

UNDERSTANDING AND SUPPORTING VULNERABLE CHILDREN IN SCHOOLS IN LEBANON

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Summary

There is an urgent need to attend in systematic and comprehensive ways to the psychosocial needs of vulnerable young people¹ in schools in Lebanon. An understanding of the behaviors and needs of vulnerable children helps to identify ways that schools can respond and contribute to their well-being and resilience.

MAIN RECOMMENDATIONS

- ▶ Schools hosting vulnerable populations in Lebanon must take a connected, whole school approach to emotional wellbeing and mental health.
- ▶ In collaboration with the Lebanese Ministry of Education and Higher Education (MEHE), schools should lead efforts to integrate refugee experiences, history, and culture into the delivery of curricula and train teachers in instructional techniques that facilitate expressing of emotion in a constructive way.
- ▶ Comprehensive psychosocial support should be offered to students and teachers in schools. This includes access to specialist assessments and services as needed; prevention and intervention efforts to reduce mental health difficulties, overcome stigma of refugees, and promote positive well-being; and programs such as anti-bullying, aggression reduction, peer support and mentoring.
- ▶ Schools should create safe, child-friendly and creative environments for learning and playing both inside and outside of the classroom.
- ▶ Community-building activities such as service learning, volunteering, or after-school tutoring should be conducted through collaboration with schools, local community organizations, and NGOs to foster the development of positive relationships among students, families, and teachers.

Children, vulnerability and mental health

There is clear evidence that vulnerable children in Lebanon have been deeply affected by traumatic events. Trauma is not context-free and is impacted upon by the meaning of events to the participants; by economic status; and poverty is key; by the isolation experienced or not; and by ideology e.g., dying for a cause can radically affect how an event is seen.² So context matters and there is a need to examine the particular contexts and meaning of the young people involved.³ It is important to research the views of young people and their parents or carers. The context also matters because you can affect parts of it, such as the school environment.

¹ Children who are made vulnerable by their context, which may include issues of war and other political or socio-economic crisis; poverty; disease e.g., HIV/AIDS; and are unable to anticipate, cope with, resist, and recover from the impacts of these difficulties.

² Khamis, C. (2012) *Impact of war, religiosity and ideology on PTSD and psychiatric disorders in adolescents from Gaza Strip and South Lebanon. Social Science and Medicine, 74(2), 2005-2011.*

³ Save the Children. (2015). *Childhood in the Shadow of War. Sweden: Save the Children.*

There are some universals for children with regard to vulnerability. All children require attachment and security to thrive; all children strive to make meaning of events and adults can help in this regard; all children need constructive social contact with an adult and peer and support⁴; and all children need the basics of life, so poverty matters. Children in poverty who experience the things being discussed have a harder time recovering than other children.

“Recent studies of the psychosocial needs of refugee children and other young people in public schools in Lebanon show that the need for support and intervention is high and urgent.”

The nature of trauma, i.e., that the child is powerless and that there is a threat, means that children’s inner and outer worlds can be chaotic. Children often cope by acting out their feelings through violence, aggression, or by directing internally actions that are self-harming. Anxiety and depression can be common.

This can range from specialist to general support and peers can be very helpful. General educational activities like drawing and playing can help a great deal. They need to feel supported, not isolated; they need to have a high-quality education, for this lessens disadvantage and is the key to the future. Access to specialists is important, but not the only solution.



⁴ McLaughlin, C. and Holliday, C. (2014) *Therapy with Children and Young People: Integrative Counselling in Schools and other Settings*. London: Sage.

Vulnerable children in Lebanon

Recent studies of the psychosocial needs of refugee children and other young people in public schools in Lebanon⁵ show that the need for support and intervention is high and urgent. About half of the Syrian refugee population are children under the age of 18 and approximately 40 percent under the age of 12. The refugee children have experiences that deeply challenge any human being's mental health—witnessing the death of relatives and others; violent contexts; loss of home and friends; poverty; and hostility from others. There have been many studies and interventions that aim to lessen the impact. We know too that the local education system in Lebanon has many severe challenges. These challenges in turn cause adults and children to behave in ways that can appear very difficult to handle.

