraging resilience in education programmes</p>	<p>PART 2: INTEGRATING PSYCHOSOCIAL SUPPORT IN EDUCATION</p> <p>Psychosocial support in the classroom</p> <p>Supporting children who are struggling</p> <p>Teacher wellbeing</p>
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Suggested timings are given next to each session. A suggested timetable is given on the following page, but can be adapted according to your context and the needs of your training.

If possible and if time allows, you could additionally invite a **local Mental Health and Psychosocial Support expert** to give information during the session on responding to children in need of additional support, to give further insight into referral services available.

This training refers to the companion resource guide created for this workshop: **‘Psychosocial support activities in the classroom’**.

A **PowerPoint presentation** is also available for you to use as you facilitate your training sessions. References to relevant slides are included throughout these training notes.

Before your training session:

- Adapt the training schedule to fit your timescale and produce a schedule for your participants
- Familiarise yourself with all the online technology you will be using for online training
- Think about how you will manage the training – will you have a facilitator as well as someone designated for technical support for online training?
- Think about how you will register participants’ attendance and carry out evaluations
- For a face-to-face training, choose and book a venue with enough space for group activities and which is easy to reach
- Send invitations well in advance of your training
- Check all the materials you will need and be prepared

How to set up and plan your training

Suggested training schedule: A suggested training schedule for a 2 x 2 hour online training is given below. This can be adapted for a face-to-face training where you may be able to take additional time, and spend more time in group discussion activities.

Part 1: Introduction to Psychosocial Support (2 hours)	Part 2: Integrating Psychosocial Support in Education (2 hours)
Introductions and expectations (including optional Biblical reflection) (25 minutes)	Welcome and feedback (including optional Biblical reflection) (15 minutes)
Session 1: The impact of emergencies on children (25 minutes)	Session 1: Psychosocial Support in the classroom (45 minutes)
Session 2: What is Psychosocial Support? (15 minutes)	Session 2: Supporting children who are struggling (15 minutes)
Session 3: Encouraging resilience in education programmes (50 minutes)	Session 3: Teacher wellbeing (30 minutes)
Wrap up and evaluation (5 minutes)	Action steps, planning and evaluations (15 minutes)

Throughout the training notes, you will see:

- Options for ways to adapt activities for face-to-face training, marked with this symbol: 
- Suggestions of activities you may include if you have additional training time: 

Tools for online training

The following tools could be useful for conducting your online training; check which tools are recommended by your organisation. Be sure you are familiar with how to use them before you begin the training.

[Zoom](#)

[Google meet](#)

[Microsoft Teams](#)

For interactive activities within your training:

[Padlet](#)

[Kahoot](#)

[Google jamboard](#)

[Menti.com](#)

PART 1: INTRODUCTION TO PSYCHOSOCIAL SUPPORT

Introductions and expectations (25 minutes)

Welcome participants as they arrive, and give a brief overview of the training sessions and any necessary logistical information. Introduce yourself and your team.

Icebreaker/introductions



SLIDE 1, SLIDE 2, SLIDE 3

Begin your training with some kind of introduction or ice breaker activity to help participants feel at ease and comfortable in the group. However, with such a short training time, you may not have time during the online training to ask each person to introduce themselves individually.

For an online training, you could:

- Use breakout rooms and ask participants to introduce themselves to each other within the small group, saying something about themselves (such as their favourite food or their favourite place, and sharing a hope or expectation for the training) – you can then take one or two answers in the plenary
- Ask participants to choose an object from somewhere around them where they are which somehow describes them – and ask participants to share about this in breakout rooms
- Have group leaders introduce their teams



For a face-to-face training, or where you have additional time, you could use this icebreaker activity:

Activity: Dominoes (30 minutes)

Give each participant a sheet of paper. Ask them to fold the paper in half. They should then think about two things about themselves that they want to share with the rest of the group – for example, a hobby they enjoy, a skill they have, or something else they love to do.

Participants should draw these two things, one on each half of their paper. Give 5 minutes for drawing.

When everyone has finished, ask one person to introduce themselves using their picture. Someone else should then ‘match’ one side of their picture to the first person’s – for example, if someone said that they enjoy music in one of their pictures, someone else who drew “singing” might put their paper down next to the first one.

When everyone has placed their ‘domino’ and introduced themselves, thank people for their participation and explain that while we’re all different, it’s great to notice some of the things we have in common. We hope that during this training we will be able to get to know one another more and also be a support to each other.

Activity 1	Activity 2
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Setting Expectations



SLIDE 4

Building on the ice breaker activity, ask a few participants to share something they are hoping to learn from this training.



For a face-to-face training, participants could first share with a partner and then feedback to the group.

Explain which of these expectations will be covered during this training.

Say that it is also helpful for us to set some 'ground rules' at the start of the training workshop so that we all agree on how we will take part and can feel free to share our ideas.

If time, take suggestions from participants, and also share ground rules you would like to set, on a powerpoint slide. You could include:

- Respect and listen to what other people have to say
- Help each other to learn
- Be able to ask questions and talk about differences
- Keep mobile phones turned off—or to silent
- Be punctual
- Keep video on, if possible



For a face-to-face meeting, you can add ideas to a flipchart paper and display this throughout the training.

