
Briefing Paper

Incorporating a Trauma-Informed Approach in Primary Education Programming in Northwest Syria

Constant exposure to traumatic or distressing events can impact an entire community, as well as an individual's psychological, emotional, cognitive, spiritual, and social wellbeing. This can be exacerbated when survivors are excluded from the decision-making processes regarding issues that affect them, making them feel invisible and powerless.

Building on its experiences with fragile and conflict-affected communities around the globe, Chemonics adapted and applied [its own learning](#) to support potentially trauma-affected individuals in Northwest Syria, as part of its implementation of the UK Aid-funded Syria Education Programme (SEP), also known as Manahel. SEP's approach focuses on healing and promoting individual agency by transforming passive programme participants into dynamic constituents of development programming, actively demonstrating "Safety", "Collaboration & Mutuality",

"Empowerment, Voice & Choice", and "Cultural, Historical & Gender Issues" – four of the Substance Abuse and Mental Health Services Administration's (SAMHSA) [six principles of trauma-informed delivery](#) adopted by Chemonics.

This briefing paper captures key learnings from this process and shares insights on SEP's work engaging children, caregivers, teachers, and the community to support the recovery of individuals from potential trauma exposure and distress caused by over 12 years of protracted crises. The insights are organised around three critical phases of the programme cycle: design, implementation, and evaluation. By sharing these valuable lessons, the paper seeks to contribute to the wider body of knowledge on effectively engaging communities in trauma-informed programming and promoting the recovery and wellbeing of those affected by trauma.

Design

Increasing a Sense of Ownership Through Designed Community Engagement

Many of the children that SEP works with have only known war. The severity of children's mental health distress in Syria means that psychological support is vital to all elements of their wellbeing. Over the years, the programme, which was set up to provide primary education to almost half a million children, has designed flexible psychosocial support (PSS) activities in constant collaboration with parents and children to improve children's emotional intelligence and resilience which are essential tools for overcoming trauma. Ranging from sustained and specialised psychological support to fun classroom-based storytelling and reading exercises, the programme blends a mixture of activities to improve children's mental health and psychological wellbeing.

One way that the programme involves parents and children in the design of the psychosocial support curriculum is through kicking-off the PSS activities with workshops held in each school. During these workshops, facilitators bring parents and children together to review storybooks designed to teach the children about various topics relating to emotional resilience, such as honesty, respecting others, patience, kindness, and friendship. Facilitators subsequently incorporate their tailored insights into weekly guided PSS and reading sessions.

Having parents and children participate in the PSS curriculum design has brought the additional benefit of producing a curriculum tailored to their emotional needs and contextual reality, giving those involved a greater sense of ownership

and accountability over programme activities. This approach increases caregivers' involvement in their children's development, thereby providing the necessary support for children to overcome any obstacles and effectively cope with potential challenges, trauma, or distress. By facilitating more opportunities for caregivers and children to connect on topics related to emotional wellbeing, the SEP programme lays a solid foundation for children, allowing them to develop resilience and navigate their emotional journeys effectively.

Participatory engagement has also addressed other issues by restoring the agency of individuals who have lived under multiple repressive regimes and repeatedly been barred from expressing opinions, reframing them as right-holders and catalysts in their own recovery process.

The programme also sends out surveys to parents and school safety officers every three months. The results of these surveys have informed decision making on the issues to prioritise at each school's monthly awareness session. SEP also intentionally seeks feedback from children with disabilities and marginalised groups to ensure equity and accessibility through its interventions. Children with disabilities have historically been highly stigmatised in the Syrian context before the war, as parents often hide their children from the public. The responses received from children with disabilities demonstrate that they value the opportunity to participate and give holistic feedback on their needs in meaningful ways.

Implementation

Reinforcing Empowerment and Accountability Through Community Networks During Implementation

The ongoing conflict in Syria has fuelled a mental health crisis and increased the number of people living with disabilities. Unfortunately, fear of being stigmatised often hinders people from seeking the assistance they require, leading to a significant underrepresentation of these groups in wider community life. SEP took steps to implement its programme and address this issue by establishing several parent-to-parent support groups, created with the specific aim of reducing the stigma associated with mental health and disabilities. By bringing together caregivers who have children with disabilities, the programme provided a safe and supportive space for caregivers to share their experiences, challenges, and concerns openly. These support groups played a crucial role in breaking down the barriers of isolation and fear that often accompany stigma. By implementing these measures, SEP aimed to address the root causes of stigma and enable both the caregivers and children with disabilities to participate in their wider communities in meaningful ways.

The programme also brings together caregivers of children with severe emotional distress or additional needs, ranging from fear and anxiety disorders to ADHD and autism, among others. These groups allowed the caregivers to convene in a non-judgmental space, share the challenges that they face raising a child with disabilities, build community, and learn how others have dealt with issues such as finding local resources, learning more about their child's disability, and improving their day-to-day interactions.