The key psychosocial needs of pupils in Lebanese schools center around six key areas:

1. The trauma of the war and refugee experience, including major loss and grief;
2. Bullying from peers;
3. Violence or harsh treatment practiced by their teachers
4. Violence inflicted by their parents at home or living in an aggressive environment;
5. Stigma and discrimination by nationality;
6. Lack of community support for vulnerable children.



⁵ Abdul-Hamid, H. Patrinis, H., Reyes, J, Kelcey, J., & Varela, A. (2015). *Learning in the Face of Adversity: The UNRWA Education Program for Palestine Refugees*. World Bank Studies. Washington, DC: World Bank; Hijazi, Z. & Weissbecker, I. (2015) *Syria Crisis: Addressing Regional Mental Health Needs and Gaps in the context of Syria Crisis*. Washington, DC: International Medical Corps; Save the Children, (2015); Sirin, Selcuk R. & Lauren Rogers-Sirin. (2015). *The Educational and Mental Health Needs of Syrian Refugee Children*. Washington, DC: Migration Policy Institute.

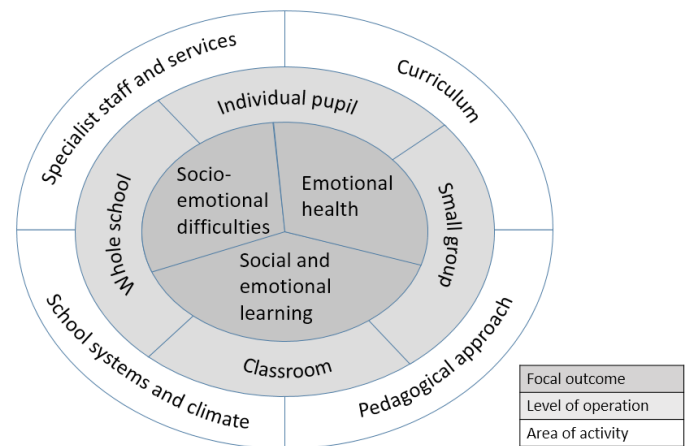
The role of schools in psychosocial support

“Schools are a crucial site for the promotion of well-being: children spend a great deal of time at school, form highly meaningful relationships with both adults and peers there, and learn a wide range of skills related to well-being outcomes”.⁶ Schools play a very effective role in communities of vulnerable children and adults and have a range of proven options to intervene and improve the lives of children who are displaying the sort of issues described earlier. Often, school is the only site of stability with the capacity to respond positively and in ways that enhance the well-being and resilience of the young people.

“In making sense of their experience, children need help to deal with their vulnerability and to be listened to.”

A systematic review of evidence⁷ shows that a connected-up approach in schools can be highly effective. Schools can and should be involved in the “intentional, deliberative process of providing support, relationships, experience and opportunities that promote positive outcomes for young people”.⁸ This involves looking at psychosocial support as well as educational support since these elements are not in opposition but should be integrated. Provision of this sort involves a range of types of work exemplified in the Figure 1 below.⁹

Figure 1



Overall, it is recommended that Lebanese schools pursue a carefully planned and well-supported program of work on social and emotional learning and support that is rooted in, and reinforced by, connections with school systems and all stakeholders, and integrated with an appropriate curriculum and pedagogy.

⁶ Banerjee, R., McLaughlin, C., Jess, C., Roberts, L., Peereboom, C. (2016). *Promoting Emotional Health, Well-being and Resilience in Primary Schools*. Cardiff, Wales: The Public Policy Institute for Wales. Retrieved from: <http://ppi.wales.gov.uk/files/2016/02/PPIW-Report-Promoting-Emotional-Health-Well-being-and-Resilience-in-Primary-Schools-Final.pdf>, p. 15.

⁷ Ibid.

⁸ Resnick, M. D. (2005). *Healthy youth development: Getting our priorities right*. *Medical Journal of Australia*, 183(8), 398-400, p. 398.

⁹ Banerjee, et al. (2016).

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