Share any training logistics, such as how participants should make use of the online training format and tools.

Biblical Reflection



SLIDE 5

You may choose to use this reflection if you are training a group who are all from a Christian faith background.

Explain that we will read a passage, and as participants listen they should reflect on this question:

What do we learn about God's heart for children in emergencies?

Ask someone to read: Matthew 2:13-18

Ask: What do we learn about God's heart for children in emergencies?

Take a few ideas, and summarise:

- Difficult and painful things do happen in the world, to children too, something many of us see all too often in our work and communities
- God shows his care for children in emergencies as this story is recorded and included
- Grief and pain are a real part of the story and are not hidden or ignored
- God cares and has a heart to rescue children – as we see with his message and instruction to Joseph

- Jesus himself – i.e. God – has himself been a child in an emergency situation – a refugee – and so can identify with children who are experiencing the most difficult situations

Link the Bible study to the current situation faced by your participants. God understands, and he is with children and parents in their grief. Teachers can play a big part in sharing God’s heart for children, joining in with God in being alongside children and families in these difficult times.



SLIDE 6: Explain that today’s session will focus on introducing us to the concept of psychosocial support.

SESSION 1: Understanding the impact of emergencies on children (25 minutes)

Learning objective: Know some of the key ways children respond to emergencies and be able to link this with experiences of the current crisis.



SLIDE 7

Explain that you will watch a short video clip together, showing something of one child’s experience during the Covid-19 crisis.

As you watch the video, think about:

- What has been the impact for children of Covid-19, and the impact for them of being out of school?
- How does this compare with what you have seen in your communities?



Show a video relevant for your community to demonstrate the impact of Covid-19 on children around the world. Unicef has produced an excellent series of video diaries from children, for example:

For English speakers:

https://www.youtube.com/watch?v=qw3mZMDAz3E&feature=youtu.be&ab_channel=UNICEF

For Spanish speakers:

https://www.youtube.com/watch?v=Bu5kQr6NuZ0&feature=youtu.be&ab_channel=UNICEF

The videos have different emphases, but briefly take feedback and gather the key points together, such as:

- Issues children have faced (such as emotional difficulties, missing friends, involvement in work)
- Ways children have been supported (such as by teachers, parents and friends)
- There have been both good and bad things for children as a result of Covid-19, and in our own classes there will be a wide variety of experiences amongst the children.



SLIDE 8

Highlight some of the facts about the impact of Covid-19 on children, and explain that through this training we want to think about how we as teachers can be part of helping children cope with these difficulties and also build on children’s own strengths.

Understanding the impact of emergencies on children

It is helpful for us to understand how and why children react in the way they do in emergencies, as we will often be able to observe these behaviours in our classrooms.

Covid-19 has been a unique event, but is also an emergency which shares common reactions from children that we might see in any emergency.



SLIDE 9

Talk through the headings given on the slide, sharing the following information:

Some key development processes are interrupted by emergencies:

- Trust – if life becomes unpredictable, children can see the world as unsafe. Separation from caregivers can cause a loss of trust. Without trust and a sense of safety, it is difficult for children to grow and develop.
- Competence – play, education and community activities are often disrupted, which reduces children’s ability to learn and develop new of skills and abilities.
- Identity – children’s ability to develop their sense of who they are, and their self-confidence, can be disrupted.

It is normal to have some kind of reaction to stressful events; it can be a way of protecting ourselves. Children’s way of reacting to stressful events are often different from adults. These differences need to be recognised and taken into account when providing assistance to children.

Ask: What reactions have we noticed in children during this time?

Explain: Children have the same emotions as adults, but may express them differently. Children may experience strong visual images of the events, or display repetitive behaviour, which may be re-enacted through play. They may have trauma-related fears and changed attitudes towards people and life. Seeing images of the crisis again can cause strong reactions and children may feel that it is all happening again. Some children become withdrawn and are unable to talk about the event, or suffer periods of denial, acting as if the event has not occurred. Others cannot stop talking about and replaying what happened. Children are often confused about the facts and their feelings, and might need help in understanding.



SLIDE 10

Depending on time and the age-range your training participants are working with, you may also pick out some key information to share from the following table (also included in the participants’ guide).

0-2 years	3-5 years	6-12 years	13-18 years
Because of the importance of attachment and the relationship with the primary caregiver, the reaction of surrounding adults is key to determining the impact of the crisis on babies	Pre-school children often feel helpless and powerless after a crisis. Development may go backwards—children may lose skills they had developed (e.g. toilet training or speech).	Children are able to understand the meaning of the loss of loved ones and may feel guilt at surviving when others did not, or anger that the event was not prevented.	Children may feel frustrated that they are unable to change their circumstances or what happened. They may take on adult roles without enough capacity or support.