School protection workers also take this time to educate parents on the nature of their child's condition and connect them to bespoke services.

In this way, SEP fosters an environment where communities are encouraged to participate in the social and emotional growth of their children. Additionally, caregivers are given the opportunity to share their own vulnerabilities and discuss the difficulties they may face with their own mental health. These conversations are especially important and differ from those held with specialised mental health and psychosocial support (MHPSS) workers. They expand caregivers' understanding of trauma, allow them to speak with a group of people who truly understand what they are going through, and shift their dialogue towards what they can collectively do as a community to support mental wellbeing.

Evaluation

Responsive Adaptation Through the Evaluation of Intersectional Lived Experiences

Data collection in the Syrian context is challenging due to the constantly changing political situation, ongoing violence, COVID-19 pandemic, and recent earthquake that hit northern Syria and Turkey. Moreover, the experience of being resilient to, and coping with, trauma is not static and programme implementation must match this varied dynamic to meet the expressed needs of the communities with which the programme works.

Trauma-informed programming in particular needs to be highly inclusive in considering the various experiences of intersectional identities, groups, and communities that are present in Northwest Syria. Adaptive implementation that incorporates this feedback is possible when complexity-aware monitoring principles are integrated within a learning and adaptive management strategy. For SEP, implementation centres on the systematic uptake of findings and other evidence-based practices to understand the programme's impacts on children from various groups, as well as to improve the quality and effectiveness of the activities that SEP implements.

SEP gives children, caregivers, and teachers a sense of accountability over programme outcomes by continuously seeking their feedback on how interventions have impacted, or might impact, children's emotional resilience. This ongoing analysis of participant feedback informs programme adjustments in response, as well as future strategic planning to align programming with emerging needs. SEP conducts a quarterly Strength and Difficulty Questionnaire (SDQ) among students, caregivers, and teachers and ensures the inclusion of Internally Displaced Persons (IDPs) to measure the impact

of the intervention and assess changes in individual and community resilience strategies.

Assessing data from previous quarters, SEP identified 21 areas that were frequently reported as "improved" or "needs to be improved," such as fear, bullying, children's social relationships, and distraction. As a result, each of these areas were included in a booklet that features guidelines, instructions, and recommendations for school staff and caregivers when dealing with such cases. SEP used the SDQ results to identify strengths and difficulties impacting children as per their age group, gender, and disability, to establish appropriate interventions in response to children's specific needs. For example, findings from the SDQ indicated that younger children (aged 5 to 8) were more likely to exhibit difficulties with peer relationship building, and that children in grade 4 were more vulnerable to bullying, poor self-image, and an increased awareness of discrimination. As a result, the programme tailored the PSS intervention to address these needs, rather than offering a generic or homogenous PSS programme to all children.

The SDQ also revealed a 50% decline in children under the category of "high emotional and behavioural challenges" over the course of four years. This could indicate a positive shift in their mental health and wellbeing, and could indicate successful interventions. The involvement of wider communities in the evaluation process is designed to help situate trauma sensitivity in the larger community context in which children are located, by providing a more holistic understanding of children's and their larger communities' social and emotional needs.

Conclusion

The experience of implementing the Manahel programme both reinforces and augments our knowledge of trauma informed programme delivery by focusing on individuals' sense of ownership through community engagement, establishing community networks to promote empowerment, and creating the conditions needed for safe and responsive adaptation.

These activities also create an opportunity for resilience building and personal transformation, by continuously engaging children, caregivers, teachers, and communities in project design and delivery. Trauma-informed programming supports the entire community's empowerment, and is especially beneficial to promote healing from potential distress and large scale trauma.

Opportunities for Trauma-Informed Action

The following steps are designed to support the engagement of children, parents/caregivers, and communities to promote the healing of those affected by distress or trauma, through trauma-informed programming:

- Strengthening community support groups by providing a safe and supportive environment and identifying and addressing any barriers that may prevent participation, such as stigma, cultural barriers, or lack of awareness.
- Developing enhanced feedback loops for any programme that supports trauma-affected populations. This may involve more frequent and targeted data collection, as well as more meaningful engagement with programme participants to ensure that their voices are heard and their feedback is considered.
- Promoting direct engagement in the design of PSS programmes that are aimed at supporting recovery and healing and are culturally sensitive, relevant, and responsive to the needs of the communities they serve.
- Developing adaptive programming to reflect the changing needs of communities affected by distress or trauma over time. This means ensuring programmes are rooted in community-led learning, and highly flexible.



The Syria Education Programme is funded by UK aid from the UK government.

Published in June 2023 by the Syria Education Programme.
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