<p>and infants. Disruption of attachment is very significant.</p> <p>Babies and infants may express fear at parting from their caregiver. They may be withdrawn, clingy, unsettled, irritable and emotional. They may cry more than usual.</p> <p>Even though small children do not have words to describe an event or their feelings, they can retain memories of particular sights, sounds or smells.</p>	<p>Children may express fear of being separated from their caregiver, may revert to bedwetting or fear of the dark.</p> <p>Play activities may involve re-enacting aspects of the events of the crisis. Some children show signs of denial and withdrawal.</p>	<p>Children may have flashbacks of what happened, or may want to talk about the event all the time.</p> <p>Children may appear moody or 'difficult' as they deal with their feelings and what has happened. They may become more aggressive or more withdrawn.</p>	<p>Identity and belonging are important so they may be more easily targeted for recruitment into the armed forces.</p> <p>Responses can be similar to adults and adolescents may experience isolation, irritation, rejection of rules and aggressive behaviour. Some display risk-taking behaviour such as alcohol or drug abuse, or self-harm. Others become fearful.</p>
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For an in-person or longer training, you could do this as a group activity to explore reactions by age group:

Divide participants into four small groups ask them to identify what they have particularly noticed in the reactions of these different age groups of children: 0-2, 3-5, 6-12, 13-18 years. Take feedback, and share some of the information in the table.

Also share briefly on children's reactions to grief and loss:

Grief and loss have also affected many children in the Covid-19 crisis. Covid-19 restrictions may have made it even more difficult to lose a loved one during this time, with usual grieving processes disrupted.



If time allows, ask participants to share how this has been experienced in the communities they work and live in.

Explain that children do have an understanding of death as something irreversible, universal and inevitable, and show clear signs of grief at a very young age. Children have the same type of emotional reactions to loss as adults, such as shock, anger, sadness, guilt, anxiety and fear. Nevertheless, from an adult's point of view, children's grief reactions may sometimes look strange as children's grief may be abrupt and not continuous. All these reactions vary greatly, between children and within the same child over time, sometimes changing rapidly over the course of a day. At one point a child may be busy with their normal activities, and at the next start weeping or become very angry. This can happen repeatedly. Children may switch abruptly from intense grief reactions to play and having fun. Young children often cannot verbalize their grief. It is more common for them to express their feelings through behaviour and play. Children may also show excessive anxiety when separated from parents or other significant caregivers. All these reactions are natural.

Session 2: What is Psychosocial Support? (15 minutes)

Learning objective: Understand what psychosocial support is and how it can be a helpful way to frame supportive practices in education



SLIDE 11

Ask: Can anyone explain what we mean by ‘psychosocial’?

Explain that the term ‘psychosocial’ refers to the dynamic relationship between the psychological and social dimension of a person and how these interact. The psychological dimensions include internal, emotional and thought processes, feelings and reactions. The social dimensions include relationships, family and community networks, social values and cultural practices.

Psychosocial well-being depends on many elements and on the fulfilment of a range of different needs, including:

- Biological (food, water, health/medical care)
- Material (shelter, clothes)
- Social (relationships, community, basic services)
- Psychological (emotional, cognitive, personal competence, ability to learn)
- Spiritual (sense of meaning and purpose)
- Safety

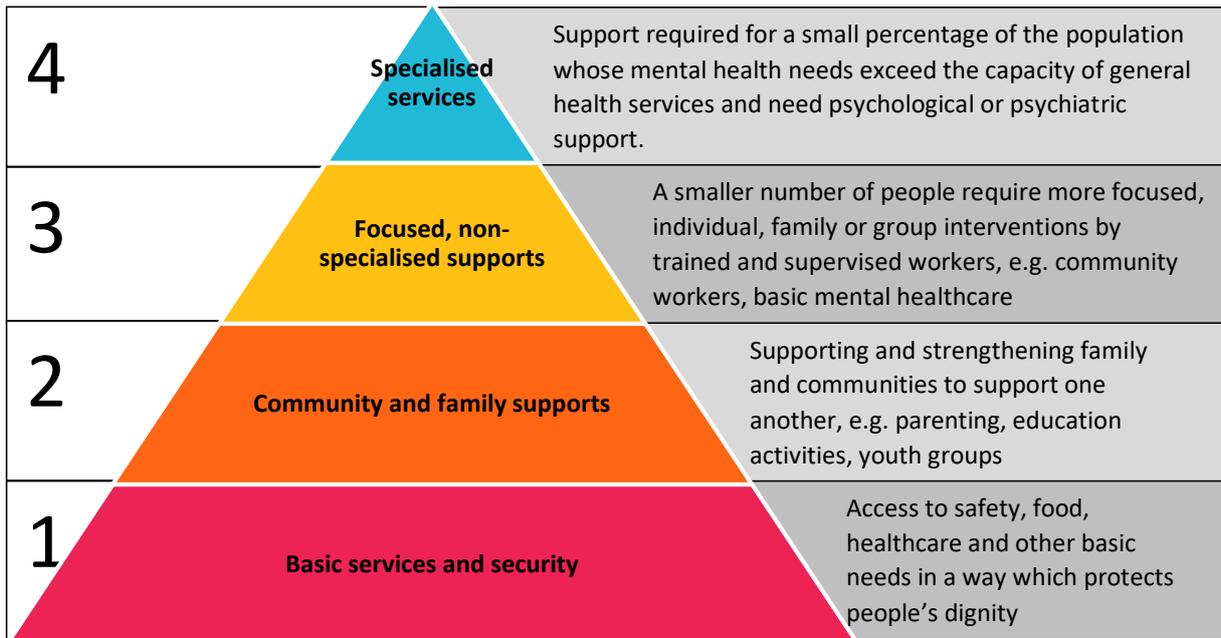
While school may not always be the place for meeting basic needs, you can probably see a lot of ways in which schools, teachers, and education can contribute to many of these.

For many communities impacted by crisis and displacement, education is the focal point of their efforts to help support their children. **Teachers are in a unique position to help children recover through restoring a sense of normality for children.**



SLIDE 12

A key model used to explain psychosocial support is the IASC PSS pyramid:



As we have seen, children, as well as adults, react in different ways to stressful events and crises. Although entire communities are affected by crisis events, very few people usually need specialised services because of severe reactions. Most people can be helped through the provision of basic services and security, including psychosocial support.

This kind of model is positive because it recognises that children and communities have strengths and resources of their own, and tries to build on and support these. Research has shown that there is a small percentage of children (3-5%) who need individual counselling and psychological support following a crisis (which should only be provided by trained professionals), but that most children can be helped through the support of their families and communities. Our response should therefore seek to strengthen the capacity of caregivers, friends, teachers and other adults in children's lives to provide everyday psychosocial care to children, and focus on restoring resilience in the face of challenging circumstances.

The pyramid illustrates a layered system of complementary supports. The layers represent the different kinds of support people may need.

Explain each layer of the pyramid and identify that as education projects we are usually working at levels 1 and 2 and so can offer support to a wide group of children.

Session 3: Encouraging resilience in education programmes (50 minutes)

Learning objective: Understand the concept of resilience and how resilience can be supported by working with risk factors and protective factors



SLIDE 13

Activity in groups/breakout rooms: Identifying psychosocial support that enables children to cope (20 minutes)



SLIDE 14

Divide participants into small groups in breakout rooms. In their groups, one or two people in each group should share about a child they can think of (without giving identifying details) who has been through a difficult situation or suffered extreme stress and has seemed to ‘bounce back’ or been able to recover.

Try to identify together what some of the factors were in this child’s life which have enabled them to recover. These might be characteristics of the child (their personality or abilities) or factors external to the child such as their family environment or their community. What are some of the things that helped the child to cope?

Use this conversation to begin a list of ‘coping factors’ or things which can help a child to overcome difficult circumstances. Each process identified as contributing to coping and recovery will be written on a list by each group. Group members who do not know the children will ask questions, and will also volunteer specific examples of their own, to illustrate some of the points made in the group.

As groups come back from the breakout rooms, ask them to add their lists to an online whiteboard, such as Google Jamboard, or into the chat box – or briefly take ideas in the plenary.



For a face-to-face training: This activity can be done in small groups with flipchart paper which is displayed around the room after the activity, and used to create a shared list in the plenary.

Congratulate participants for the ideas they generated in their group work. Many of the coping elements that participants identified in their group work relate to “resilience.” Resilience is a helpful concept because while we recognise the impact of trauma and difficult events on children, we also see them as people with capacity and an internal ability to recover – with appropriate support.

What is ‘resilience’?



SLIDE 15

Ask: Can anyone give a definition of resilience? What is it?

Share the following information:

While all children are vulnerable in emergency situations, children also have the ability to meet, bear and recover from exposure to violence and losses. This capacity to cope and “bounce back” after stressful experiences is called resilience. Resilience refers to the ability to react or adapt positively to a difficult and challenging event or experience.

There are many things which help us cope (for example: relationships, spirituality, love and caring, culture, opportunity for building skills, security).

Resilience has a lot to do with:

- How well children are connected to their families and communities
- Their learning and problem-solving capacities
- Their deepest beliefs and values
- The approval they receive from the people around them
- Opportunities to engage in activities that develop their intellectual abilities

The capacity for resilience is both internal and external. It comes from both:

- Biological traits children are born with, known as innate traits

- Protective factors built over time by the child’s family and his or her relationship with the environment

Although children are very different from one another, there are certain factors and capabilities in children’s lives that have been shown to influence their level of resilience. These are called ‘protective factors’ which give people psychological ‘cover’ and help to reduce the likelihood of negative psychological effects when faced with hardship or suffering. Some of these factors are innate but many can be developed and strengthened through psychosocial support.

This is good news for us as we work with children, as we can proactively think about ways in which we can support and encourage children’s resilience as teachers. One simple way to do that is to look at risk and protective factors - resilience happens when protective factors that support wellbeing are stronger than the risk factors that cause harm.

Risk factors and protective factors (30 minutes)



SLIDE 16

In general, we can think in terms of protective and risk factors, where protective factors can encourage resilience and getting over adverse circumstances, risk factors increase vulnerability and adversity.

Ask: What could be some examples of risk factors and protective factors?

Suggested answers:

- Risk factors: disrupted education, unsafe environment
- Protective factors: A loving and supportive family, good friendships



SLIDE 17

Talk through both the risk factors on SLIDE 17, adding those not mentioned by the group.

Ask: What do you think are the most significant risks affecting children in your community?



SLIDE 18

Ask participants to vote – using an online poll such as within zoom, or using an online tool such as menti.com; alternatively, you may simply ask for comments in a group discussion.

For an online poll, you could shorten the risk factors and protective factors to key words.

Which are the most significant **risk factors**:

- Difficult or frightening experiences
- Lack of understanding of what has happened
- Loss of family home, friends, or caregivers
- Loss of self-respect and self-confidence
- Poor living conditions or lack of access to basic services like healthcare
- Poor diet and nutrition
- Lack of opportunities for education and play
- Excessive burden of paid or unpaid work
- Uncertainty about the future
- Disability

- A hostile environment (e.g. racism or discrimination)

Identify together the top 3 or 4 factors that participants feel are the biggest risks to children currently. Ask if participants can see any ways that we could work towards reducing any of these risks as education projects and schools, and take a few ideas.

For example, with a lack of access to services, schools could refer families to places that offer support or community services; for frightening experiences, teachers could create space for children to talk about their feelings and provide a safe space.

Explain that, while will not be able to address all these risks, there is often something we can do to in even very small ways that will make a big difference for children.

We should not be overwhelmed by identifying risk factors, but can instead see this as something that helps us to identify areas to work on where any small action can make a really big difference for children.



SLIDE 19

On the other side, as well as risk factors, we can think in terms of **protective factors**. These are positive things that, if they are in place, can help children to be more resilient and to cope better with difficulties.



SLIDE 20

Talk through the protective factors on **SLIDE 20**. From this list, think about the children you see in your classroom. Again, decide together as a group where you think children are facing the biggest challenges in accessing these protective factors.



SLIDE 21

What are the most challenging protective factors?

- Self-esteem, self-confidence, and communication skills
- Can think through and process events and look to the future
- Can express themselves through play, arts, games, community rituals
- Positive parenting and carers who respond to the child's emotional needs
- Positive family environment that provides love, support and discipline
- Can express feelings and anxieties to adults who listen to them
- Friends who are good role models and a source of fun and acceptance
- Able to maintain normal family life, religious practices, language
- A positive school experience where teachers are supportive
- Part of a strong community where children are active members

Identify the top 3 or 4 protective factors which need to be strengthened.

This time, send participants into breakout rooms for 10 minutes. Participants should work in small groups, choosing just one of these factors, and thinking about how education actors or teachers could work to build up this protective factor through their education programmes.



If there is time, take feedback and share ideas.

Wrap up (5 minutes)

Homework



SLIDE 22

Reflect on the risk factors and protective factors, and identify one which you would like to work on more as a school or education project.

Think about the steps you would take to put this idea into practice.

Evaluation



SLIDE 23

Ask participants to answer a question at the end of the session – for example, ‘what’s one thing I learned today?’ –and ask them to write their answer on an online whiteboard, or to type answers directly into the chat function.



For a face-to-face training, participants can write answers on post-it notes and add these to a flipchart paper.

Thank participants for their engagement and remind them of the content of the next session, where we will explore more practical ideas for integrating psychosocial support, as well as looking at our own wellbeing as teachers.

PART 2: INTEGRATING PSYCHOSOCIAL SUPPORT IN EDUCATION

Welcome and feedback (15 minutes)



SLIDE 24, 25, 26

Welcome participants as they arrive, and ask for one or two participants to give brief feedback on the homework tasks.

Optional Biblical Reflection



SLIDE 27

You may choose to use this reflection if you are training a group who are all from a Christian faith background.

Ask participants to listen to the following story and to notice:

- What risk factors and protective factors do you see for the girl in the story?
- What do we learn about children's resilience?

Read: 2 Kings 5:1-6

5 Now Naaman was commander of the army of the king of Aram. He was a great man in the sight of his master and highly regarded, because through him the Lord had given victory to Aram. He was a valiant soldier, but he had leprosy.

2 Now bands of raiders from Aram had gone out and had taken captive a young girl from Israel, and she served Naaman's wife. 3 She said to her mistress, "If only my master would see the prophet who is in Samaria! He would cure him of his leprosy."

4 Naaman went to his master and told him what the girl from Israel had said. 5 "By all means, go," the king of Aram replied. "I will send a letter to the king of Israel." So Naaman left, taking with him ten talents of silver, six thousand shekels of gold and ten sets of clothing. 6 The letter that he took to the king of Israel read: "With this letter I am sending my servant Naaman to you so that you may cure him of his leprosy."

Take feedback from the group:

- What risk factors and protective factors do you see for the girl in the story?

Suggestions could be:

- *Risks – separation from family, the trauma of being kidnapped, different culture and customs, risks of abuse and overwork*
- *Protective factors – her strong faith in God, inner courage*
- What do we learn about children's resilience?

The girl has been taken captive and so is in a desperate situation, but she is the one who links Naaman to God and shares a solution – and she is listened to! This would have taken courage, and we can also see that her faith in God has stayed with her even though she has been taken away from her community. We don't know much about this girl and what the risk and protective factors were

for her exactly – but we can see from this brief story that children in difficult circumstances can be resilient, able to draw on their strengths, be creative and take action.

SESSION 1: Psychosocial support in the classroom (45 minutes)

Learning objective: Understand how to adjust teaching and learning to provide psychosocial support, and how to integrate targeted PSS activities in the classroom



SLIDE 28

Activity: A good teacher



SLIDE 29

Ask participants to take a moment to reflect quietly individually on someone who they remember as a ‘good teacher’ in their own life. It could be a schoolteacher, Sunday School teacher, or someone else who taught you in an informal way —a parent or family member, for example. What was it that made them ‘good’?



For a face-to-face training, the participants can share with a partner and create a list of qualities of their ‘good’ teacher.

Take feedback from a few participants, and then drawing on people’s responses, explain that one of the most important strengths of a teacher is letting children know that we are interested in them and value them. What can you do as a teacher that shows children that we are interested in them and value them?



SLIDE 30

Ideas may include:

- Greeting children by name
- Showing an interest in each child and their interests
- Noticing when a child seems disturbed, upset, worried or concerned
- Give children a sense of self-worth by providing encouragement, recognition and praise
- Giving encouragement for trying
- Finding something positive to say about each child every day
- Trusting them with responsibilities
- Show respect and empathy for each child, and encourage all of the children to do the same for one another
- Accept the children for who they are and do not condemn, reject or laugh at them

Explain that during this crisis, it is extra important that we know as much as we can about each student. The more we know about the child, the easier it will be to notice when they are struggling. This can be really difficult with large classes, but whatever we can do will be helpful. Make sure you know whether any student has suffered a serious illness or bereavement in their family so that you can keep an eye on them and offer help.

As important caregivers outside the home, teachers are in a unique position to help children recover through their everyday activities. Teachers play a powerful role in the life of any child when they

offer consistent emotional support and build on children's coping skills in the day-to-day classroom environment, whether online or in-person.

Enabling children to return to school is a crucial part of normalizing life after a crisis event. It restores some predictability in daily routine, reconnects children to other children and to teachers, and provides a context within which children can process the experiences they have just been through. Restoring learning activities as soon as possible mitigates risks and provides a sense of purpose.

Creating a supportive environment in the classroom



SLIDE 31

1) Create a routine

One of the most significant ways to provide psychosocial support through an education environment is simply by creating and maintaining predictable routine and structure which helps children to find structure, consistency and security in their daily life again.

In recent times, it has been very difficult to maintain a consistent structure for children's school experience, with teaching online, the possibility of changing between home and classroom learning suddenly, and all the differences in the set-up of in-person learning to comply with safety regulations.

Ask: What are some ways you have been able to create a sense of routine and predictability in your classroom (whether online or back in school)?

Take feedback and offer suggestions:

- In a physical classroom, use a **visual timetable**. It's great to have a framework that will be the same from day to day and emphasizing familiar routines such as study-time, play-time and lunchtime
- Establish classroom routines such as taking attendance daily, and always start your day's lesson with a routine the children will get to know well, such as a song or group activity
- Work on having **calm class transitions** when children come in and out of the room

Once you have started a new routine, **stick to it**. It will help your pupils know where they stand and what to expect - and they will be better able to manage their emotions and behaviour as a result.

2) Realistic Expectations

Children feel safe and secure when they know what is expected of them in terms of behaviour and completion of classwork; however, the crisis may have disrupted children's ability to focus and concentrate for long periods of time. Rather than altering expectations, adjust (where necessary) the delivery and/or format of classroom activities (for example, change to 15- or 30-minute learning blocks and incorporate physical activity in between blocks to stimulate attention and concentration).

Explain that you will try one of these activities now!

Activity: Learning Break Choose one of the 'Learning Break' activities suggested in the Resource Guide (p4-5) to do together with participants for 5 minutes.

Explain that these are the kinds of activities you can use as a teacher to help children to take a break and be able to focus again afterwards. Teachers may be able to share ideas of other activities they have used for this purpose in their own classrooms.

3) Restoring Connections

As relationships are an integral part of social and developmental growth, any disruption to children's friendships and connections with others can be very challenging to their well-being. Try to find ways to support children to re-establish connections with their peers and possibly to develop new friendship groups, particularly if their friends didn't return to school immediately or they are placed in different teaching "bubbles".

If not already in place, you could implement a cross-age buddy system whereby children are paired up to ensure that each has a dedicated support person while at school.

Other ways to provide support:

- Provide choices – help children to regain a sense of control by giving them the chance to make choices, such as by choosing between various classroom activities or choosing assignment topics
- Focus on strengths and positives – this can be as simple as offering praise to students when you notice a positive behaviour or personal strength they have developed or demonstrated.
- Connect with parents – be prepared to reach out to parents and to listen to their concerns about children's return to school or other issues
- Create 'safe spaces' in real-life classrooms - these areas can be used when children need some time to calm themselves down, or if the educator needs some time to talk to a child individually

(These ideas are summarized in the Resource Guide, page 3)

Including specific psychosocial support activities in learning



SLIDE 32

Practice together: Choose one specific psychosocial support activity from the psychosocial support activities resource (p.6-12), for example, 'The Mirror Game' (p.8) and do this together as a group.

Explain that this is an example of a psychosocial support activity which opens up a topic for the class, or helps children to build a psychosocial skill. In this way, specific psychosocial interventions and activities can benefit children inside and outside the classroom.

As a teacher, you can select and create activities which specifically target risk and protective factors you have identified as priorities, and include activities which link with the situation of your children.

Explain that the resource guide includes a section with some suggested activities in these key areas:

- **Expressing feelings and emotions**

Activities such as drawing, art, drama, and storytelling can help children to share their feelings. Creating a safe and responsive environment after an emergency is crucial in promoting psychosocial wellbeing and allowing children to deal with the grief of their losses.

- **Understanding what has happened and being able to think positively about the future**

Education can play a vital part in facilitating children to discuss experiences of violence, danger, displacement, causes of natural disasters. Education can also help children to understand the facts about Covid-19 and how to stay safe. Such discussions develop both individual and shared understanding of the meaning of these events and helps personal coping.

- **Building self-esteem and self-confidence**

Being out of school or feeling that they have been unable to prevent difficult things from happening can damage children's self-confidence. Being confident in themselves and their identity can be a key step towards children's resilience.

- **Cooperation and learning how to have positive relationships with others**

During an emergency, children may have lost opportunities to connect with their peers and to develop their interpersonal and social skills. These simple activities can encourage children to work together.



In an in-person training or with extra time, for each of these, you could divide teachers into groups, and ask them to choose one activity from the resource guide to practice and lead the rest of the group in. You could also give groups the opportunity to share their own creative ideas for activities on the given theme.

If possible, teachers can allocate time each week for psychosocial support activities. It will help children learn in the core curriculum topics more effectively if they are feeling safe, secure and supported.

SESSION 2: Supporting children who are struggling (15 minutes)

Learning objective: Know how to recognise the signs that a child may need further support, and what steps to take when they are not able to cope



SLIDE 33

Explain that we want to take a moment to think about how we can know if a child is really struggling to cope beyond what we would expect and needs further support (i.e. at the top levels of the psychosocial support pyramid).



SLIDE 34

Normally a child should show some signs of improvement around 1 month after a crisis, and after 6 months the child should have returned to a more normal pattern of activities. However, with a long-term or recurring crisis such as a pandemic, this might be different and harder to see.

Ask: What might be some signs that a child is not coping well? What have you observed in the children you're working with?



SLIDE 35

Take ideas on a flipchart/in the group/online whiteboard.



SLIDE 36

Some common signs of psychosocial distress we might observe in the classroom are:

- An inability to complete simple school assignments, difficulty concentrating
- Always looking sad, never smiling, or crying often
- Acting withdrawn or not reacting to games or other fun activities
- A noticeable change in behaviour or personality
- Not having many friends
- Constant preoccupation with violence, death and killing (including killing themselves)
- Persistent, aggressive behaviour with peers or teachers, either physically or verbally
- Disruptive behaviour in class, such as non-stop questions or arguments
- Frequent absences from school
- Constant physical complaints, including headaches, stomach aches or dizziness

Ask: How would we notice this in online learning?

What can we do to help these children?

Make sure that the child is involved in at least some of the specific psychosocial activities including, music, dance, drama, personal writing, drawing or other expressive arts. Watch to see how the child reacts when involved in some of these activities.

Children who continue to be very distressed often have a difficult, disrupted or unsupportive family situation. After you have engaged the child in communicating with you and you begin to understand him or her better, ask if it is okay to make a home visit.

Meet with the family and the child together. Ask them, in general terms, how they think the child is doing. Note any major ongoing problems that could be the source of the child's distress. Discuss with the family the importance for children to play and socialise with other neighbourhood children (if allowed under current Covid-19 guidelines), and ask them to think about positive activities that the child may enjoy.

Try to use supportive communication with children, understanding their point of view and strengthening their self-esteem, rather than using critical, negative tones. Gently encourage children to talk about their experiences and feelings at their own pace.

What can we do when children continue to be severely distressed?



SLIDE 37

The level and causes of distress in some children are such that they will not go away no matter how much psychosocial support and other responses schools and teachers can give.

- If children continue to show a high level of distress after you have tried all of the things suggested here, discuss the situation with the child's family. Ask for their permission to refer the child to services that specialise in helping children in distress.

- If your school does not have a referral system in place, immediately discuss the importance of a referral system with the school principal. If necessary, help the principal identify appropriate services or trained personnel.
- Once a referral policy is in place, make sure that all teachers know it. The families of highly distressed children must be contacted before making any referral to outside services.

If there are any doubts about the recovery of a child, seek advice from a supervisor or a professional expert. This may include seeking further advice from or sharing information with relevant individuals or organizations. If a child changes significantly, and shows no signs of improvement, seek professional help.

Some signs of significant change are:

Emotional: continuous sadness, talking about ending his or her life

Physical: weight gain or loss, headaches, nausea

Psychological: nightmares, anxiety, difficulties in learning or concentrating

Behavioural: dangerous or risk-taking behaviour, alcohol or drug use, hyperactivity or passivity, withdrawal from social activities or play.

When referring a child, be aware of the standards, guidelines and legal framework related to the service in question and always take into account that the referral should be in the best interest of the child.



If you are able to give a longer training or have additional time – it would be great to include input and advice from an external PSS specialist – e.g. from an organisation accepting referrals – so that you form those connections and get accurate local advice on referrals.

SESSION 3: Teacher Wellbeing (30 minutes)

Learning objective: Recognise the importance of teachers taking care of their own wellbeing, and identify practical strategies for this



SLIDE 38

Wellbeing exercise: Choose one of the wellbeing exercises suggested in Resource Guide (p.13) together, such as ‘Pencil walk’ or ‘Sunshine’.



SLIDE 39

Ask: Do you think our own wellbeing as teachers is important? What happens when we don’t pay attention to it?

Say: It is important to remember that Covid-19 and the lockdown will also have had an effect on the mental health and wellbeing of all members of the school staff. Similar measures should be put into place to support them as well as the children. To help and support others, we need to start with ourselves.

Ask: What strategies do you already have for taking care of your own wellbeing?



Allow time for group discussion if possible



SLIDE 40

Share a few of the tips from the following ideas. Ask participants to take time to read through the list individually, and then to share something they are already good at, and something they find challenging. This could also be done as a paired or group discussion activity.

Thinking and perspective:

- Gratitude – set aside a few minutes each day to reflect on a few things you're thankful for
- Accept uncertainty and keep things in perspective – we are living through uncertain times so all we can do is focus on those things we can control and what we can do
- Recognise that your feelings are normal and ok. The emotions you are feeling right now (anger, sadness, fear) are normal responses to an abnormal situation.
- Write down worries to give yourself some space; you might also try analysing evidence for and against the worry and seeing if you can problem solve them.
- Be reasonable with your expectations of yourself, and at the beginning of your workday, be clear about what you want to achieve today and what your key priorities are

Physical wellbeing:

- Establish a routine
- Eating a healthy diet
- Get enough sleep
- Regular exercise can lift your mood and increase your energy levels. It doesn't have to be strenuous and you can pick something you enjoy so you will be able to stick with it! For example, going for a walk during your day, or doing stretches in the morning.

Social connections:

Building and maintaining positive relationships with people can be an important part of wellbeing. It is disorienting to be so removed from those we love. It is also strange to be away from colleagues.

- Maintain social connections – e.g. phoning a friend or relative, arranging to speak with a colleague or friend
- Think about who energises you and reach out to them for a conversation. Limit time with those who don't.
- Think about who you can support and get in touch with them as well.
- Find ways to support one another as educators such as through peer support groups or a buddy system

Self-care:

Find some moments in the day when you do something that is just for yourself:

- Engage in a spiritual practice. This could be prayer, spending time in nature, or engaging in meaningful contributions to others.
- Make time to do something that will allow your brain to calm: prayer, cooking, gardening
- Be kind to yourself – talk to yourself as you would a friend
- Be creative - music, art, writing, growing plants, cooking a new recipe

- Talk about or write down your feelings. Expressing how you feel will mean you have a choice about what to do with that feeling: suppressing it will mean that the feeling can overwhelm you.
- Take breaks and set boundaries around working hours and work communication

Wellbeing plan

Show participants the wellbeing plan template in the Resource Guide (page 14-15) and encourage them to complete this in their own time.



Participants can do this during the training if you have additional time.

Explain that it is a good idea to complete a wellbeing plan ahead of time, so that when you feel you are struggling, you already have a plan in place. A wellbeing plan is a living document, so you can keep adding to it and reviewing it as you find more things that help you.

Action planning/evaluation (15 minutes)



SLIDE 41

Action planning

Ask each participant to take a few minutes to reflect on the complete training and fill in the action plan in their Participant's notes (Page 14).



SLIDE 42

What are three or four key actions you will take over the next month to put this training into practice? How will you know you have achieved it?

What	When	Who	How will I know when it's been achieved?

Evaluation



SLIDE 43

Carry out a brief evaluation activity together as a group, for example:

- Ask each participant to share one action they will put into practice in the next two weeks – in an online training, you could ask participants to use an online whiteboard or to type in the chat box; in a face-to-face training setting, you can throw a real (or imaginary!) ball to one another and whoever catches the ball is the next to share.
- You could also choose several questions and, in a face-to-face training, have participants place themselves along a line to show how much they agree with each statement, or for an online training, use an online voting tool like *menti.com* to gather feedback on a series of questions

You can also give a full evaluation to complete on paper or set up online using an online survey tool such as google forms, survey monkey or Microsoft forms.

Suggested evaluation form:

These questions can also be asked in an online survey or can be adapted to ask specific questions on the effectiveness of the tools and technology used for the training sessions.

Training Evaluation - template

Please choose the answer that represents your understanding following the training:

1) I understand the concept of psychosocial support and am confident in my ability to offer psychosocial support to children through our education programmes: (Not at all, a little, somewhat, very much)

2) I am confident to be able to recognise where a child is struggling to cope and know how to offer additional support and refer them to further services if necessary: (Not at all, a little, somewhat, very much)

3) I know how to manage my own wellbeing and know how to put strategies in place to ensure that I am coping well: (Not at all, a little, somewhat, very much)

4) Please tick the appropriate box to show how far you agree with each statement:

	Strongly disagree	Disagree	Agree	Strongly agree
I enjoyed the training				
The material covered was appropriate and relevant				
The training methods used were helpful				
I have learned something new which will help me in my work				
I know what I need to do next to implement this training in my workplace				

5) Which sessions did you find the most useful?

6) What would you change about the training?

Any other comments: