How to cite this document

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Introduction

European societies face challenges in promoting the integration of refugee and migrant adolescents. A growing body of studies document the at-risk mental health of migrant children and adolescents, in particular showing increased prevalence rates of internalizing problems (Derluyn et al., 2008; Dimitrova et al., 2016; Jackson et al., 2012; Kouider et al., 2014; Van Oort et al., 2007) and posttraumatic distress in refugee youngsters. In addressing mental health in refugee and migrant adolescents, literature shows a growing consensus that promoting well-being in migrant children and adolescents is inherently intertwined with aims of supporting cultural integration, social participation, and positive minority-majority group relationships (Measham et al., 2014; Özbek et al., 2015), as positive structural conditions in newcomers’ host societies support newcomers’ well-being while social dynamics of discrimination, exclusion and polarization are consistently documented to negatively impact refugee and migrant youngsters’ mental health (Priest et al., 2013; Rousseau et al., 2013). This interest in interconnecting aims of promoting mental well-being and social participation is reflected in the increasing interest in the preventive and curative role of schools in supporting refugees’ and migrants’ psychosocial development (Hamilton & Moore, 2004; Kia-Keating & Ellis, 2007; Pastoor, 2013; Peltonen et al., 2012; Tyrer & Fazel, 2014). Several arguments underpin this growing interest in school-based psychosocial interventions for newcomers. First, schools can operate as access point to or locus of mental health services, as refugee and non-refugee immigrant families generally underutilize regular services, although they face high levels of adversity and are at risk for developing psychosocial vulnerability (Bodvin et al., 2018; Ellis et al., 2010; Verhulp et al., 2017). Schools, as low-threshold spaces that are not imbued with mental health-related stigma, can operate as spaces of psychosocial prevention and support, by implementing effective mental health intervention (Beehler et al., 2012; Franco, 2018; Nadeau et al., 2014; Sullivan & Simonson, 2016). Second, school-based mental health practice can play an important role in promoting positive intercultural relationships and countering social dynamics of stigma and discrimination in multi-ethnic classrooms (Fazel, 2015). Studies have extensively demonstrated the primary importance of school-related variables in determining the long-term mental health of refugee and immigrant children and adolescents (e.g., Montgomery, 2011; Noam et al., 2014). Being an important part of the social context in diaspora, the school and the relationships that develop within this institutional context are central aspects for immigrant children’s and their families adaptation and integration within the host community (De Haene & Rousseau, 2020). This body of research on the role of peer relationships in refugee and immigrant youngsters’ mental health indicates how schools can provide a vital forum for promoting belonging and social integration, counteracting broader social dynamics of discrimination, exclusion, and tension within minority-majority relationships (de Wal Pastoor, 2015; Kia-Keating et al., 2007; Walsh et al., 2010). Third, school-based psychosocial interventions that engage with refugee and immigrant children’s families may lower thresholds in family-school interaction and promote parents’ involvement in children’s school trajectories (Rousseau & Guzder, 2008).

In summary, these arguments point to a central assumption that schools can provide low-threshold psychosocial support as a response to increased psychosocial vulnerability in refugee and migrant youth through mobilizing and enhancing social support and positive relationships as core predictor of refugee and migrant mental well-being.

Despite this growing emphasis on the role of the school in mitigating mental health risks for refugee and migrant youth through enhancing social support and cohesion (Hynie, 2018), there is little robust evidence on how preventive school-based interventions may impact newcomers’ well-being. The RefugeesWellSchool (RWS) project therefore aims to further the evidence-base on the role of preventive school-based interventions in promoting refugee and migrant adolescents’ mental well-being, and on how these interventions can be implemented in diverse educational contexts.

This report highlights the main findings of a six-country study aiming at exploring this role of school-based psychosocial intervention in supporting refugee and migrant youth mental well-being. Five school-based preventive interventions – Welcome to School (WTS), Classroom Drama Workshops (CDW), Peer Integration and Enhancement Resource (PIER), In-Service Teach-
er Training (INSETT), and In-Service Teacher Training with Teaching Recovery Techniques (INSETT + TRT) – were implemented in six European countries: Belgium, Denmark, Finland, Norway, Sweden, and the United Kingdom. Each intervention was implemented at least in two countries. Overall, these interventions set out to increase mental well-being for migrant and refugee adolescent. They approached mental well-being holistically and aimed at less mental health problems and increased overall well-being, enhanced resilience, executive functioning, social support and positive peer relationships, along with reducing discrimination in school. The RWS project also had a focus on engaging the larger school community in creating positive and sustainable changes on many levels (Selimos & Daniel, 2017). For example, teachers also play an important role in how newcomers feel welcome in school. Therefore, some interventions also targeted teachers, and aimed at increasing teachers’ knowledge and competences around issues of multiculturalism, migration, and trauma, as well as their feelings of efficacy and collaboration with parents.

In order to monitor the effects of the different interventions, a randomized control study design was implemented. We opted for this rigorous research design in order to be able to study and compare the different participants and analyze whether any change that happened over time was due to the intervention or not. To assess the interventions, quantitative and qualitative data were collected from adolescents, teachers, and parents at three timepoints: T1 before intervention, and T2 and T3 after the intervention.

Before the start of the intervention, the assessment of mental health profiles and social support provided strong evidence for both the mental health risks in refugee and migrant youth as well as the role of negative social relationships in predicting mental health outcome in these youngsters. In a sample of 883 refugee and 483 non-refugee migrants in five of the six participating European countries, all participants reported high levels of post-traumatic stress symptoms, while perceived discrimination was associated with increased levels of mental health problems for refugees and non-refugee migrants (Spaas et al., in press). In a larger sample including non-newcomer migrants and non-migrants in three of the six countries, baseline analysis indicated migrants, and in particular newcomers, experience decreased levels of social support as compared to non-migrants (Verelst et al., in press). In this large-scale sample, baseline assessment also confirmed the mental health vulnerability of newcomer youth, documenting higher levels of posttraumatic distress and peer problems as compared to non-newcomer migrant youth and non-migrant youth (ibidem).

While this baseline assessment of psychosocial vulnerability in refugee and migrant youth and the detrimental impact of negative social relationships provides a clear argument for implementing school-based psychosocial support focusing on enhancing positive social relationships as means of providing low-threshold psychosocial support, the pandemic outbreak in March 2020 modified the reach of the study in adequately assessing the role and effectiveness of the different school-based interventions across six countries. Indeed, interventions and their assessment were ongoing when COVID-19 was declared a global pandemic. Major restrictions such as home confinement of people and school closures were introduced, leading to a disruption in the project’s activities. While some interventions were already completed by that time, others were ongoing, and thus, heavily impacted by school closures and physical distancing. In many of the RWS countries, remote and online teaching, as well as complying with COVID-19 related health protocols led to increased workload for teachers, challenges for students and parents to stay connected with school life, and for researchers limited or no opportunities to be present in schools. All these changes inevitably had an impact on research design and participation.

Consequently, even though innovative mitigation measures were developed, the outcomes of this study were unavoidably influenced by the pandemic. Some interventions have been adjusted to online mode; others had to stop, and new recruitment of schools could not be carried out. Assessment at T2 and T3 timepoints also became challenging due to restrictions which prevented researchers to enter the schools or continued online schooling, which in some countries decreased connections between researchers and schools. Therefore, outcomes on effectiveness carry several limitations. On the other hand, the project this way got the opportunity to analyze and discuss the role of COVID-19 in implementing and assessing psychosocial interventions in schools.

This Effectiveness Report evaluates the impact of the interventions, asking what worked, how, for whom and in which context. Hereby, we first present the interventions and the methodology of this study. Then we describe our findings on intervention outcomes, mechanisms and contexts for adolescents and teachers. In these sections, we focus on what impact the interventions...
had on adolescents and teachers, and what intervention mechanisms and context features may have shaped implementation and impact, including adolescents' and teachers' perceptions on the acceptability of the school-based interventions.

While previous research has studied the impact of several other school-based psychosocial interventions (e.g., Ford et al., 2021), those are often performed in one country context, and insights on implementation from a cross-cultural and mixed-method perspective are lacking in the field. Consequently, the findings of this study add new knowledge to what we know about migrant and refugee adolescents' mental health in schools, the effectiveness of psychosocial interventions, the ways of implementation, and the role of different contexts in several European countries. These findings can then inform school practitioners and policy makers in search for adequate models for interventions they can effectively implement in their own contexts.
Throughout this report, we will use several concepts and abbreviations that underpin the RefugeesWellSchool project:

**Adolescent**
A person between the ages of 11 – 21. The RWS study took place in school contexts, therefore, all adolescents are enrolled in formal education in the participating countries. For this reason, we use the terms ‘adolescent’ and ‘student’ interchangeably.

**Context**
Characteristics of the physical and social environment in which the interventions took place. This can refer to, for example, profile of participants, of school organization, the conditions of the teaching profession and so on. They can either modify, trigger or change the behaviour of a mechanism of an intervention.

**Effectiveness**
We understand effectiveness as a combination of outcomes in a quantitative sense, as well as how adolescents and school practitioners experienced the interventions qualitatively. Effectiveness is used interchangeably with ‘impact’.

**Executive functioning**
Executive functioning is a set of cognitive skills which involve the frontal cortex of our brain. These skills include self-regulation, focusing of attention, goal-directed behaviour, controlling of emotions, and organizational capacities, all important capacities for students in the learning process. Stress and post-traumatic suffering may interfere with executive skills.

**Facilitator**
A professional who facilitated the sessions of the RWS interventions. They can be, for example, teachers, school health staff or school counsellors or professional therapists.

**Hyperactivity**
When a student is restless, constantly moving or talking in inappropriate situations and showing excessively fidgets or taps.

**Impact**
We understand ‘impact’ as a combination of outcomes in a quantitative sense, as well how adolescents and school practitioners experienced the interventions qualitatively. Impact is used interchangeably with ‘effectiveness’.

**Mechanisms**
These are processes generated by the intervention that explain or contribute to the observed outcomes of the intervention. A mechanism is a force that leads to outcomes.

**Mental well-being**
The project applies a broad conceptualization of mental health, including components of 1) mental health, 2) resilience, 3) cognitive skills, 4) social support networks and relationships. This term is used in this report interchangeably with the term psychosocial wellbeing.

**Mental health problems**
In our study this refers to symptoms of posttraumatic stress, depression, anxiety, hyperarousal and aggressive symptoms.

**Migrant**
An umbrella term used for people who were not born in the host country. It includes many different situations of/and reasons for migration, for example, people who are living in the country for a shorter, longer or permanent stay. It is also a holistic term for all migrants regardless of their migration motive or residence status (e.g., undocumented, asylum-applicant, refugee).

**Newcomer migrant**
A migrant who has been in the host country for equal to or less than 6 years.

---

1 These agegroups attended the RWS participating schools as a whole. See more about the distribution of agegroups in ‘Annex 3: Data overview’.
Non-newcomer migrant
A migrant who have been in the host country for more than 6 years.

Outcome
While there can be many outcomes of an intervention, we hereby focus on what RWS aimed to achieve in terms of newcomer adolescents’ mental well-being, and teachers’ competences. Here outcomes indicate the changes brought about by an intervention.

Post-traumatic stress symptoms
Posttraumatic symptoms can occur following a traumatic event that typically is frightening, shameful, unexpected and perceived as life-threatening. The symptoms include re-experiencing, avoidance and arousal and reactivity, characterized e.g., by intrusive memories or nightmares and avoiding reminders of the event, and being tense, easily started and vigilant for dangers.

Prosocial behaviour
Behavioural and motivational willingness to help others, understand and empathize with their feelings.

Randomized control design
A research design to look at the impact of interventions whereby participants are randomly assigned to either an intervention group or to a control group.

Resilience
Resilience refers to good health, development and other beneficial outcomes despite of hardships, threats, and adversities. For instance personal, familial, societal and cultural resources contribute and enable the resilience.

School-based interventions
Psychosocial interventions that are implemented in school contexts and involve several actors of the school community (e.g. students, teachers, parents).

School belonging
School belonging refers to students’ sense of fitting in and being a valued group member, and results from students feeling accepted, respected, included and supported by peers and teachers.

Social support networks and relationships
The social relationships and wider networks built in the social environment of a person. Perceived social support often refers to feeling you get the support or help needed from close social contacts or relationships like family or friends.

Student
A person between the ages of 11-21 who attends formal schooling in the participating countries on the secondary school level (lower or upper secondary school, depending on participant school in the specific country’s education system).

Teacher
A person who is (professionally) engaged to instruct and help students to acquire knowledge, competence or virtue. In some countries teachers also include teacher assistants, special education teachers or mother-tongue teachers.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BE</td>
<td>Belgium</td>
</tr>
<tr>
<td>CD</td>
<td>Classroom Drama program.</td>
</tr>
<tr>
<td>DK</td>
<td>Denmark</td>
</tr>
<tr>
<td>INSETT</td>
<td>In-Service Teacher Training.</td>
</tr>
<tr>
<td>INSETT+TRT</td>
<td>In-Service Teacher Training combined with Teaching Recovery Techniques.</td>
</tr>
<tr>
<td>FI</td>
<td>Finland</td>
</tr>
<tr>
<td>M</td>
<td>Mean</td>
</tr>
<tr>
<td>NO</td>
<td>Norway</td>
</tr>
<tr>
<td>PIER</td>
<td>Peer Integration and Enhancement Resource program.</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder.</td>
</tr>
<tr>
<td>RWS</td>
<td>RefugeesWellSchool project.</td>
</tr>
<tr>
<td>SD</td>
<td>Standard deviation.</td>
</tr>
<tr>
<td>SE</td>
<td>Sweden</td>
</tr>
<tr>
<td>T1</td>
<td>First timepoint of assessment. This assessment was performed before intervention took place. Data collected at T1 is also called baseline.</td>
</tr>
<tr>
<td>T2</td>
<td>Second timepoint of assessment. This took place after the intervention was completed.</td>
</tr>
<tr>
<td>T3</td>
<td>Third timepoint of assessment. This took place a longer time after intervention was completed, and after T2 assessment.</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom.</td>
</tr>
<tr>
<td>WTS</td>
<td>Welcome To School.</td>
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</tbody>
</table>
The RWS interventions
Classroom Drama workshops (CD)

The CD program is a nine-week drama workshops in which refugee and migrant adolescents in multi-ethnic schools work around the construction of group stories. These group activities support the construction of identity and meaning, aiming to establish bridges between past and present and to engage with themes of migration, exclusion, identity and cultural adaptation in host societies. The intervention is based on Boal’s forum and Fox’ playback theatre and was developed and previously studied at McGill Transcultural Psychiatry (Equipe Théâtre Pluralité d’Érit, 2010). It targets refugee and migrant adolescents’ well-being, as well as the quality of classroom relations, and is carried out by an external creative team entering the school context.

Developed in Canada and internationally implemented, the CD intervention has only been systematically studied within the Canadian educational context. A pilot study and a cluster randomized controlled trial have yielded varying results (Rousseau et al. 2007, 2014). The findings of the pilot study suggested the intervention to have a promising impact on the adjustment of adolescent newcomers, with adolescents reporting lower levels of perceived impairment by emotional and behavioural symptoms after the intervention. On symptom levels themselves and levels of reported self-esteem, no significant change occurred. Compared to the control group, intervention receiving adolescents’ performance in mathematics increased significantly (Rousseau et al., 2007). The randomized-control study showed that receiving the CD intervention was not associated with better mental health outcomes in first-generation refugee and migrant adolescents and were related to higher levels of perceived impairment by symptoms in second-generation migrant youth (Rousseau et al., 2014).

The RWS project implemented CD in Belgium, Denmark and the UK. Overall, CDW hypothesized increased psychosocial well-being, executive functioning and positive peer relationships as outcomes for adolescents.

In Belgium, a total of 18 therapists made up different creative teams. Every teams were composed of one drama therapist, assisted by a drama teacher and, in three cases, a drama therapy intern. A total of 222 adolescents from 20 classes and 6 schools received the intervention. 20 other classes in these schools served as control classes. In each of the intervention classes therapists worked side-by-side with teachers in providing the intervention. Due to the outbreak of Covid-19, schools were closed when most implementation was about halfway (only one group was close to complete the intervention). In the weeks following the social confinement, CD in Belgium provided three videos for adolescents. In the first video, creative teams emphasized their maintained connection with students and their proximity to them in uncertain COVID-19-times. The second video engaged with central characteristics of the intervention (creative expression and fostering group dynamics), built upon central themes within the earlier live group sessions, and invited students to take part in a creative group assignment. In the third and final video, the creative teams integrated students’ responses to the second video within a shared creative product. Through this digital provision of three subsequent videos, we aimed at providing an additional online intervention platform. In the UK, the intervention was conducted by two drama therapists. It was implemented with 102 adolescents from four classes of a boys’ secondary school.

In Denmark, the implementation of the intervention was interrupted on various occasions due to cancellations made by the schools, and in weeks 7-9 only 50% of students per group took part in the intervention. However, in the UK, intervention was not influenced by the outbreak of the global COVID-19 pandemic.

In Belgium, Classroom drama was implemented during the spring of 2019 and was thus not interrupted due to COVID-19.
## Table 1: CD intervention overview

<table>
<thead>
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<th>CD goals</th>
<th>CD countries</th>
<th>Intervention group</th>
<th>COVID-19 interruption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased psychosocial well-being</td>
<td>Belgium</td>
<td>222 adolescents, 20 classes, 6 schools</td>
<td>Yes</td>
</tr>
<tr>
<td>More positive intergroup peer relationships</td>
<td>Denmark</td>
<td>128 adolescents, 7 classes, 7 schools</td>
<td>No</td>
</tr>
<tr>
<td>Increased executive functioning</td>
<td>United Kingdom</td>
<td>102 adolescents, 4 classes, 1 school</td>
<td>No</td>
</tr>
</tbody>
</table>
Welcome to School (WTS)

Welcome to School was developed by the Pharos Refugees and Health Knowledge Centre (the Netherlands), with support from the European Refugee Fund. It consists of discussion sessions that bring refugee and migrant adolescents together under the guidance of a teacher. Emphasizing non-verbal techniques, such as drawing and drama exercises, the aim of WTS is for the adolescents to discover mutual difficulties and identify opportunities to co-construct solutions and ways forward - fortifying the social support networks of these young newcomers.

The original intervention (Tuk & de la Rive Box, 2003) has 21 sessions, but in the RefugeesWellSchool project, only 14 sessions were included to adapt to the timeframe of the project. The adaptation of WTS was made in collaboration with the original authors. During the class discussions, adolescents are encouraged to share experiences, thoughts and difficulties, and to collectively identify ways of dealing with certain stressors or problems (Ingleby & Watters, 2002). The sessions are clustered into five units: (1) Introductions; (2) My country and the host country; (3) Me and the people around me; (4) Important things; and (5) Towards the future together. The units seek to build bridges between the past, the present and the future, and cover a range of themes, such as people of importance, friendships, leisure time, feeling excluded and visions for the future.

The WTS intervention has been noticed for its potential to strengthen the competencies of refugee and migrant youth with regards to self-esteem, coping, social skills and behavioural adjustment (Ingleby & Watters, 2002; Watters & Ingleby, 2004). The value of the storytelling components in the Welcome to School intervention has been illuminated (Geres, 2016), but no systematic studies of its working mechanisms or effectiveness exists.

WTS in the RWS project was implemented in Denmark, Belgium, and Norway. WTS aimed at achieving increased mental health, resilience and enhanced social support and social capital for migrant and refugee adolescents.

School closures related to COVID-19 interrupted the implementation in all three countries, even though to differing extents. In Denmark, some schools were affected by COVID-19, but interruption happened also due to other reasons than home confinement. In Belgium and Norway, all intervention in all schools were interrupted due to COVID-19. The teams in all the three countries discussed possibilities of online continuation, and the Belgian team also created a video containing a short and supportive message for students. However, online sessions were seen unfeasible by teachers in all three countries. Consequently, the intervention stopped in most of the schools, while one school in Norway, and five classes in Belgium completed the intervention upon returning to school.

<table>
<thead>
<tr>
<th>WTS goals</th>
<th>WTS countries</th>
<th>Intervention group</th>
<th>COVID-19 interruption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased mental health</td>
<td>Belgium</td>
<td>16 classes, 5 schools</td>
<td>yes</td>
</tr>
<tr>
<td>Increased resilience</td>
<td>Denmark</td>
<td>13 classes, 10 schools</td>
<td>yes</td>
</tr>
<tr>
<td>Increased social support and social capital</td>
<td>Norway</td>
<td>10 classes, 9 schools, 77 students</td>
<td>yes</td>
</tr>
</tbody>
</table>
Peer Integration and Enhancement Resource (PIER) program

The Peer Integration and Enhancement Resource (PIER) program aims to enhance peer interactions between ‘host’ society and migrant and refugee adolescents in schools. The direct target group is adolescent students (aged 11-16) in mainstream classes from diverse backgrounds, including refugee, migrant, and ‘host’ society adolescents.

The PIER program was designed by Professor Charles Watters and Emma Soye at the University of Sussex. A comprehensive instruction manual details the 8-week program, which is implemented in weekly sessions by a school actor or facilitator in the classroom. Each PIER session aims to build understanding and to increase empathy among young people by exploring issues such as reasons for displacement, migrant and refugee journeys, the asylum-seeking process, and social challenges and opportunities in the host country. PIER activities are based on theories of integration, social identity, and intergroup contact.

The PIER intervention has three key phases. The initial session in Week 1 explores students’ own views on networks and groups. In Weeks 2-7, students engage in activities aimed at enhancing contact and friendship. The final session in Week 8 encourages young people to reflect on their views and to think about a variety of ways in which they might support positive changes in the school. The PIER manual provides guidance on how to establish a ‘safe space’ for enquiry and discussion before the program begins.

Some evidence already exists in relation to the effectiveness of the activities used in PIER. For example, a growing body of research highlights the benefits of ‘Q methodology’, a research method that combines quantitative and qualitative data collection and analysis in order to give voice to students’ subjective individual and shared perspectives on a particular issue (Coogan & Herrington, 2011; Dryzek & Kanra, 2014; Stickl Haugen et al., 2019). The ‘similarities and differences’ activity in Week 2 encourages students to view their identities as multiple, complex and contingent. Emphasizing the multiplicity of identity has been shown to encourage humanization and seeing the other as a person (Crisp et al., 2001; Albarello & Rubini, 2012; Prati et al., 2016). The program also draws on theories of intergroup contact and ‘extended contact’ by modelling intergroup friendship and support in the video of ‘Jack and Rani’ in Week 5, and the ‘Dear Habib’ animation in Week 6 (Cameron et al., 2006). This report provides the opportunity to build the evidence base in relation to the effectiveness of other PIER activities for which there is less current evidence.

RWS implemented the PIER program in the UK and in Finland. PIER aimed at increasing mental wellbeing and school belonging, developing more friendships and a deeper cross group understanding among all adolescents.

In the UK, PIER was implemented with 108 adolescents in a secondary school. There were four intervention groups. PIER was implemented with Year 8 students (aged 12-13) from mixed immigration backgrounds. An experienced facilitator was recruited to implement the sessions. In Finland, PIER was implemented with a total of 154 adolescents in three schools (eight intervention groups in total). One school had one group (21 participants), another school had two groups (46 participants), and another had five groups (87 participants). Students were in 7th and 8th grade (aged 13-14) and from mixed immigration and native Finnish backgrounds. A total of fifteen teachers, counsellors and psychologists participated in training and implemented the PIER as two-pair facilitators in Finland.

Training sessions for facilitators were held at the start and feedback sessions end of the PIER intervention in Finland. At the training session, guidance was provided to facilitators on implementing the PIER activities as well as on structuring welcoming and ending rituals. The training involved practical group exercises of each PIER session and theoretical presentations. The feedback session involved PIER group leaders in sharing ideas and learning from each other’s experiences. The facilitators completed a log-book for fidelity.
The COVID-19 outbreak did not affect implementation in Finland, as the sessions were concluded before school closures. In the UK, the final week of PIER intervention was cancelled.

### Table 3: PIER intervention overview

<table>
<thead>
<tr>
<th>PIER goals</th>
<th>PIER countries</th>
<th>Intervention group</th>
<th>COVID-19 interruption</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ Increased cross group understanding</td>
<td>UK</td>
<td>108 adolescents, 4 intervention groups</td>
<td>yes</td>
</tr>
<tr>
<td>➡️ Increased participation</td>
<td>Finland</td>
<td>154 adolescents, 8 intervention groups, 3 schools</td>
<td>no</td>
</tr>
</tbody>
</table>
In-Service Teacher Training (INSETT)

The In-Service Teacher Training (INSETT), an intervention directed towards teachers and counsellors working with refugee and migrant students in introductory/support classes, seeks to make teachers and schools (more) ‘refugee competent’ (Pastoor, 2015). INSETT has been developed by Lutine de Wal Pastoor at the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) (Pastoor, 2019). The aim of the INSETT intervention is to enhance teachers’ knowledge on how the refugee experience may affect refugee young people’s psychosocial wellbeing and school functioning upon resettlement in a new country, and how schools and teachers can better deal with their particular challenges. Some of these challenges may also apply to other newcomer students.

INSETT aims to increase teachers’ awareness of multicultural issues, their understanding of psychosocial effects of migration and traumatic experiences, and their competence in supporting refugee and migrant students, thereby (1) promoting and supporting refugee and migrant students’ mental health and wellbeing; (2) encouraging positive interethnic relationships in linguistically and culturally diverse school settings; and (3) fostering teachers’ and schools’ relationships with parents/caregivers to promote school involvement. For INSETT, we hypothesized increased self-efficacy, multicultural competence, and competence regarding refugee and migration-related issues among the participating teachers, as well as improved teacher-parent collaboration.

INSETT combines an online training course that can be followed flexibly and separately by the individual teacher with two joint seminars for participating teachers from different schools.

The online teacher training course, »Providing support to refugee youth«, has been developed by the Dutch AU-GEO Foundation. The online course consists of eight sections. Each section deals with a special topic, including theory, case histories, interactive tasks, information material and recommendations for further reading. Topics include developmental issues of refugee youth, traumatic stress and resilience, promoting students’ feelings of security, creating a safe group / a safe classroom, handling of conflict situations, strong emotions and behavioural problems among the students, strengthening teacher-parent collaboration, and finally, teachers’ own wellbeing and self-care strategies. The course can be completed individually or in small groups at participants’ own pace. The AUGE0 academy has initiated two studies of their online course »Trauma-informed teaching«, on which the online course »Providing support to refugee youth« is built. Both studies yielded positive results. One study was on the effectiveness and impact of this course (Augeo Educates, 2016a), and one on changes in teachers’ self-efficacy after attending the online course (Augeo Educates, 2016b).

Two seminars, an introduction seminar and a final follow-up seminar, serve to start and close the INSETT programme, i.e., before and after course participants have completed the online AUGE0 course. The seminars expand and elaborate upon the topics of the online course in whole-day group training sessions for the participating teachers. In addition, the seminars provide opportunity for the teachers to discuss their own experiences with colleagues and seminar leaders. Topics covered in the seminars include introduction of key terms (e.g., refugees, migrants, pre-, peri- and post-migratory stress), the impact of toxic stress and trauma on learning, self-regulation and other coping techniques, the therapeutic »window of tolerance«, stress reactions in the classroom, and the significance of cultural competence and school belonging. The content of the INSETT seminars is described in the INSETT manual working paper (Pastoor, 2019).

As part of the RWS study, INSETT was implemented in Norway, Sweden, and Finland to teachers and counsellors primarily. However, in Sweden and Finland, the

2 Descriptions in the following are paraphrased from the INSETT manual working paper authored by Pastoor (2019).
3 See more information at the Augeo Academy website: www.augeo.nl/en.
INSETT intervention was combined with another intervention, the TRT (Teaching Recovery Techniques), involving school health staff (counsellors, psychologists, and language and special education teachers), aiming to directly support students with more severe mental problems. The combined intervention will be described later.

At the time schools closed due to COVID-restrictions, the INSETT study arm was at different stages in the three countries. In Sweden and Finland, the two INSETT seminars had taken place before the COVID-19 outbreak and school lockdowns (in March of 2020). In Norway, most teachers had completed the AUGEO online course before the final INSETT seminar, which was supposed to take place on March 12. When schools were closed and all at-school activities were suspended at this very date, the final seminar had to be postponed. Efforts were made to convert activities to remote solutions. These however failed due to ethical constraints, school willingness and capacity, research team capacity, or a combination of these factors. Schools resumed regular operations in May, when only 3-5 weeks remained of the academic year. Teachers and students had a lot to catch up with before the end of term. Therefore, the final teacher training seminar was postponed until after the almost two months’ long summer break. Eventually, in the fall of 2020, the participating teachers were offered a condensed online version of the final seminar of the INSETT intervention.

### Table 4: INSETT intervention overview

<table>
<thead>
<tr>
<th>INSETT goals</th>
<th>INSETT countries</th>
<th>Intervention group</th>
<th>COVID-19 interruption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased refugee competence</td>
<td>Norway</td>
<td>17 teachers</td>
<td>yes</td>
</tr>
<tr>
<td>Increased multicultural awareness and sensitivity</td>
<td>Finland</td>
<td>70 teachers, 6 other staff</td>
<td>no</td>
</tr>
<tr>
<td>Increased self-efficacy</td>
<td>Sweden</td>
<td>45 teachers, teacher assistants and language teachers</td>
<td>no</td>
</tr>
<tr>
<td>Increased teacher-parent trust and collaboration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In-Service Teacher Training with Teaching Recovery Techniques (INSETT+TRT)

The RWS tailored a combination of INSETT, a universal teacher-mediated psychosocial intervention (cf. supra) and the Teaching Recovery Techniques (TRT) program, a targeted intervention that involved cognitive-behavioural and psycho-educational elements. The rationale for the combination is a layered or triad provision of services to trauma-affected adolescents. Some refugee adolescents suffer from severe mental health problems, such as posttraumatic stress disorder (PTSD), and are in need of targeted interventions. Others, who also have been exposed to traumatic war events or pre- and post-migration stress, do not develop severe mental health problems, partly due to their access to psychosocial resources. Therefore, treatments involving cognitive-behavioural therapy elements are recommended for trauma-affected adolescents with PTSD (Lenz & Hollenbaugh, 2015), including refugees (Rolfsnes & Ildsoe, 2011), while for those less affected, more universal, resilience-enhancing interventions are more suitable.

TRT is a manualized intervention developed by the Children and War foundation. Its aims are to reduce PTSD symptoms, increase resilience, stabilize trauma reactions, and provide practical techniques and strategies for adolescents to deal with traumatic memories, physical and behavioural arousal, and withdrawal. Moreover, TRT aims to teach children with trauma experience about PTSD symptoms and how to cope with their own reactions to them. TRT aims to create a sense of safety, competence, and hope. It consists of seven 90-minute-long sessions for adolescents and two for their caregivers. In the RWS-program, students who scored clinically significant PTSD symptoms were referred to the TRT group.

Research findings show TRT interventions to be effective in decreasing PTSD symptoms among children exposed to traumatic war events (Qouta et al., 2012; Barron, 2017), and among refugee children (Sarkadi et al., 2018). Yet, the TRT seems to be most effective among girls and those without other severe problems such as dissociation symptoms among war-affected children (Qouta et al., 2012). Except from Sarkadi et al. (2018), TRT has not been implemented among adolescents with a refugee background.

In the RWS study, INSETT + TRT was implemented in Finland and Sweden. With the targeted TRT intervention, we aimed at reducing mental health problems, especially PTSD, and at increasing resilience involving social, personal and collective resources to cope with trauma. With INSETT, as a whole school universal intervention, we aimed at improving refugee adolescents’ psychosocial well-being through increasing teachers’ self-efficacy, multicultural competence, and knowledge about refugees, trauma and learning.

In Sweden, TRT was implemented in five intervention schools. A three-day training of group leaders was provided by the Children’s Right in Society (BRIS) and was given to teachers, school nurses, school counsellors, and assistant teachers (mother tongue teachers). Students who scored clinically significant PTSD symptoms and their caregivers were invited to information meetings by the facilitators. A total of five groups from two schools (n=35 students) were given the TRT group intervention. In three schools, we had few students who scored clinically significant PTSD symptoms and we thus did not implement TRT group sessions. Those students received individual support by the TRT facilitators.

In Finland, TRT was realized in two schools. A two-day training was provided to intervention facilitators who were school psychologists and counsellors, and special education teachers. There were two licensed trainers, one from Finland and one from the Children and War Foundation, Norway. Altogether 28 trainees committed to conduct TRT groups in pair. Similarly to Sweden, students who scored clinically significant PTSD symptoms

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4 See more information on https://www.childrenandwar.org/projectsresources/manuals
and their caregivers were invited to information meetings by the facilitators.

COVID-19 related school closures impacted the TRT intervention too. In Finland, of the planned five TRT groups only two had started and completed before the lockdown, and the rest did not wish to continue with one-line group meetings. However, in Sweden, the schools offered the TRT intervention to most of the newcomer adolescents (5 groups) with post-traumatic stress symptoms. Furthermore, in some schools, they were planning to offer more groups during the spring when the COVID-19 restrictions came. The remaining groups (n=2) could not be continued due to reprioritising. However, these were not the newcomer groups.

<table>
<thead>
<tr>
<th>Table 5: Combined INSETT + TRT intervention overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined intervention</td>
</tr>
<tr>
<td><strong>INSETT</strong></td>
</tr>
<tr>
<td>- Increased self-efficacy</td>
</tr>
<tr>
<td>- Increased competence regarding refugee and migration-related issues</td>
</tr>
<tr>
<td>- Increased teacher-parent collaboration</td>
</tr>
<tr>
<td>- Increased multicultural competence</td>
</tr>
<tr>
<td><strong>TRT</strong></td>
</tr>
<tr>
<td>- Increased mental well-being and resilience</td>
</tr>
<tr>
<td>- Decreased PTSD symptoms</td>
</tr>
</tbody>
</table>
Methodology

In this report, we sought to understand the effectiveness of RWS interventions from a broad perspective. As Pawson and Tilley observed in 1997, projects and programs do not work in isolation, they work under certain conditions. Therefore, we set off to explore the effectiveness related to:

1. The outcomes of the interventions on participants (migrant and refugee adolescents and teachers);
2. The mechanisms behind each intervention that might shape outcomes;
3. The role of different contexts in the effectiveness of these interventions on participants’ outcomes and on implementation processes.

Correspondingly, we searched for a methodological approach that would encompass this holistic inquiry and chose ‘realist evaluation’ as a framework (Pawson & Tilley, 1997). An evaluation of a psychosocial intervention from a realist evaluation frame of analysis elicits the questions What does (not) work? For whom and to what extent does it work? In what circumstances does it work? How and why does it work?

The formula of context + mechanism = outcome underpins realist inquiry and evaluation research (Pawson & Tilley, 1997). These concepts allow to address following questions (Kazi, 2003):

Outcome = ‘What changes will be brought about?’ Both intended or unintended, direct or indirect, outcomes indicate the changes brought about by an intervention.

Context = ‘What contexts impinge on this?’ The context variables constitute the backdrop of an intervention and evaluation. The social, political, economic, organizational, geographical and historical contexts affect outcomes. They can either modify, trigger or change the behaviour of a mechanism. Thus, context may or may not elicit certain mechanisms (Westhorp, 2011).

Mechanisms = ‘What social, cultural and other mechanisms in the pre-existing environment will enable these changes, and which ones may disable the programme (i.e., countervailing mechanisms)?’ A mechanism is a force that leads to outcomes. They are processes generated by the intervention that explain or contribute to the observed outcomes of the intervention. Mechanisms can be linked to program theory or strategies. In this study, mechanism refers to the »forces« of the interventions.

Outcomes, contexts and mechanisms are closely intertwined. As Pawson and Tilley phrase it (1997): »Programmes or interventions are never introduced into neutral spaces - context is key.« The interaction between context and mechanisms determines the outcomes of the program.

Collecting information about effectiveness from multiple stakeholders is also key. Pawson and Tilley (1997) state that different stakeholders hold different information and have different views of how the program works and these perspectives allow for an in-depth analysis. Participants each engage with what the program offers in a different way. Each participant has different resources that determine whether the program works for them. Programs work in different ways for their users (Pawson & Tilley, 1997). They can trigger several mechanisms of change. In this study, both adolescents in the psychosocial interventions and their teachers were questioned.

Data collection and analysis
Overall, RWS collected quantitative and qualitative data from adolescents, teachers and other practitioners and parents in each intervention and country context. In Belgium, Denmark, Finland, Norway, Sweden and the UK, between January 2018 and October 2020, large schools with a high number of newcomers that were geographically reachable were contacted. All schools received information about the project and were invited to participate in the fully randomised-control study; 85 schools agreed to participate (Belgium: n=10; Denmark: n=27; Finland: n=16; Norway: n=21; Sweden: n=9; UK: n=2). In these schools, classes with newcomer migrants and refugees, in combination with additional selection criteria of class size and literacy, were selected, resulting in the inclusion of 304 classes. Information on the study was provided to teachers and school staff, and to parents of the adolescent students through a written information sheet or during translated information sessions. Adolescents received information about the project during school hours in an information session and through an information sheet shared in a language they understood. Where possible and required, interpreters were present.
and, in some cases, complementary audio-visual presentations were given. Researchers were present at all times to work alongside teachers to obtain verbal and written informed consent of all students after providing tailored, translated and comprehensive explanation on the project and their rights listed in their informed consent as well as an explanation of how data would be used. For those adolescents who were younger than the legally determined age of consent, also parental informed consent was sought. See how data was collected in each intervention in Annex 1.

Quantitative assessment was carried out through the administration of standardized questionnaires for the pre-intervention measurement between January 2019 and March 2020, and the post-intervention measurement between June 2019 – October 2020. These questionnaires collected data on adolescents’ mental health, resilience, perceived social support, sense of school belonging and executive functioning. For teachers, it consisted of multicultural attitudes, work stress, work exhaustion, work engagement, and teacher-parent trust (see the description of these scales in Annex 2). For most interventions, just like in the cases of implementations, assessment was also heavily impacted by COVID-19 (see how data was collected and what challenges COVID-19 brought per intervention and per country in Annex 1).

In Annex 3, we provide an overview of the numbers of participating adolescents and teachers for each intervention.

Quantitative data were analysed by Structural Equation Modelling in order to measure intervention effects.

Qualitative data consisted of focus group discussions and individual interviews with intervention group participants: adolescents, teachers and intervention facilitators. In Annex 3, we provide an overview of the numbers of focus groups and individual interviews with adolescents and teachers for each intervention.

Verbatim transcripts of focus groups and individual interviews with adolescents, teachers and intervention facilitators were analyzed using a combined deductive and inductive thematic analysis. For the deductive analytical strategy, a coding tree was used and refined, with a series of codes based on the hypothesized outcome, working mechanisms and contextual variables as defined in program theory or empirical findings on the specific intervention. This deductive analysis was complemented by an inductive analysis, identifying salient themes emerging from the empirical data. Following this initial coding in each of the three intervention sites, a shared reflection on main themes was set-up in subsequent analytical meetings, leading to the identification of core, transversal themes across the intervention sites as well as particular contextual dynamics at stake in the different national settings.

**Limitations of the study**

Of note, the World Health Organization declared the 2019–20 coronavirus outbreak a Public Health Emergency of International Concern on 30 January 2020 and a Pandemic on 11 March 2020. At this time, the implementation and assessment of the preventive psychosocial school-based interventions for adolescent migrant and refugee newcomers was ongoing. Governments advocated major restrictions, some of which included home-confinement of people and the closure of schools, leading to an unavoidable disruption and delay of the project’s activities. As such, the findings should be seen in the light that the COVID-19 pandemic interfered heavily with both the implementation and the assessment of the intervention. The majority of the participating classes were interrupted in the middle of their implementation of most interventions when national restrictions closed down schools in all six countries.

The sample was significantly smaller than foreseen due to COVID-19, leading to a decrease in power and thus a reduced capacity to show effect of the intervention. In addition, COVID-19 has been shown to impact the well-being of young refugees and migrants significantly, which is likely to interfere with any potential positive impact of a preventive psychosocial intervention. As such, the absence of a statistically significant effect of the intervention in this case does not necessarily reflect an absence of impact of the intervention, but may be explained by the low statistical power and the potential negative impact of COVID-19 on the mental health and well-being of young respondents.
Results
Classroom Drama

Key findings

- Quantitative findings indicate that the intervention (being interrupted in two of the three intervention sites by the COVID-related school closures) had few positive effects on outcome variables of mental health. A significant positive effect was found on the perceived support from family members in adolescents in the intervention condition, compared to adolescents in the control condition.

- Different indicators for internalizing and externalizing problem behaviour increased between pre-test and post-test assessment in both the intervention group and control group, indicating lower levels of mental health and social support in both groups at post-test assessment, raising questions on the potential impact of the covid-pandemic and related isolation and stress. Interestingly, while posttraumatic symptoms increased in the control group, posttraumatic symptoms remained stable in the intervention group, yet without yielding a significant effect.

- Classroom Drama workshops, guided by a team of creative therapists, may provide a relevant intervention modality for supporting newcomer students’ sharing of migration stories in a classroom context.

- Qualitative accounts by participants indicate how sharing of migration stories in a school-based context may face hesitation in adolescents as counteracting cultural or trauma-related coping strategies, but may support connectedness and shared understanding between peers and enhance their mutual respect and collaboration. Peer relationships are supported as an active space of emotional containment and solidarity, while equally allowing newcomers to experience agency and personal strengths.

- The material, symbolic and relational safety of the classroom space in which this sharing of migration stories is developed operates as a central mechanism, and may be hampered by class group instability, creative therapists’ experience in working in this specific population, or lack of explicit engagement in teachers. Furthermore, ensuring safety in bridging between the creative session and the regular school activities after session closure is an important point of attention.
Quantitative Results

Demographic overview
Table 6 provides an overview of sample sizes at T1 and T2 in the different countries that implemented the Classroom Drama intervention.

<table>
<thead>
<tr>
<th>Country</th>
<th>T1 Intervention</th>
<th>T1 Control</th>
<th>T2 Intervention</th>
<th>T2 Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>156</td>
<td>170</td>
<td>52</td>
<td>53</td>
</tr>
<tr>
<td>Denmark</td>
<td>82</td>
<td>48</td>
<td>45</td>
<td>40</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>66</td>
<td>97</td>
<td>49</td>
<td>68</td>
</tr>
</tbody>
</table>

The average age of the 146 participants in the intervention group was 14.23 years (SD = 1.71); 75% of participants were male and 25% female. 31% of adolescents in the intervention group migrated because of war or persecution, 69% of participants had other migration motives (e.g., economic). The average age of the 161 participants in the control group was 14.30 years (SD = 1.48); 69% of participants were male and 31% were female. 31% of adolescents in the intervention group migrated because of war or persecution, 69% of participants had other migration motives (e.g., economic).

Baseline
At baseline, the mean score on the emotional symptoms scale was 3.25 (SD = 2.30) for the intervention and 3.20 (SD = 2.37) for the control group. For the behaviour scale, the baseline scores were 2.59 (SD = 1.41) for the intervention group and 2.81 (SD = 1.54) for the control group. For the hyperactivity scale, the baseline mean scores were 5.06 (SD = 1.65) for the intervention group and 4.81 (SD = 1.62) for the control group. For the peer problems scale, the baseline mean score was 3.58 (SD = 1.49) for the intervention group and 3.61 (SD = 1.47) for the control group. For the prosocial scale, the mean score was 7.66 (SD = 2.06) for the intervention group and 7.58 (SD = 2.21) for the control group.

Post-traumatic stress symptoms were scored 12.83 (SD = 10.53) for the intervention group, and 12.82 (SD = 10.11) for the control group.

Intervention effects
The intervention had a significant positive effect on the perceived support from family members (MSPSS) by adolescents in the intervention group, compared to their control group peers. The intervention had no significant effect on the other outcome measures, namely emotional and behavioural difficulties (SDQ), post-trauma symptomatology (CRIES), students’ feeling of school belonging, their overall well-being, perceived support by friends (MSPSS), resilience (CRYM) and executive functioning. This lack of effects founds could be due to the impact of school closures on T2 assessment in Belgium, combined with the drop-out of participants between T1 and T2 in Denmark and the UK, leading to a rather low sample size and thus a low statistical power.

Context effects
Gender had a significant effect on the difference between the two time points for prosocial behaviour, post-traumatic stress symptoms, and executive functioning. All values increased more for males than females between T1 and T2. For adolescents who reported fleeing war or persecution, scores on prosocial behaviour and school belonging decreased significantly more than those who did not. The age of respondents also influenced the evolution between T1 and T2 with increased age leading to a higher increase in peer problems and a lower increase in executive functioning. Having spent more years in the host country led to more of a decrease in family support between T1 and T2. A higher proportion of completed sessions also lead to a higher increase in executive functioning between T1 and T2.

Qualitative Findings

Outcomes
Adolescents’ engagement with affective expression and regulation
In CD, adolescents received opportunities to engage with creative modes of emotional expression, such as sharing personal stories of migration, separation, trauma, and bereavement and their related emotional response to these
life-experiences. While adolescents during post-test focus groups accounted for their hesitations regarding the sharing of personal stories, many adolescents felt supported in CDT to connect their past, present, and future life, develop a sense of continuity and experience how this sharing supported their emotional regulation or the process of adequately naming and managing emotions.

I1: »How was it after you shared something difficult?«
R1: »After it you are going to feel good. For example, I felt more relaxed after sharing my feelings with my friends.«
(Student, DK)

For example, talking about school-related experiences in the home country, flight and resettlement provided a meaningful bridge between adolescents’ past, present and future, enabling to experience continuity revolving around students’ school trajectories and their purpose of ensuring hopeful future perspectives. Several teachers noted how students’ affective expression seemed to be gradually evolving throughout the sessions. Therefore, they explicitly regretted the COVID-elicited interruption, as they hoped to witness more students sharing their migration stories. However, in every implementation site, some adolescents also hesitated to share personal stories of collective violence, migration, and bereavement in a group scenario. Here, these accounts indicate the potential role of symbolic, non-verbal modalities in supporting personal expression in a context of new language acquirement.

»There was a Chinese girl in our class and she was quite reserved, very quiet and she discovered during the sessions that she is very funny and that the whole class thinks she is funny, because she could act things out instead of having to use language«.
(Teacher, BE)

Fostering safe and supportive peer relationships
Adolescents and teachers emphasized CDT supporting positive peer interactions in the class group. Participants experienced the creative interactions during CDT sessions as contributing to relational dynamics of connectedness and understanding. Here, participant-adolescents addressed how playful activities invited them to get to know their peers, experience mutual respect and social support. In these experiences of supporting positive relational interaction, some participants equally addressed how the non-verbal activities invited students who held more withdrawn, isolated positions within the class group to move towards a more active engagement and inclusion, allowing adolescents to experience strengths and competences in each other in novel ways. Further, participants indicated how the CDW techniques, such as group-based activities that mobilized alignment and mutual cooperation between classroom peers, supported collaboration. Further, teachers also pointed to how the relational dynamics during the CDW sessions may have supported adolescents in shaping respectful communicative expression in relation to each other.

»To help each other, to be united. How to control angeriness. I think that every that was helpful for me. I Learned a lot of things.«
(Student, DK, when asked about what he got out of the drama sessions)

Teachers also addressed how CD included dynamics of mobilizing peer relationships as source of emotional holding (or the containing of painful emotions) of adolescents’ affective expression on migration-related life-experiences. Here, peer relationships were considered a space of emotional regulation, in which peers empathically responded to affective expression on shared painful life-experiences related to the migration history. Teachers accounted for how the creative therapists, in some instances of encountering painful affect in adolescents, explicitly invited peers as a source of sharing in similar life-experiences. They addressed the class group as a vehicle of sharing in painful life-experiences related to adolescents’ shared histories of migration and separation. In these instances, adolescents seemed to engage in active empathy and solidarity.
It was just that boost of confidence, like 'You can do this, you don't just cos other people say this, it doesn't mean you can't.'

(Student, UK)

I have also learned a lot about them. About their story, about where they lived and all that and that was meaningful. For some, that helped me contextualize their behaviour.

(Teacher, BE)

Enhancing trust and sensitivity within teacher-adolescent relationships

Teachers in focus groups exploring process experiences during the CD sessions addressed several dimensions pertaining to the role of the creative workshops in supporting adolescent-teacher relationships. Several teachers talked about their experience of how participating in the creative sessions played a role in enhancing trust in their ongoing relationships with their pupils. Teachers also expressed how the playful nature of the creative activities allowed for building relational trust and moving beyond their mere scholarly position of a teacher and assessor. Here, teachers also noted how the creative activities enabled a form of participating in their students’ creative enactments, when adolescents invited them to take up a specific part in the role-play. In these process experiences, teachers seemed to refer to the trust generated by students who, at a symbolic level, made their teachers participate in a creative expression of their students’ life-narrative.

Furthermore, teachers expressed that participating in the creative sessions and observing the group dynamics there made them aware of the importance of peer interactions and group dynamics in shaping safety and a positive relational climate. Moreover, teachers expressed that getting to know students’ personal life-histories and experiences during pre-flight, flight and resettlement fostered their understanding of their students. Knowing these experiences provided teachers with a necessary contextualization of adolescents’ development and behavioural patterns. Here, locating their students’ developmental tasks and current behaviours within their migration histories, its multiple stressors, and current predicaments in resettlement may have promoted teachers’ sensitivity and responsivity for their students. For some teachers, this sensitivity transferred into an active emphasis on remaining sensitive to workshop-related topics in the classes following the workshops, and in providing some space for debriefing reflection or wind-down by adolescents.

Intervention mechanisms

As described before, many participants experienced being supported in emotional expression and regulation, fostering safe and supportive peer relationships, and enhancing trust and sensitivity within teacher-adolescent relationships in CD. Participants highlighted several characteristics of the intervention sessions as potentially enabling these outcomes.

Providing a safe and creative space for personal expression. Setting up a clear and consistent structure of the CD sessions, using an opening activity, group enactments, and an activity serving closure, was identified as an important vehicle of ensuring safety for emotional expression. A safe space was also constructed by the active emotional containment and empathic, structuring presence of the drama-therapeutic team, and further supported when teachers and drama-therapists engaged in active exchanges and collaboration. This construction and maintenance of a safe relational space within the class group seems to operate as a precondition for supporting affective expression and regulation but may be counteracted by some contextual dynamics operating within the classroom. Importantly, creative forms of expression, such as role-play, may play a role in supporting emotional safety needed to allow for personal expression. Indeed, these creative activities seemed to play a role in adolescents’ actively negotiating barriers and challenges in affective expression. Teachers felt that, while they hesitated to ask adolescents about their migration stories in regular classroom interactions, the creative expressions of CD supported newcomer adolescents to engage with affective expression. However, the expressed narratives included adolescents’ painful experiences of migration, their lived experiences of bereavement and separation from caregivers which are not easy stories to navigate. In this case, symbolic modes of representing painful life-events enabled adolescents’ symbolic displacement and maintained a safe distance from life-experience that may have been overwhelmingly painful.
Mobilizing social relationships. The active mobilization of peer relationships often contributed to a space of emotional holding. Participants indicated how strengthening social support between peers and between teachers and adolescents may have been supported by the dynamics of shared testimony during creative expression. Here, the group may operate as a creative space of listening and providing witnessing to predicaments of migration, living in diaspora and bereavement. This creative process of developing testimony through creative expression was potentially underpinned by a core dynamic of mobilizing agency and strengths in the face of adversity. As part of this mobilizing of agency, adolescents were supported to actively engage with expressive authorship over their life-course, and experience continuity through bridging past and present. Simultaneously, as witnesses, they were invited to step in as actors of solidarity in being present to their peers’ accounts of displacement.

»Then the therapists asked: ‘Do other students have that too?’ And then several students started telling that it was the same for them, also an older boy, while the girl was really the smallest, youngest girl in the class. One of the eldest boys in the class said he had that too and that he cannot say it because it hurts him so much.«
(Teacher, BE)

»Then you if you are like sad about it, then you are in a bad mood for the rest of the day, because you are thinking about really bad stuff and now. (…) Nothing you could do because the drama was in the morning, then you had the rest of the day in school.«
(Students, DK)

Context

Participants pointed at several contextual features that impacted their experience and engagement with classroom drama sessions. The following contextual factors seem to carry importance when implementing classroom drama workshops.

The time of the CD sessions

A particular contextual dynamic that has been pointed to by adolescents and teachers alike is the timing of the insertion of classroom drama workshops into a regular school day. This was seen as important as emotional resonances of the session may be present into the school-related and social functioning of adolescents after session closure. Planning of the session in the earlier parts of a school day was experienced by adolescents as leaving them with continuing emotional responses or thoughts regarding their revisiting of salient life-experiences during the creative session. Teachers, on their side, talked about how they felt responsible to support adolescents in making the transition from a classroom drama session into the regular school activities afterwards. For example, they initiated further conversations with the class group that touched upon the themes of the creative session. While the creative sessions include a clear emphasis on ensuring closure and, hence, on installing safe boundaries for affective expression, participants’ experiences equally indicate the potential role of providing a certain empathic bridge between what is shared during the creative session and the regular interaction within the class group, hereby potentially extending the role of classroom interactions as a containing context.

Adolescents’ dispositions to engage in affective expression

As mentioned before, not all adolescents felt immediately at ease to engage in affective expression. This hesitation seemed to be due to several reasons. Some adolescents thought that including creative activities in the school curriculum reduced time for schoolwork, indicating adolescents’ strong focus on performing positively in language acquirement and learning in being newcomers to their host societies. Some adolescents equally noted cultural barriers to emotional expression, implying the role of cultural notions regarding personal disclosure or stigma revolving around an open emphasis on psychosocial well-being and vulnerability. Several adolescents reflected on their understanding that an orientation on past experiences is less helpful than focusing on future perspectives. Finally, adolescents’ hesitation may also be explained by their fear to lose control over painful
emotions. This was highlighted by adolescents expressing difficulties in coping with negative feelings evoked by CD even after session ended.

»I think some students also questioned: ‘What am I actually doing here? We’d better just address our lessons instead of playing games’.«

(Teacher, BE)

Uninterrupted, neutral environments

In ensuring safety, participants pointed to the importance of being in an environment that would remain uninterrupted during sessions, as well as would be experienced as sufficiently neutral for participating adolescents.

Group stability

An important context feature considered by participants in different implementation sites was group stability. Fluctuation in class composition was identified as a major obstacle to relational safety. In these newcomer classes, students are coming into or leaving their classes continuously, leaving little opportunity for a class group to create and sustain stability. Changes in group stability have been indicated by participants as potentially counteracting a safe space for creative and symbolic expression. On the other hand, a stable group may act as vehicle of emotional containment delineating a space of joint engagement in sharing migration stories and expressing solidarity.

Pre-existing positive relationships in class

Participants accounted for the negative impact of unsafe or conflicting peer relationships prior to the start of the intervention, foreclosing the development of safe relational interaction during the workshops.

Drama therapists’ experience with migration and multilingualism

Participants found it important that drama therapists are acquainted with and have experience with working with refugee and migrant newcomers. This includes working with multilingual groups, that might consist of adolescents who just started learning the language of the host country. Teachers alerted to the potential pitfalls of drama therapists not yet being experienced with less verbal modalities of instruction and motivating students.

Cooperation among drama therapists and with teachers

The alignment between the drama therapists leading the session was highlighted as an important dynamic impacting a clear and coherent guidance of the session. Finally, a clear pathway of communication and shared preparation between the drama team and teachers were considered important by participants.

Teachers’ attitudes toward the intervention

Findings somewhat indicated how teachers’ hesitations or negative attitude regarding the intervention may impede the construction of a safe intervention space.
CD: Recommendations for policy and practice

Teachers and newcomer adolescents may express hesitation on the role of the school and the class group as a space for sharing in migration stories, but, when well-supported, classroom settings can in fact provide a safe space for emotional expression on migration histories and for enhancing peer support and solidarity.

Teachers need guidance on how to support this process of open emotional sharing in their multi-ethnic classrooms, including how to mobilize peer relationships as sources of support.

Non-verbal modalities are functional to supporting expression and a sense of competence in newcomer adolescents.

The account by some adolescents on their experience of a certain pressure to engage in sharing life-stories indicates the necessity of a careful ensuring of relational safety when inviting disclosure within the peer classroom context. It is important to create expressive forms that allow for maintaining a safe distance from potentially overwhelming (and possibly traumatic) memories. Thresholds experienced by adolescents in engaging in emotional expression indicates how the classroom drama intervention may risk to counteract active coping strategies in newcomer youth, in which they mobilize their school trajectory as a vehicle of restoring positive, meaningful future perspectives.
Welcome to School

Key findings

- WTS interventions were interrupted due to COVID-19 in all countries. Analyses of quantitative data were nonetheless carried out but did not show any effect of the WTS intervention on the selected outcome measures. This might be related to the disruptions of the intervention and reduction of the statistical power due to COVID-19 school closures.

- WTS’ exercises facilitating cultural exchanges appear to have the potential to expand students’ familiarity with each other.

- WTS’ exercises facilitating social activities seem to have the potential to mobilize safe social spaces that are key to strengthening peer relations and social support.

- Exchanges of background stories and cultures have the potential to promote feelings of recognition and support sensitivity to similarities between adolescents.

- Some students expressed ambivalence about exercises that involved sharing memories with classmates and some found them not to be meaningful. The personal storytelling exercises entail a risk of reactivating negative memories or trauma.

- For teachers, WTS was found to legitimize and structure relational care work as well as lessen dilemmas associated with instigating conversations about sensitive topics in the classroom.

- Factors such as age, class level, level of shared spoken languages as well as class stability and atmosphere influence the implementation of WTS. The teachers’ capability to adjust the intervention and differentiate exercises to fit the needs of the class is a crucial. Especially age seems to be important, as some of the exercises were reported - by some students - to be ‘childish’.
Quantitative Results

Demographic overview

The Welcome To School intervention was implemented in Belgium, Denmark and Norway. A total of 251 adolescents, 114 female and 127 male, participated in the intervention study and responded to both T1 (before the intervention) and T2 (after the intervention) questionnaires.

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
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<td>46</td>
<td>36</td>
<td>82</td>
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<tr>
<td>Denmark</td>
<td>40</td>
<td>29</td>
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<tr>
<td>Norway</td>
<td>60</td>
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<td>100</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>146</strong></td>
<td><strong>105</strong></td>
<td><strong>251</strong></td>
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For the intervention group, 146 adolescents participated in both pre- and post-intervention assessments, while for the control group 105 adolescents took part. In the intervention group, 39% of participants was female while this was the case for 56% of participants in the control group. The mean age of participants was 15.17 years (SD = 1.62). In the intervention group the mean age of participants was slightly lower (14.99 years, SD = 1.34) than in the control group (15.17 years, SD = 1.80). In the intervention group, 37% of participants had migrated because of war or persecution, in the control group this was only 22%.

The implementation of the Welcome to School program was unfortunately interrupted due to COVID-19, albeit at different moments in the intervention program. The post-intervention assessment was thus carried out after the pandemic and the subsequent government measures were initiated. The time between T1 and T2 assessment was slightly longer for the intervention group (27.84 days, SD = 3.96) compared with the control group (25.07 days, SD = 5.37).

The Welcome to School intervention was originally predicted to decrease mental health difficulties (behavioural problems, emotional problems, hyperarousal, post-traumatic stress) and increase perceived social support, overall well-being, school belonging and executive functioning.

Baseline

At baseline, the mean score on the emotional symptoms scale was 2.84 (SD = 2.17) for the intervention and 3.00 (SD = 2.21) for the control group. For the behaviour scale, the baseline scores were 2.40 (SD = 1.37) for the intervention group and 2.31 (SD = 1.29) for the control group. For the hyperactivity scale, the baseline mean scores were 4.75 (SD = 1.55) for the intervention group and 5.04 (SD = 1.54) for the control group. For the peer problems scale, the baseline mean score was 4.83 (SD = 1.43) for the intervention group and 5.02 (SD = 1.76) for the control group. For the prosocial scale, the mean score was 8.31 (SD = 1.94) for the intervention group and 8.07 (SD = 1.92) for the control group.

Post-traumatic stress symptoms were scored 11.57 (SD = 8.45) for the intervention group and 12.52 (SD = 10.48) for the control group.

Intervention effects

To test the effects of WTS on students’ mental health and well-being, a range of potential outcome measures were then included in a multivariate multilevel regression analysis where the differences between T1 and T2 were used as outcomes. The group (intervention/control) was included as a predictor. Overall, the analysis showed that the intervention did not have a significant effect on the outcomes. As there was no overall effect to be found, univariate effects were not analysed. Migration status, reason for migration, gender, country, age, time in country, proportion of the completed session and time between assessments were then added as context variables to the model.

Multivariate multilevel regression analysis did not yield significant results of the Welcome to School intervention on mental health difficulties, resilience, social support, executive functioning, or school belonging. The impact of COVID-19 on the implementation and assessment of the intervention lead to a decrease in statistical power, which is likely to contribute to the lack of impact found for this intervention. In addition, the potential impact of COVID-19 on all outcome variables is also a potential explaining factor for these results.

Context effects

Two context variables showed some effects on the outcome measures. For males, peer problems decreased
more between T1 and T2 than for females. The higher scores at T1 for males could contribute to this finding. Post-traumatic stress symptoms increased more for males than for females between measurement points. Next to gender, also time between measurement moments had an effect on two outcome measures namely behavioural problems and executive functioning. For every week that was added between the two assessments behaviour problems slightly increased. Executive functioning decreased with every week between measurement moments. The latter might be explained by the closures of schools and decreased contact with teachers and peers in an educational context.

Qualitative Findings

Outcomes

Migrant students’ stories and experiences becoming a legitimate part of school life
Several teachers spoke of previous hesitations about speaking to the adolescents about personal things or asking about their backgrounds. With WTS, the teachers’ dilemmas of how and when to ask these questions seemed to have lessened due to the explicit guidance of WTS. Previously, relational care work for many teachers had always been a more informal part of the teaching practice.

Getting to know classmates and recognizing heritage through cultural exchanges
Activities in WTS that were based on cultural exchange and sharing stories and personal heritage were strongly valued. These activities involved learning about other classmates’ cultures and sharing their own with the class. Some adolescents described that learning about other cultures made them aware of how other classmates had lived before. Others noted the activities contributed to a better understanding of their classmates as persons. Teachers also viewed cultural exchanges as valuable for learning more about adolescents’ backgrounds. Through these activities, students also recognized and acknowledged each other’s heritages. However, depending on pedagogical approaches to notions of heritage and identity, these activities also led to some tensions and dilemmas in the classroom.

Developing positive social relationships between adolescents
Many adolescents described experiences which pointed in the direction of developing closer connections and a better understanding of each other during the implementation of WTS. Some identified now talking more with classmates, others described experiences of greater closeness and intimacy with classmates, often in relation to sharing personal stories. However, there were also adolescents who did not note any social change in this regard.

Shifting social positions in the class group
Some adolescents and teachers described they experienced pre-existing class dynamics shifted towards being less fixed during the implementation of WTS. Some teachers and adolescents expressed how they perceived shy and quiet students to appear more confident. Some teachers expressed surprise at the willingness of students to participate and take a voice, even students from

>It is just like if you come from a country with strict rules you are going to be more like that. And when I know that I am going to understand you better as a person. And also, it is just cool. If I am going to visit that country, I am going to know what to expect. If I am with my friends and the topic comes up, I can be like, ‘Hey, did you know that they eat bla bla bla here’ or ‘They did this in school’ it is just good for conversation topics. I don’t know I just thought it was interesting«
(Student, DK)

>During the Welcome to School lessons they were much closer to each other. And also, when something like that was told, they could really tell each other, ‘you can share that here, it stays within our class, we’re not going to tell that to others’. So that trust really came out very strongly. I think that had a positive effect on our class. There was much more connection there.«
(Teacher, BE)
whom teachers based on previous experience expected greater reservation and restraint. Shifts in group dynamics was also noticed by teachers who saw potential in WTS to be helpful in establishing connections between otherwise closed social groups in the class. A teacher observed a more inclusive environment as a result of the WTS program in a class where the co-existence of groups who shared first language had presented a challenge to establishing a coherent class atmosphere.

»But I think that... It has loosened this Arab group a bit. It is not so set in stone. It can be expanded sometimes. They still hang out a lot together, and that is just natural, but they have accepted [others] and others get invited in sometimes in some activities, so it has done something to the dynamics of the class. I really think that.«
(Teacher, DK)

Developing relationships and trust between adolescents and teachers

The WTS intervention aims to not only improve relationships amongst adolescents, but also between teachers and adolescents. Many teachers expressed that social and mental well-being amongst their students was already a central focus in their work prior to the implementation of WTS. Establishing close bonds with, and between, adolescents, was therefore not new to them. However, several adolescents and teachers pointed to activities that in their view had the potential to strengthen these relationships and deepen their understandings of each other. Some adolescents described how, in their experience, participating in games, role play and sharing personal stories with their teachers could bring about new understandings of their teachers, recognizing their feelings, dreams and humor, which they had perhaps not experienced prior. It seemed that for some teachers, WTS was also able to pave the way for asking personal questions from their students, which might have felt off limits before the intervention. This way, WTS may have provided a way to continue and expand their practices of providing psychosocial support to adolescents, now with a deeper understanding of adolescents’ backgrounds and feelings.

Mechanisms

When asked about the different components of WTS, several mechanisms were identified as opportunities or barriers. They were mostly connected to the potentials for changing social relationships in the direction towards social well-being.

Creating an environment of sharing and cultural exchange in a group. As described above, WTS mobilized several activities that included sharing personal heritages and stories. These exercises were designed to enhance participants’ feelings of recognition as well as make similarities visible to adolescents. Having the space, time and the teacher’s support to disclose migration background and sharing in elements of their cultural universe, e.g., the homeland’s school system, housing types or food culture was perceived as valuable and educational. In general, these activities received much enthusiasm. Social closeness and positive social relationships with peers were also often connected to sharing these stories.

Classroom testimonies as a tool for self-awareness. Activities of sharing life stories and future dreams in front of the class, with the purpose of developing self-awareness and bridge past, present and futures, are an important mechanism in WTS.

Some adolescents who accounted for their experiences with sharing memories from the past (both good ones and bad ones) described these exercises in positive terms. They expressed that for them, memories could be difficult, emotional and therefore ambivalent to engage in, but were viewed as being of importance since they saw them as part of their history. In the Belgian subsample, adolescents accounted for how this sharing in the social space shared with their classmates and teacher created a space of social witnessing, allowing adolescents to feel supported by the containment and recognition by peers and teacher.

Simultaneously, this social sharing was equally met with ambivalence in participants, and some did not want to participate. For a few students, the exercises seemed to bear the risk of triggering emotions or memories in a distressing way. In the most serious reported case, following the guidance provided in the teacher’s manual, and in dialogue with the research team as well as the school health services, a student was followed up with individual conversations with the teacher and, eventually, counselling after referral to the school nurse.
Exercises related to the future seemed to have a different, and to some adolescents, a more meaningful appeal, as these were sometimes viewed as more pragmatic and practical to their current situation than to look back into the past. In the Danish setting especially, some adolescents accounted for how they felt that looking ahead by approaching their new realities as refugees or migrants in a pragmatic way could give them hope for a good future. Here, focusing on activities fostering meaningful future perspectives may align with cultural strategies of avoiding personal disclosure on painful life-histories and fostering future perspectives as supportive coping strategy.

Some teachers reported to have observed ambivalence about uncovering difficult memories amongst adolescents. Although most teachers gave positive statements about the interventions potential to assist them to gain a better understanding of adolescents’ past, several teachers of them pointed to the balancing act it could be for them as teachers to facilitate the more delicate discussions. In the following quote a teacher describes this balancing act during the implementation of WTS:

>”I had a personal talk with one of the students one day, and all of a sudden he says to the student next to him, ‘Now we have to laugh’. They said in Arabic, but it was something like that. The I asked: ‘Is it because it’s too difficult?’ Yes, it was. It’s these very fine lines, we can join for a bit, but then we stop right here. They are not used to talking about it at all. You can join, but all of a sudden, it’s enough, right? Then we laugh a little because otherwise we will cry.«

(Teacher, DK)

Some teachers explained how they had experienced adolescents not wishing to participate in discussions about past experiences, which although being described as fully accepted by the teacher, seemed to make it more difficult to engage the rest of the adolescents and perhaps even trigger feelings of exclusion.

Providing socially engaging, non-verbal, playful activities

The WTS activities generally received positive feedback by participants. These were, for example, storytelling, roleplay, games, group discussions, dancing, drawing and so on. Activities that did not require high levels of a written or spoken common language (e.g., dancing and drawing) were emphasized by participants as refreshing and interesting. For cultural exchanges and better understanding each other, sessions which initiated discussions about concrete characteristics from the adolescents’ background with other tools than just verbal language seemed to work well. Examples are this, for example, showing family photos or objects important to the adolescent, drawing of old homes or finding specific locations on google maps. To some extent, these types of exercises in WTS may have the potential to help positive shifts in class dynamics by bringing the adolescents together around self-expression and playful interaction.

Thus, some viewed WTS as a collection of fun activities rather than a program to facilitate actual change in social relationships. However, some others did not like some of these activities and resisted participation. Therefore, several contextual features of classes and adolescents might shape willingness and ability to participate.

Using structured manuals

Teachers also welcome the variety of WTS activities. They also seemed to appreciate that activities were structured, and that the intervention manuals both justified and facilitated implementation in schools. Several teachers spoke of previous hesitations about speaking to the adolescents about personal things or asking about their backgrounds. With WTS, the teachers’ dilemmas of how and when to ask these questions seemed to have lessened as the explicit guidance in the manual structured the relational care work which for many teachers had always been a more informal part of the teaching practice. The intervention was able to legitimize opening up conversations, which might have been left by teachers before, and thereby reassure them that it was safe and acceptable to do so. Along with the structure, legitimization and reassurance to initiate such conversation came a responsibility on the shoulders of teachers to provide emotional support around these intimate and sometimes heavy discussions during the sessions of WTS.

Sharing former school experiences

WTS was also described by some teachers to give them useful insights about the former schooling of adolescents as well as instigating, in their eyes, useful discussions in the classroom about teacher-student roles,
Creating trust and feelings of safety within the classroom

The first sessions of WTS include an exercise to commonly agree on a set of rules within the classroom and additionally discuss the concept of ‘respect’. Echoing the intended functions of this exercise as described in the manual, several adolescents mentioned it as an important point of reference for the whole intervention. They expressed that this exercise helped achieving a respectful and trustful classroom. Although many teachers described how they felt that there was already a high level of comfort and trust in the classroom, several of them reported experiencing a positive development in trust and mutual respect throughout the implementation of the sessions.

Supporting sharing difficult personal stories

In WTS, adolescents share testimonies of life experiences, such as migration stories, in front of classmates. Self-narration within the classroom presents an important dilemma: on one hand it can bring adolescents and teachers closer together, but on the other hand, it entails risks of telling difficult stories, awaking difficult memories or trauma. Teacher capacity and skill level is important to facilitate and adjust the intervention continuously facing the dilemmas it might bring. A prerequisite for a proper facilitation seems to be that the teacher is positioned to socially engage and familiarize herself with students. An extensive support system available around the participating adolescents are crucial in such scenarios.

«I became part of them. I also had my story to tell. And I think they were really looking for connection in that they asked: ‘What have you been through and what was that like for you and did you leave your family behind as well?’ And that, in a way, also reassured them to dare to tell their story. When I said: ‘I also had to leave my grandmother and grandfather behind, I also had friends there and now I don’t see them anymore’. ‘Ah yes, madam, me too! My grandmother lived next door to me’ and then they started sharing their own stories.» (Teacher, BE)

Pedagogical approaches to identity and heritage in WTS

The recognition and acknowledgement of heritages was pointed out as a relevant potential of WTS. However, depending on what pedagogical approaches were taken to notions of heritage and identity, these activities led to different outcomes. On the one hand, storytelling exercises seemed to have the potential to support sensitivity to similarities between adolescents and prevent conflicts. On the other hand, in one Danish class conflicts emerged between students from the same country as their personal experiences were different. A Norwegian teacher also noted that a student had problems with the task of presenting home country when spending their whole life in a refugee camp. In this case, the teacher reassured that having a different story this was OK, and the student eventually was able to find representations of their country to show in class proudly. Teachers described dilemmas between trying to celebrate differences while also pursuing recognition of sameness between adolescents. These dilemmas emerged as teachers did not want to create unnecessary distance between classmates by imposing differences as essential. Neither they wanted to create more differences between newcomer classmates and of host country peers. These examples show the complexity of ‘heritage’ and the potential dilemmas faced by teachers during implementation of WTS. A potential problem can be the implicit assumption of WTS that personal-cultural background can be presented in classes without recognizing that students’ experiences may also reflect problematic political structures and issues.

«Now, when you have share some of these things, it is that harder to go to tease that person or be angry at that person, when you have shared those things with each other. I think we experience an improvement of that, maybe it is exactly like that: ‘now we know each other better and we know these stories and that we are in fact alike in many aspects and we experience the same difficult things» (Teacher, DK)

Mobilizing students’ first languages. That adolescents were invited to write in the student workbook using their first language if they preferred to do so. Considering the
daily challenges and struggles adolescents have learning Danish, Norwegian and Dutch, and given also, the central position the process of language learning has in organizing their very placement in a separate group at school, this invitation appeared to stand out as a welcome acknowledgement and recognition of relevance. This was seen as an acknowledgement of the students’ command of other languages, skills they rarely get to demonstrate and gain appreciation for in the classroom. It was recognized that adolescents’ languages are not out of place in school, despite the need to now acquire another.

**Context**

**Adolescents’ dispositions towards sharing painful memories**

As mentioned earlier, the activities related to sharing (sometimes difficult) memories presented a challenge in some classes during the implementation of WTS. Some adolescents reported that they did not see the point of re-telling negative stories, that they did simply not want to remember the hardships of the past. One Syrian refugee adolescent stated the following about the session in which former homes were discussed:

>“It’s not good, cause when I say my house, I remember. And I don’t want to remember. It was not nice to listen to.”

*(Adolescent about the session »my home«, DK)*

The differences in dispositions towards sharing painful memories might relate to different aspects such as cultural understandings of concepts such as mental well-being as well as the meaningfulness of talking about negative things.

**Adolescents’ dispositions toward participating in playful activities**

While the playful activities of WTS were generally welcome, some adolescents perceived the playful exercises as childish, shallow or boring and it was suggested by some of them that such exercises might be better fitted to a younger audience. A few of the classes abandoned the role play exercises completely, since they, in the view of the teachers, did not fit the needs of the group or seemed unfeasible for different reasons. It seems that these kinds of non-verbal exercises may facilitate social interaction within the class group, but that this dynamic can be highly dependent on age and developmental stages within the class setting, cultural understandings of what ‘school’ entails, as well as the pre-existing class climate.

**Teachers’ pre-existing familiarity with students**

An enhanced level of knowledge and understanding with students was generally seen as a potential benefit of WTS. However, other teachers reported that they already knew their students very well through their daily relational work and therefore, did not see any change with regards to closeness to the students after implementing WTS.

**Language proficiency in the preparatory classroom context**

Preparatory classes in the three country settings are highly diverse in terms of cultural backgrounds, language, and age. Some adolescents already speak a second language such as English and can communicate with the teacher from the beginning while others are illiterate or have had experiences of interrupted schooling due to war or conflict. In the implementation of WTS this was expressed as a challenging precondition by many of the teachers and adolescents alike. Although many of the activities applied in the intervention manual are alternated towards less language heavy communication, adolescents having very little shared language still presented a problem in the implementation. Teachers particularly felt challenged when complete newcomers entered the intervention, since it could be very difficult to convey the purpose of the intervention to the adolescent, especially considering the, for some, abstract nature of this purpose. While teachers adjusted activities or skipped the ones, which would be too difficult to understand, WTS seemed to work best for adolescents with some shared language with the teacher and some familiarity with the host countries school system.

**Stability of class compositions**

WTS was theoretically thought to be implemented in stable groups of newcomer adolescents. This mean that in theory, complete groups, with similar knowledge of the host country and host language, would complete the intervention together and build trust and connectedness continuously throughout the sessions. In reality, prepa-
atory classes in all three countries are structured to welcome newly arrived students and prepare them for participating in mainstream classes. Thus, preparatory classes are in between phases, in which students come and go disregarding the school year structure. For this reason, a continuous line of sessions with the same number of adolescents was only possible in schools which chose actively to maintain a steady group and not let new students into the class while implementing the intervention. In Norway, this containment of a class led to dilemmas for the school management and teachers eventually pointed to this practice as excluding for the other students, who were not allowed into the group.

**Interruptions and completing sessions**
A shared view of many participants was that WTS enabled social relationships to develop in a positive direction. Such processes were not noticed by all participants and might be more apparent in the classes that had completed all sessions. Not completing all the sessions was mainly related to COVID-19 interruption of the intervention, but it was also connected to other issues in school organization in Denmark (three classes in Denmark experienced disruptions in the implementation what were not related to COVID-19).

**School organization and structures**
Although some teachers gave positive feedback reflecting how WTS was able to fit into the existing teaching plans well, the implementation of WTS depend to a large extent on the capacity of the teacher to complete the intervention in the overall structural reality they work in. For example, disruptions in intervention in Denmark that were not related to COVID19 were rather related to organizational and structural issues in school. Two of the classes exited the program, because the teachers were laid off their job, since three preparatory classes were being merged into one. In the third class the responsible teacher went on sick leave and no one at the school continued the implementation with the class, in spite of conversations between the school management and the research team. This shows how the fragmented reality of preparatory classes as well as the lack of support from school management can influence the implementation and completion of WTS.

**Pre-existing class atmosphere**
As mentioned earlier in the report, WTS entail exercises which can be experienced as outside the comfort zone or even transgressive for some adolescents. Amongst the participating classes, these are exemplified in the earlier examples of the cancelled role play exercises and the discomfort related to engage in personal storytelling experienced by some adolescents. It is evident that the pre-existing atmosphere and level of trust between adolescents and teachers play a role in to what extent classes are able to engage with and enjoy such exercises.
WTS: Recommendations for policy and practice

- The structural equation model revealed a significant effect of the PIER intervention on post-traumatic stress symptoms (PTSD).
- Teachers in the UK said that many students experience daily stressors such as poverty and family breakdown. Teachers in Finland noted that some newcomer students have traumatic war experiences that negatively impact their learning capacity.
- Newcomer students in the UK described experiencing language issues and some exclusion or discrimination from their peers; however, they also described peer relationships as an important source of social support and school belonging.
- In the UK and Finland, teachers felt that schools were failing to provide structural support for student wellbeing (due in part to a lack of resources and trained personnel) or coordinated support with social and health care services. Teachers in both countries said that behavioural issues affected classroom dynamics.
- Teachers in both the UK and Finland described feeling stressed and overwhelmed by the demands of their work, including the pressures of the curriculum. Yet, they also perceive working with newcomers and refugee children as rewarding, meaningful, and inspiring.
- The PIER intervention had value for ‘host’ society children, improving empathy and understanding for the experiences of newcomers. Newcomers also identified with the intervention content. The intervention increased group cohesion and encouraged dialogue on similarities and differences.
- Particularly effective activities were role-plays, reading stories, and analysing videos and animations.
- Creating a safe space for dialogue was a key working mechanism.
- Adolescent engagement was variable and strongly depended on students’ behaviour and emotional awareness, as well as on teachers’ attitudes towards the intervention.
- In the UK, adolescent engagement in the interventions was variable and strongly depended on students’ behaviour and emotional awareness, as well as teacher engagement.
- PIER provided multiple activities which enhanced group cohesion, empathy, knowledge, and shared reflection of one’s own and other cultures. Particularly effective activities included role-plays, reading stories (for example in comic strips), and analyzing videos and animations.
Peer Integration and Enhancement Resource Program

Key findings

- The findings highlight the need for structured teaching materials such as WTS that can carry the potential to support and legitimize the psychosocial relational care work which is part of the teachers’ work in preparatory classes.

- In line with the findings, WTS should be used with care amongst adolescents with severe trauma and should never replace individual and/or clinical support and treatment.

- WTS relies on teacher capacity and competence. School management should be supportive of the teacher’s extended focus on social wellbeing during the implementation as well as conscious of the extra workload the implementation might produce.

- In any intervention that seeks to stimulate exchanges of heritage and cultural identities, especially one targeting migrants and refugees, concepts such as ‘heritage’, ‘identity’ or ‘home’ should be defined and used with care in order not to simplify life stories or create tensions.
Quantitative Results

Demographic overview
In the UK and Finland, 194 participants in the intervention group and 244 participants in the control group responded to the baseline (T1) survey. 119 (61%) of the intervention group and 168 (69%) of the control group responded in the post-intervention (T2) survey. Table 8 provides an overview of the sample which completed both T1 and T2 in the different countries.

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>100</td>
<td>151</td>
<td>251</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>19</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>168</td>
<td>187</td>
</tr>
</tbody>
</table>

In the intervention group, 103 responses are from adolescents. In the control group, all responses are from adolescents. 16 adolescents of the 103 responses are from UK, and the rest (87) are from Finland. In the intervention group, 46 percent of the adolescent respondents are female, 53 percent are male, and 1 percent are other than female or male. In the control group, 62 percent of the adolescent respondents are female, 37 percent are male, and 1 percent are other than female or male. Adolescents are between 12 and 17 years of age, mean age is 13.65 (SD = 0.97); in the intervention group 13.4 (SD = 0.85) and in the control group 13.8 (SD = 1.01).

Intervention effects
The structural equation model (where group status is the only predictor and the effect of the intervention status is calculated by comparing the intervention group mean to control group mean) revealed a significant effect of the PIER intervention on posttraumatic stress symptoms (PTSD). The model predicts that the effect of intervention status is 3.80 units decrease in PTSD. Considering that symptoms increased in control group, the difference between increase in control and decrease in intervention is -2.513.

Context effects: country
When country, gender and age are included as predictors in the model, we noticed some statistically significant differences, especially between countries. Emotional symptoms dropped in control group more in UK than in Finland. Keeping in mind that Covid-19 affected the post-intervention assessment, it is possible that the lockdown stopped the decrease of the emotional symptoms in Finland. In hyperactivity, there is an interaction effect of intervention and country: in Finland, hyperactivity decreased more in the intervention group than in the control group. In the UK, hyperactivity decreased more in the control group. Also, hyperactivity dropped less for boys than girls. Peer problems dropped less in the UK than in Finland. Post-traumatic stress symptoms dropped most in the UK in the intervention group. In Finland, the effect was smaller. The wellbeing of adolescents in the UK dropped more in the control group than in the intervention group. In Finland, there was no significant effect on wellbeing. Resilience increased in both countries, but more so in the UK than in Finland. Social support from family and friends decreased in Finland, but increased in the UK. School belonging decreased in both countries, but more in Finland than the UK. In Finland, on executive functioning there was no significant effect of the intervention status. The intervention group had a slightly higher increase of executive functioning. In the UK, executive functioning dropped more in the intervention group. In sum, the biggest difference between the intervention and control group was found in hyperactivity in Finland and posttraumatic stress symptoms in the UK. Resilience and social support from family and friends increased in the UK.
Qualitative Findings

Outcomes

Increased knowledge, understanding and vocabulary on migration. PIER provided a variety of activities through which students learnt facts about migration, watched videos and animations, and read stories about migration life-experiences. Some students felt that it was useful to learn more about the UK asylum system through facts and statistics. Students and teachers in the UK and Finland felt that the videos and stories had helped to improve students’ understanding of the experiences of migrants and refugees. In the UK, students had improved their vocabulary in relation to psychosocial well-being and issues of migration. Some students in the UK even said that they would recommend spending more time on vocabulary in future, as they would often forget the meaning of words such as ‘immigration’. One staff member in the UK also suggested that it would be important in future to give students the language to discuss differences of cultural heritage.

»…learning what it’s like, for me who’s lived in England all my life, to learn about somebody who’s come from- had to leave their country and come to another country to flee, that would have been quite hard to understand before, without the PIER sessions«  
(Student, UK)

Reflecting on identity and relationships with others

In the UK, some newcomer students identified with the experiences described in PIER. The ‘Jack and Rani’ video (which modelled intergroup friendship between a White British and Syrian student) was also particularly effective in increasing identification and concomitant empathy in White British students. At the same time, students also had the opportunity to reflect on themselves and their social relationships with others. In the UK and Finland, the ‘similarities and differences’ activities helped students to learn more about each other and even changed their perspectives on each other. Staff in the UK reported that the ‘Q-sort’ activity (where students ranked various statements in their preferred order) provided students with the opportunity to reflect deeply on their views of friendship and belonging.

»For me, I think it was pretty accurate, cos like, I know lots of refugees, and it was pretty accurate to their experience. So I think it did help to spread awareness and... I also kind of, I’m not a refugee, but I did move here because of how corrupt my country was, so...it was also very hard, so it also kind of was quite accurate«  
(Student, UK).

Increased understanding, respect, and empathy

Throughout PIER, students also showed increased respect for diversity as well as increased empathy and reduced stereotyping. One UK staff member noted that across the sessions there had been an increase in the engagement and empathy of several students with English as an Additional Language. Teachers in Finland also described how PIER had opened up a space of equality, safety and respect for newcomers to share their experiences with the class.

»He took that space in it and wanted to share and state his experiences, and noticed to be respectfully listened by others. It was a little extraordinary moment«  
(Teacher, FI).

Getting to know each other and work together

Teachers in Finland noted the effectiveness of the ‘little moments’ during the intervention when students worked together. Staff in both countries said that participating in the PIER intervention had helped them to learn more about their students as a group of peers.
There were fun and good moments, and it was sweet to see how students started to work together – with others along the way.  
(Teacher, FI).

»There were fun and good moments, and it was sweet to see how students started to work together – with others along the way«
(Teacher, FI).

Mechanisms

Providing a variety of creative activities in a group

A number of creative activities were implemented in PIER. Particularly effective activities included role-plays, reading stories (for example in comic strips), and analyzing videos and animations. These materials included examples and life experiences that some students could identify with. They also supported language development. For example, in the UK, a staff member assisted the facilitator by writing down key words and definitions on a blackboard. Maps and images were also used. Altogether these activities supported enhanced group cohesion, empathy, knowledge, and shared reflection on one's own and other cultures. At the same time, some teachers in Finland felt that there were too many activities and that the emotions evoked by the intervention were sometimes overwhelming. A staff member in the UK suggested conducting the intervention in smaller groups where possible.

»[Role-plays] would help people understand how... how the process, how people undergo the process and how does it feel like«
(Student, UK).

Creating a safe space

Teachers in Finland highlighted the importance of ensuring a sense of safety and trust in order for the PIER activities to be fully effective. Students in the UK felt that having an external facilitator worked well in terms of securing respect and discipline. UK staff thought that it would be useful for the facilitator to spend time getting to know the students before the intervention begins. Staff in the UK also suggested that PIER might be most effective if it were delivered by teachers. However, they also noted the potential challenges of doing this in relation to teachers’ time and workload. Staff suggested that bringing in a guest speaker could be effective, possibly an older student from the school with a migrant, refugee or asylum-seeker background.

»Many lessons we learned. At the beginning to create a safe state and that you relax and stop for moments... instead of showing different superiorities and authority« (Teacher, FI).

Context

Teachers’ awareness of students’ psychosocial care needs

Teachers in the UK said that many students experience daily stressors such as poverty and family breakdown. They also pointed out that newcomer families may experience stress due to social isolation. In Finland, teachers highlighted variation in student wellbeing, pointing out that some students had a sense of balance, meaning, and self-confidence, while others, particularly those with immigrant backgrounds, were having a more difficult time. One teacher in Finland noted that anxiety has greatly increased among students in recent years. Other teachers noted that some newcomer students have traumatic war experiences that negatively impact their learning capacity. In both the UK and Finland, teachers recognized the psychosocial needs of their students, including newcomers. In both countries, teachers felt that the school should play an important role in supporting student wellbeing.

»The children of asylum seekers... in general, their wellbeing is really poor«
(Teacher, FI).

Students’ sense of being welcomed

Some newcomer students in the UK described difficulties with language when they first arrived in the country. Several Black, Asian and Minority Ethnic (BAME) students in the UK talked about experiencing exclusion or discrimination from their peers. However, newcomer students in the UK also described feeling welcomed and
supported at school by their peers, and particularly by their teachers. Teachers in Finland described providing psychosocial care to newcomers as part of their everyday practice. For example, one teacher described taking the time to stop and pay attention to a quiet newcomer student who they had noticed looked tired and depressed. The teacher suggested that students with more visible behavioural issues often receive more immediate attention from teachers.

»I think teachers were really helpful as well. They would introduce me to people, because to be honest I didn’t wanna speak to people [laughs].«
(Student, UK).

School belonging

In both the UK and Finland, schools play an important role in providing psychosocial support to young people, particularly in providing stability and supporting belonging. Teachers in Finland suggested that sometimes the school is the only source of security and support in young people's lives, which can place undue pressure on the school. Teachers in the UK emphasised the importance of boundaries in school and the need for more safe spaces where students could feel listened to. In Finland, teachers saw a need for more structure in school, which would increase teachers’ confidence and students’ sense of security. In the UK intervention school, there was evidence that social support and school belonging influenced outcome measures concerning adolescent wellbeing. Several newcomer students described feeling welcomed and supported by their peers. Some also described maintaining transnational peer relationships over phone, email, social media, and messaging apps.

»What kind of relationship we, the teachers have with students is likely also affecting their wellbeing.«
(Teacher, FI).

Classroom climate

Teachers in the UK and Finland linked students’ social and emotional wellbeing to the class climate in relation to respect and safety. Students in the UK also highlighted the importance of discipline, patience and respect in the classroom. Teachers in both countries argued that behavioural issues affected classroom dynamics and relational safety. In the UK, teachers noted that issues with class management had a significant effect on class climate and on students’ psychosocial wellbeing in turn.

»It’s a sort of atmosphere. I mean, you know, when you’ve got a class where everybody is respecting each other, sort of building respect and kind of feeling safe and respected.«
(Teacher, UK).

Teachers’ attitudes, dispositions and opportunities to support newcomer students

Teachers’ attitudes towards the intervention and newcomers impacted the intervention’s effectiveness. Staff in the UK noted that lack of engagement from teachers had a negative effect on class behaviour and dynamics during the intervention. Some students in the UK reported that they did not always feel understood or listened to by their teachers. Teachers in both the UK and Finland described feeling stressed and overwhelmed by their work. In Finland, some teachers expressed anxiety, sadness and a sense of helplessness in relation to their engagement with newcomers. Other teachers in Finland described their work with newcomers as rewarding, meaningful, and inspiring, noting that collaboration with other teachers increased their enthusiasm for the work.

»[teachers are] not just there to teach you. They’re there to help you... they’re there for everything.«
(Student, UK).

Adapting practices yet keeping boundaries between education and psychosocial care

Teachers in the UK and Finland pointed out the importance of adapting their teaching practices to newcomer needs and of providing support and guidance to their students. However, teachers in both countries also suggested the need for boundaries around their work in sup-
porting student wellbeing, recognizing the impact of this work on their own wellbeing. Teachers highlighted the need for coordination between immigration authorities, social workers and trauma therapists. One teacher in the UK signaled the need for more counselling and one-to-one support, while in Finland, teachers talked about the importance of trauma therapy for traumatized young people.

“It is important to be able to delineate and make clear what issues in a young person’s mental health belong to the school...This is related to the teacher's own wellbeing at work.”
(Teacher, FI).

Adolescents’ personal dispositions towards engaging in PIER
Adolescent engagement in the interventions was variable and strongly depended on students’ behaviour and emotional awareness. The activities that students enjoyed depended on personal preference; some students said that they would have preferred stories and fewer games, while others preferred activities that involved moving around a lot. Staff in the UK noted that some students were not completely engaged in the introductory ‘Q-sort’ activity and recommended holding this activity a little later in the programme, when students might feel more comfortable to share their views on friendship.

Structural, organizational and curricular issues in school
Teachers in both countries pointed to several larger organizational, structural and curricular issues in school. These issues included high workload, narrow curricular content and goals, and a lack of support for teachers in providing psychosocial care. Several teachers in both countries said that they felt unable to support students properly due to time and workload pressures. One teacher in the UK also pointed out that staff training tends to focus on increasing academic attainment rather than on supporting students’ wellbeing. In both countries, teachers highlighted that large class sizes are a challenge to supporting wellbeing. In Finland, teachers described respect for diversity as a key influence on newcomer wellbeing. In the UK, teachers felt that the national curriculum does not reflect the diversity of international influences on British culture. Teachers felt that pressure to rush through the curriculum creates an ‘us versus them’ mentality between students and teacher, and also limits dialogue between students. Teachers felt similarly in Finland, stressing the need for more knowledge, tools and procedures to be able to welcome newcomers.

“...I think it is about developing relationships as well, but we don’t have that much freedom in the classroom. We’re really just being told what to do at the moment.”
(Teacher, UK).

Sustainability
Staff in the UK highlighted the importance of sustainability and the need to embed the intervention in future school life. Teachers in Finland are now using ideas and activities from the PIER sessions as part of their normal curriculum.

Covid-19
In the UK and Finland, schools were closed as part of broader school distancing measures during the Covid-19 pandemic. In both countries, there have been concerns about the impact of school closures on young people’s psychosocial wellbeing. The lockdown has also created many additional pressures for teachers in relation to arranging virtual lessons.
PIER: Recommendations for policy and practice

- The findings highlight the need for more structural and coordinated inter-service support for student needs, including those of newcomers.
- There needs to be increased support for teacher wellbeing.
- Teachers require increased knowledge, resources, tools and procedures to welcome and support newcomers.
- Time and workload pressures influence how teachers engage with the intervention. These factors need to be carefully considered when planning the intervention in schools.
- In order to create a sense of safety and trust, the intervention should be conducted in small groups. The intervention is best conducted by someone who is known to and trusted by the students. Assistance in facilitating the intervention may be helpful from an older student with migration experience.
- During the intervention, attention should be paid to students with limited proficiency in the language of the intervention/school. Students should be assisted through the use of maps and images. Difficult vocabulary should be explained.
In-Service Teacher Training

Key findings

- Quantitative and qualitative findings revealed different aspects of impact. Quantitative analysis did not yield any results in a significant way, possibly due to the low sample size and interruptions due to COVID. However, qualitative results showed potential positive impact.

- Teachers felt INSETT generated important and timely focus on newcomer teaching as a professional practice, and a valuable opportunity to re-examine their own practice regardless of previous competence in the subject area.

- INSETT topics given particular value included the significance of trauma and migratory stress, the challenges of limited or interrupted formal education, integration in the wider school organization, and co-operation with families and teachers.

- Some teachers missed more casework and examples from practice, others would have preferred more in-depth, theoretical contents.

- Teachers appreciated the additional in-depth material provided for independent learning but had difficulty finding time to take advantage of this part of INSETT.

- Teachers expressed the feeling of working in a field that is professionally and institutionally secluded. Exchange with fellow teachers for newcomer students was therefore given particular importance by participants.

- Teachers emphasised how newcomer student wellbeing is also a product of structural factors beyond teachers’ control.

- Newcomer class teachers find it important that ordinary class teachers are targeted with training such as that offered by INSETT.
Quantitative results

Demographic overview
As the INSETT intervention was directed towards teachers, potential effects of the intervention were analysed by means of the teacher questionnaire data. We had predicted that teachers would have increased awareness and competence around multicultural issues, increased sense of self-efficacy concerning teaching in a multicultural classroom, and improved trust of and collaboration with parents of immigrant students after the intervention. Table 9 provides an overview of the sample which completed both T1 and T2 in the different countries.

Table 9
Number of teachers responding before and after the intervention (T1, T2, T3)

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>SE</td>
<td>27</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>FI</td>
<td>52</td>
<td>31</td>
<td>83</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>41</td>
<td>127</td>
</tr>
</tbody>
</table>

In the three countries, 127 teachers (95 female and 32 male), responded to the questionnaire at both T1 (before the intervention) and T2 (after the intervention), 86 in the intervention group, and 41 in the control group. In the intervention group 79% and in the control group 66% of the teachers were female. Mean age was 45.1 years (SD = 10.8), and did not differ significantly between the two groups. The teachers had on average 14 years of experience, with the proviso that this info was lacking for about half of the responders.

Teachers’ baseline
The results at baseline demonstrated high multicultural awareness and sensitivity among the teachers. In the intervention group, the mean score was 78.1 and in the control group, 78.1 on a scale from 20 to 100. The teachers reported low degrees of stress. The mean score in the intervention group was 2.6 and in the control group, 2.5, both representing levels of stress between »Only a little« and »Somewhat«. Their mean scores on an indication of work exhaustion revealed that they »partly disagreed« with statements indicating different facets of exhaustion. On a scale from 5 to 35, with higher numbers indicating higher degrees of work exhaustion, the mean score of the intervention group was 14.8 and in the control group 15.0. The results further evidenced a high degree of work dedication among the teachers. On a scale from 5 to 35, with higher numbers indicating a higher level of work dedication, the mean score in the intervention group was 32.1 and in the control group 31.9. Trust and collaboration between school-home has a sum score range between 13 and 52, with higher scores indicating a higher level of trust and collaboration. The mean score for the intervention group was 39.6 and in the control group, 34.1.

Intervention effect
To test the effects of INSETT on teachers’ multicultural competence and their experience of their work situation and the cooperation and trust between teacher/school and the home, a range of potential outcome measures were included in a multivariate multilevel regression analysis where the differences between T1 and T2 were used as outcomes. The group (intervention/control) was included as a predictor.

Overall, multilevel analyses revealed that there were no significant effects of the INSETT intervention on any of the measures in total, in any of the countries, also not at the school level, between genders or related to age. Potential contributing reasons for the lack of significant effects on the outcome measures, may be the low number of participating teachers in the intervention and the control group, that the intervention and the assessments could not be carried out as planned due to the COVID-19 outbreak, and that teachers in the participating schools already were high in multicultural awareness and experienced in teaching multicultural students. Moreover, there were many missing data at T1, and mediating or moderating factors that we have not studied might have affected some of the results.

In summary, baseline mean results showed that participating teachers had many years of experience as teachers, they already scored high on multicultural awareness, their work dedication was high, their experience of work stress was moderate to low, and their trust of, and collaboration with the home was above average. Effects of the INSETT could not be demonstrated. However, lack of significant quantitative effects of the
INSETT in our study does not imply that the intervention had no impact. Due to low power, the quantitative results are inconclusive.

Qualitative Findings

Outcomes

Developing knowledge and competence for teaching newcomer adolescents

Many participating teachers expressed the view that the intervention led to a timely focus on newcomer teaching as a field of professional practice within the group of colleagues in participating schools. Programme topics mentioned as particularly important, from lectures, online course contents or participant exchange, included:

- Manifestations of pre- and post-migration stress: How to recognize signs and symptoms of such manifestations in the school and classroom setting, and ways in which teachers can respond to these challenges.

- Challenges relating to the academic diversity of newcomer student groups: How newcomer programs often involve students with limited or interrupted formal education, and the sharing of experience around dealing with this situation as a teacher.

- School integration and belonging: Integrating newcomer programmes with the school’s wider social and institutional environment.

- Newcomer programme teaching as a professional role: What the particular challenges that newcomer students have mean for the teacher role and its boundaries, with particular attention to teachers’ professional role and potential concerning students’ psychosocial wellbeing.

For some participants, developing knowledge and competence on these issues included the incorporation of new knowledge, while for others it rather meant (re-)activating pre-existing knowledge and competence. For example, due to already existing knowledge on the topic, Norwegian and Swedish teachers did not find the contents of the INSETT curriculum significantly adding new knowledge, but that lectures and online trainings rather confirmed knowledge they already had. However, an outcome commonly noted by participating teachers was a greater awareness of the distinctiveness of refugee and migrant newcomer teaching, and thus INSETT was regarded as a platform of strengthening newcomer teaching as a professional field. This finding was perhaps particularly salient in contexts where newcomer teaching as a field of teaching practice was considered by other teachers as subordinate in professional status to »ordinary« teaching, as for example was reported by many participating teachers in Norway.

Teachers also emphasized the opportunity afforded by INSETT to learn as part of a professional group. INSETT included participants’ concerns and contributions, e.g., through using casework in Seminar 2, sourced from participating teachers. This dynamic led to exchange, discovery and learning between teachers that allowed the INSETT curriculum to enter into dialogue with the participating teachers’ local realities. For some, such learning processes involved groups of teachers in one school learning from groups of teachers in other schools (e.g., about alternative ways to organize and combine newcomer and ordinary class participation; programs to promote social contacts between newcomers and non-newcomer students). However, some did not feel it directly helped changing practice.

»I thought it was a good idea to go through how immigrant learning might have been successful elsewhere [...] how a person feels, thinks and behaves and acts when he has such a terribly traumatic background. It would also involve thinking about what we can do to come up with something concrete to improve learning. For instance, it would be crucial to get concrete tools how to make just the right grouping and mixing students from various backgrounds in some fruitful way, I still don’t know how.«

(Teacher, Finland)

Revaluing the role of the teacher

Encountering the various needs newcomer adolescents have, teachers reflected on the implications for their professional role as teachers. A widely shared concern
was to not assume or be expected to assume a role as therapists, and a worry that expectations and tasks are being placed on teachers that blur the line between teachers and therapists. For instance, teachers in Finland expressed the need to ‘concentrate on teaching, not healing’. Yet, like Swedish and Norwegian teachers, they also found it important to facilitate students’ coping and regarded the psychosocial significance of school and relationships therein as a source of personal and emotional reward and motivation. While teachers generally recognized the significance of their role as the professional adult in everyday contact with newcomer adolescents, they voiced concerns around filling roles in student wellbeing that should more appropriately be filled by others. Hence, teachers in all countries pointed to the psychosocial aspect of their role as also a source of confusion, powerlessness, and inadequacy. In Norway, participating teachers emphasized and embraced their role as »carers, not only teachers«, often using kinship and family metaphors to elaborate on this dual role. At times, the importance of this role was presented as if it to compensate for the difficulty teachers reported in fulfilling academic requirements and expectations; requirements and expectations—on the part of newcomer programme stipulations and/or students and families—that are often unrealistic, in the teachers’ estimation.

**Increased sense of belonging to a professional community**

Many participating teachers expressed the feeling of working in a highly rewarding and important field and yet that their field of practice was somewhat isolated from the surrounding, regular school environment. They consequently emphasized INSETT as an opportunity to come together with colleagues with whom they share their particular professional field. Many participants reported deriving a sense of recognition and moral encouragement from this. In the INSETT environment, teachers connected through sharing a feeling of emotional reward and intensity due to serving psychosocially important roles in their students’ lives. Moreover, spending everyday professional life in the company of resilient and resourceful adolescents coming from particularly challenging circumstances was a commonly appreciated experience among participants, as was the everyday exposure to cultural differences and the ways in which this broadens ones’ own outlook as a teacher. For some participants, the recognition of these and other aspects of newcomer teaching made them experience a solidification of their experience of newcomer teaching as a recognized, professional field in its own right. This experience was voiced even among participants who reported that the training mostly served to confirm things they already knew. Thus, teachers spoke of things they knew »only anecdotally«, »based on my own experience« as being strengthened by being confirmed in research and scientific evidence, as presented in the INSETT program.

»I felt that what I foremost got out of it was a heightened awareness, of what I do and what situations the students may be in (…) I’ve had a student this year who’s had a tendency to be late to class. But now I was very deliberate in how I broached the topic with him, asking him why. It turned out that he needs to take several younger siblings to kindergarten every morning. We all know that taking leave in kindergarten is not done in a minute.«

(Teacher, Norway)
Mechanisms

Training modes employed in INSETT

Teachers commented that important positive outcomes of the intervention in their estimation depended on its combination of collective physical seminars, and individual online learning to be pursued at the participant’s own pace. One the one hand, some teachers said the follow-up seminar (Seminar 2) forced them to progress through online training they might – citing time pressure, otherwise have had difficulty prioritizing. On the other hand, the seminars with other teachers were of course a precondition for exchange and discussion with other teachers (see below). Given the interruption occasioned by the COVID pandemic, the follow-up seminar was in some cases converted from a physical seminar to a webinar format. Teachers generally appreciated this alternative, but also widely indicated that the exchange with fellow participants was diminished in this format.

Knowledge sharing and interactions in a group

INSETT provided opportunities for teachers to be part of a group, share experiences and knowledge and learn together with other teachers. In the RefugeesWellSchool implementation, INSETT enrolled teachers from different schools and districts in the same course cohort and sought to exploit this feature in group discussions. The opportunity for exchange created thereby was especially appreciated, both for the opportunity to feel part of a broader professional community, and also to share practical experience between municipalities and districts that organize newcomer programs differently, even if they are subject to the same national policy regulations.

>“It is when you begin to discuss with colleagues that you begin to tell your own experiences. And it’s like further education or like that you create a deeper relation with colleagues. In our organization, we have the advantage of having people from all around the world.”

(Teacher, Sweden)

Teachers’ pre-existing knowledge and the relevance of INSETT contents

INSETT provided varied content material regarding topics related to the understanding of trauma, pre-, peri- and post-migratory stress, and acculturation in adolescence. Some participants valued these theoretical contents as they provided a welcome solidification of the basis of their practice. However, others saw these contents as too basic, depending on their level of familiarity with the topic. The differences in familiarity might be explained by the fact that Swedish and Norwegian schools who were invited to the RWS project had already invested in the topic of newcomer schooling as a particular educational field, albeit to varying degrees. However, many teachers were eager to point out that INSETT should also be provided to teachers not specifically engaged with teaching newcomer classes, as they found it relevant to all teachers in a diverse context. Some teachers voiced the impression that interest in, and knowledge and appreciation of the topics addressed in INSETT were generally low among their colleagues teaching regular classes. This appreciation was expressed even by teachers in Sweden and Finland, where INSETT was implemented as a whole-school approach, i.e. targeting all teachers irrespective of specialization in newcomer teaching. The fact that regular teachers among them suggested that the training was more relevant and applicable to teachers of newcomer classes speaks, perhaps, to these processes of stratification.

Teachers’ perceptions and contextual relevance of the INSETT contents

Teachers also had varied opinions about the relevance of the INSETT content material. They commonly wished the contents to be more directly applicable to everyday classroom practice, such as concrete tools, exemplary classroom or student cases, or real-life group discussion and supervision on case materials. On the other hand, other teachers particularly enjoyed a sojourn into academia as a timeout from the tedium of the everyday. In interpreting this variation, it should be noted that INSETT was implemented with upper secondary school teachers in Norway, and with lower secondary school teachers in Finland and Sweden. In Finland and Sweden, some teachers saw the contents perhaps more suited for a slightly older age group than lower secondary schools. The online module of the INSETT was developed in the Netherlands (Augeo Foundation), based in a Dutch newcomer schooling organization and with Dutch case materials. Teachers in all three countries found noteworthy differences between the online course contents and their own contexts due to differences in pedagog-
ical and educational culture. Some Swedish teachers said they found the online module fit Swedish school realities poorly. Norwegian teachers, on the other hand, voiced few concerns with the relevance of the case materials, even if they too saw stark differences between the school culture reflected there and their own. They, however, generally disliked the way the course corrected teacher responses to questions entered into the online course judging them as either true or false, right or wrong. Teachers in all countries however attributed the differences they disapproved of to what they perceived to be a more authoritarian school culture in the Dutch origin of the online module, in contrast to a more egalitarian pedagogical style in Nordic countries.

**Context**

**Teachers’ resistance towards initiatives that pathologize newcomers**

As described above, teachers recognized care for psychosocial wellbeing as a teacher task while simultaneously warned against blurring the boundaries between teachers and therapists. As part of a broader critical reflection, they expressed concerns around how different initiatives in their contexts potentially reduced the challenges of newcomers to individual, mental health phenomena. In Norway, recent educational reforms contribute to this perception among teachers in that the theme »coping with life« (life skills) is to be integrated cross-sectionally in all school subjects, as part of a strategy to counter school drop-out and increasing prevalence of mental health problems among adolescents. Similar trends manifest in Finland and Sweden. In this context, some participating teachers regarded the furthering of teachers’ insights into students’ psychosocial challenges as a potential instance of this wider trend. With such a focus, some argued, follows a risk of overemphasizing problems and pathology, and misrepresenting a group of students that are resilient, resourceful and ambitious, and who expect teachers to help them in their academic pursuit.

**Teachers’ concerns with structural problems reduced to individual problems in general**

In part related to the previous topic, some teachers also noted a more general societal tendency to focus on individual agency to the detriment of attention to structural factors. Thus, some teachers were sceptic that INSETT, too, involved a further appeal to teachers to alleviate challenges that arise from local and wider societal, organizational, and structural barriers. These structural barriers included features of newcomer schooling organization and educational requirements (see below), but also local and societal characteristics, e.g. exclusionary local communities, racialized structures of social economic disadvantage, and nationalistic discourses of belonging. In this societal context, teachers’ felt their influence on newcomers’ psychosocial wellbeing at school, while important, should not be overestimated.

**Barriers to newcomer school integration**

Among the organizational modes represented in the RWS sample, the Norwegian newcomer system seemed in particular to struggle with facilitating an early and ongoing contact between newcomer students, newcomer classes and even newcomer class teachers with the surrounding institutional environment of the (mainstream/ordinary) local school. Hence, Norwegian teachers agreed fully with the INSETT message concerning school as a primary arena for newcomers to adapt to their new environment and to develop new social networks. However, they also described their situation and that of their students as organizationally insular, »present and yet separate« from the rest of the school, and that this presents significant obstacles in any attempt to promote social integration across ‘newcomer’ and ‘ordinary student’ divides.

"Yes, there are things I would like to change. Among other things, we have the issue of understanding, the willingness to see things from different perspectives […] Our sense is that [ordinary class] secondary school teachers have very little experience with our kind of youth. That they sometimes don’t understand them at all.«

*(Teacher, Norway)*

**Curricular demands**

Teachers in all countries emphasized the high demands of curricular progress, that was perceived as unattainable for many newcomer students. Norwegian teachers often spoke of this challenge as »obviously impossible« for many students in upper secondary schools, given that even students with interrupted, and in some cases altogether very little formal education were expected to
be readied for ordinary upper secondary school with certificate in all required primary school subjects in a short period of time, while simultaneously learning a new language. Teachers felt left with limited possibility to meet the needs of the most unprepared students, whose ambitions could thus remain, in their teachers view, unrealistic. Similarly, teachers in Finland spoke of a mismatch between academic requirements, family demands and students’ state of mind, as a significant barrier to student wellbeing and school adaptation.

**Lack of specialized psychosocial support staff**

Teachers in all the INSETT countries reflected on the sometimes overwhelming nature of fully understanding and responding to refugee/newcomer students’ complex needs, as experienced in their daily work. This gave rise to reflections on the character and limits of the teacher role, as described above, but also to discussions concerning the interface between teachers and other psychosocial support services in school and beyond (e.g., special education provision, health services, municipal refugee resettlement advisors, child protection services). Teachers in all countries perceived the professional psychosocial support services available for newcomer students to be insufficient. Hence, many teachers found their scope of responsibilities widened, in that they sometimes feel they perform roles which should be more appropriately filled by other support staff. Accordingly, they felt that school’s potential for contributing to student wellbeing sometimes was not realised due to a lack of the additional services that some newcomer students sorely need.

> »I am a little bit afraid. When you talk about posttraumatic stress... and you are afraid asking the wrong questions, if I start something within the students, how should I handle it? Then you run to the school counsellor and ask for help, and then you hear they are busy or in a meeting.« (Teacher, Sweden)

School leadership. Teachers reflected on the need for both practical leadership and school management support in guiding a group of colleagues through a training process such as INSETT. In particular, teachers emphasized that leadership is a prerequisite if the intervention is to lead to change beyond the reflexive revaluation of individual teachers. Furthermore, teachers pointed to problems arising from the lack of a strategic leadership in school quality development and a concern that, when no coherent approach to capacity building and continuing education of teachers is in place, the potential benefits of onwards dissemination of competence, from participants in INSETT to colleagues, may be lost. In Finland and Sweden, a whole-school approach to participation in INSETT seems to have addressed and alleviated this concern.

**Limited resources**

A limiting organizational structure mentioned in all countries was a mismatch between tasks and resources. On the one hand, newcomer teachers perceive their workload as both vast and difficult to delimit in terms of tasks, especially tasks pertaining to the psychosocial support of students. On the other, the resources made available to fulfil these tasks and expectations are based on inadequate appreciation of the complexity and unpredictability of newcomer reception.

> »Our students need these supporters, and so teachers and facilitators should get more resources. Because we have to make tough decisions, sometimes interrupt the school day group teaching and move to almost individual learning. When students are unable to adapt or follow the group curriculum. And it is a big problem that we are currently undersized [...]. That’s a really big problem.« (Teacher, Finland)
INSETT: Recommendations for policy and practice

- The Quantitative analysis showed no significant effects on any of the primary outcomes, nor the additional outcomes. This might be partially explained by the impact of COVID-19 on the interventions and assessments leading to a lower statistical power.

- Adolescents who participated in the TRT found effective tools to handle refugee-related traumatic stress, and, importantly, applying the tools in everyday stress and academic and social challenges.

- The adolescents gained an increased trust in both own and collective capacity to cope and recover. This meant gaining a sense of safety and belonging that promotes sharing experiences and trust in the school context.

- An important finding that the participating adolescents highlighted was the realization that sharing and processing experiences can result in strengths rather than vulnerabilities.

- Teachers and school health staff expressed various views about the appropriate ‘dosage’ of therapeutic and psychological approaches in school interventions. On the one hand, some demanded structural and theory-based tools to ease refugee-background adolescents’ adjustment in schools. Whereas others emphasized a clear share of work between pedagogic and psychosocial professionals and responsibilities.

- The adolescents were relatively united in considering the TRT as vital experience for them, and emphasized beneficial role of psychosocial sharing in a school context.

- Facilitators participating in TRT training wished a stronger theoretical base about underlying mechanisms contributing to better mental health and recovery from trauma among adolescents.
In-Service Teacher Training with Teaching Recovery Techniques

Key findings

- Organizational elements in the implementation of INSETT appear to have great impact on the value added by the program. In implementing the INSETT intervention, organizers should assure that exchange with colleagues is facilitated, e.g. through in-house discussion groups, and seek where possible to run the INSETT program with participation from several schools in the same course cohort.

- INSETT contains literary and other resources for elective in-depth study of sub-topics in the INSETT program. In order to take full advantage of the training, participating teachers need to be allotted dedicated time to pursue the opportunities offered by these resources.

- It appears to be an important task in participant countries to promote competence and knowledge beyond teachers involved in particular newcomer student programs. INSETT seems well suited to this task. School owners and education authorities should think carefully about how to target ordinary class teachers, and work to balance structures that incentivize the continued enrolment primarily of teachers and schools already attuned to the particular challenges of newcomer schooling.

- Institutional and organizational structures limit the scope of teacher influence on newcomer students’ well-being. Efforts to enhance the school’s role in promoting newcomer refugee and migrant student wellbeing by targeting teacher competence should be balanced with measures to assess, change or mitigate organizational and institutional structures that are detrimental to newcomer student wellbeing.
Quantitative results

Demographic overview
A total of 729 adolescents in the interventions combining INSETT and TRT and 246 adolescents in the control group completed the T1 and T3 assessments and were included in the final analysis. Table 10 provides an overview of the sample combining INSETT and TRT with completed both T1 and T2 in Finland and Sweden.

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FI</td>
<td>566</td>
<td>209</td>
<td>775</td>
</tr>
<tr>
<td>SE</td>
<td>163</td>
<td>37</td>
<td>200</td>
</tr>
<tr>
<td>Total</td>
<td>729</td>
<td>246</td>
<td>975</td>
</tr>
</tbody>
</table>

Among these, 566 and 209 adolescents were included in the intervention and control groups in Finland, whereas 163 and 37 adolescents were included in the two study groups, respectively, in Sweden. Overall, the gender distribution was similar in the two groups with 51% of girls in the intervention group and 54% of girls in the control group. The mean age was also similar for both groups, in the intervention group, the mean age was 13.99 years (SD = 1.11) and 13.99 years (SD = 1.16) in the control group. In the intervention group, 30.4% migrated because of war or other persecution, in the control group, the corresponding proportion was 37.8%. A majority of adolescents in both groups were living together with their parents (94% in the intervention group and 97% in the control group). The intervention group had spent an average time of 6.9 years in the host country (SD = 5.2) whereas for the control group, the average time spent was 8 years (SD = 4.3).

Baseline
Regarding mental health problems at baseline, the mean score of the emotional symptoms scale was 2.73 for the intervention group and 3.31 for the control group. Furthermore, on the hyperactivity scale, the intervention group scored on average 3.98, whereas the control group scored 4.15. On the peer problem scale, the intervention group scored 3.15 and the control group scored 3.24, and finally on the prosocial behaviour, scale the intervention and control groups scored 7.50 and 7.64, respectively. Overall, these scores suggest that both groups, on average, displayed normal levels of mental health as assessed by the SDQ. Regarding symptoms of posttraumatic stress, the intervention group scored 7.64 and the control group scored 7.18 and thus had similar average levels of these symptoms. Also, similar average scores of general well-being were found in the two study groups (intervention: 4.17 control: 4.07).

Intervention effects
When exploring whether the TRT + INSETT intervention had an effect over time, and in comparison to the control group, the analysis showed no significant effects on any of the primary outcomes, nor the additional outcomes. One potential reason for this finding is the small sample size, resulting in low power to detect any significant effects.

Context effects: country and gender
When exploring the impact on other variables, the analysis showed that hyperactivity increased in Sweden, while it decreased in Finland. Additionally, the general well-being and the number of friends also increased in Sweden, while there was a decrease in these outcomes in Finland. Finally, for school belonging, there was a tendency towards a higher decrease for girls compared to boys.

Qualitative results

Outcomes
The qualitative analysis identified six main themes on the impact of TRT participation on adolescents’ mental health, resilience and social relationships: Handling stress and trauma more effectively, Trust in ability to cope with trauma, Increased sense of belonging and building relationships, Greater awareness of strengths and resilience, Supporting functioning in school and increasing awareness of adolescents’ psychosocial needs in schools.

Handling stress and trauma more effectively
Generally, facilitators evaluated newcomer students to show high levels of adjustment difficulties, especially
mental health problems of anxiety and concentration and learning difficulties. Posttraumatic stress disorder symptoms (PTSD) were manifested e.g. in withdrawal, sleeping difficulties, and constant worry and nervousness. Facilitators connected these problems with newcomer adolescents’ experiences of war trauma, losses, and immigration stress. In TRT, adolescents had learned how to master and frame fear and traumatic memories, calm themselves down. They used these tools when they remembered hardships and burdens, felt stressed, and faced sleeping difficulties. They used various stress-management techniques, such as relaxation and emotion regulation. Adolescents learned to create safe haven, use inner speech and strategies to calm down overwhelming emotions and invite helpers to protect their sense of safety.

Some adolescent reported that the TRT tools were also helpful when preparing and doing examinations or presenting schoolwork. Teachers noticed that some of their students who used to be anxious before examinations had become calmer, because they had learned new regulating skills. The facilitators also adapted TRT tools, such as muscle relaxation and exercise of finding a ‘safe inner place’, in situations where their students seemed distressed and distracted. Facilitators said that the tools could be employed in multiple domains and even be helpful to all students, not only newcomers with PTSD. Teachers reported that they could see some increasing resilience in the students who participated in the TRT. Many adolescents, who previously had not talked about their refugee experiences, became more aware of the impact of trauma and stress in their lives, and after TRT considered help seeking, especially psychological consultation.

**Trusting in ability to cope with trauma**

Adolescents with a refugee background can struggle between overcontrolling and being overwhelmed by memories from their traumatic past. In TRT, adolescents learned repertoires of effective coping strategies, such as constructive re-evaluation and framing of threat and seeking novel meanings. These techniques helped them to increase their ability to deal with painful memories and construct their refugee identity in multiple ways. In the sessions adolescents gained knowledge about multiple ways of how trauma may impact their own and others’ behaviour, emotions and relationships. Cognitive and emotional exercises and psychoeducation contributed to stabilizing their trauma responses, which increased adolescents’ trust in their own capacities to cope and handle their traumatic memories. Both peers and facilitators provided feelings of acceptance and encouragement, which contributed to increasing trust in other people, and could function as a core compensatory experience. This was decisive for refugees, who often face violence, neglect, and racism. Adolescents noted that it was hard to be reminded of all the hardships and challenges, but accepting their own trauma gave them an opportunity to move on and plan for the future. Most of the adolescents felt they were much calmer and did not react as impulsively as they did before.

> "We learned a lot of new methods to calm ourselves. We have heard other people’s experiences and what they went through. Previously, I thought, we were alone with our problems. We have realized that a lot of people went through that too."

(Adolescent, Sweden)

**Increased sense of belonging and building relationships**

Adolescents reported that meeting with other peers and listening to their experiences made them feel belonging and realizing that they were not alone. Previously, many had thought that they were alone with their problems and felt isolated. At the beginning, adolescents were ashamed to share with facilitators and peers, but they gradually perceived that all of them listened and respected their stories and opinions. They appreciated sharing stories and experiences with each other. In the TRT sessions, adolescents realized that others had similar burdens, wrestled with hardships, and struggled to solve problems in their lives too. It was decisive to realize that they were not alone with their past painful and intrusive memories. Daring both to give and receive support, empathy and togetherness helped adolescents change attitude to their traumatic past and its negative impacts.

Moreover, the facilitators noticed some positive changes in the school environment after finishing the TRT sessions: some students, who used to have behavioural problems became calmer, and others, who used to be shy, started to talk more with their peers and teachers. According to the facilitators, the TRT sessions allowed students to get to know each other, as well as
facilitators became more aware of their students’ experiences. TRT supported adolescents to be curious and encouraged them to build and deepen relationships with others, thus enhancing integration. Adolescents created new bonds in the TRT group, they gradually came closer to each other, and shared their thoughts and feelings with each other. Importantly, in the TRT sessions, they gained identification and a sense of belonging with their own refugee or ethnic group and adolescents from other ethnic groups.

> I have a strong memory that one young boy took the other one by the hand, somewhere midst in our exercises. It felt like my heart was melting into the fact that we shared such a lot of deep experience and richness for us all, that the belonging went so much further, this is maybe really good. «

(Facilitator, Finland)

**Greater awareness of strengths and resilience**

The emerged theme of awareness of strength and resilience involves adolescents’ recognition that they can simultaneously suffer from mental health challenges and be resilient, and facilitators recognized a multitude of positive resources that adolescents expressed. Subsequently, as adolescents were less afraid and upset about intensive feelings and behavioural urges, they could easier regulated overwhelming emotions. Following they could realize that speaking about harsh experiences does not ‘break them down’. The adolescents’ awareness of simultaneous emergence of weaknesses and strength inspired the TRT facilitators to ponder the narrow perception of refugee adolescents that is common in the host countries. The narrowness here refers to biased, symptom- and problem-concentrated discourse about refugees. Adolescents themselves considered these perspectives as stereotyping and degrading. The discourse around psychosocial interventions, such as TRT, should thus explicitly have a message that experiences of trauma does not narrowly define a person, but survivors show unique and multiple resources including posttraumatic growth involving spiritual, personal, and collective enhancement.

**Supporting functioning in school.** Just like the other interventions, TRT also took place in a school context. While this embeddedness in schoolwork was received with mixed feelings, facilitators emphasized that the safe and encouraging atmosphere created in TRT enhanced experiential learning about trauma, mental health, psychosocial development and one’s own capacities and resources. Analogously, learning of school subjects is based on students’ cognitive capacity which can bloom in positive and encouraging learning environments. For students, experiences of trust, caring and being protect-ed can be a formative memory that shapes their future world-view, trust in other people, and motivation to study and work. Close connection between refugee adolescents’ school performance and social-emotional wellbeing provides a justification for embedding psychosocial intervention or their components in regular schoolwork. According to the facilitators, this could be realized through implementing targeted interventions such as TRT and/or embedding social-emotional learning in the school curriculum. Memories of success and failure in school performance, social peer and adult relationships and teachers’ messages shape adolescents’ view of own abilities, which is crucial for their future motivation. They also analyzed how tools, exercises, and strategies learned in TRT could serve schoolwork more generally.

**Increasing awareness of adolescents’ psychosocial needs in schools**

In general, there is a vivid debate about the role, place, and extent of psychosocial support for immigrant children in the/a school context. Some facilitators were initially hesitant to apply an intervention that deals with traumatic experiences, coping or even healing PTSD symptoms, emphasizing the rule of »do not to open something that you cannot close«. In addition, the code of protecting privacy is high in Swedish and Finnish societies. Facilitators reported that during TRT they realized that the topic of psychosocial support is very relevant to the adolescents, who quite openly told about their painful experiences. The adolescents showed eagerness to learn about multiple ways of enhancing recovery from trauma, and willingness to share with others in a safe atmosphere. Adolescents expressed that having psychoeducation interventions in schools can make more migrant students participate and prevent them from being ashamed or stigmatized. Contrary to concerns with privacy, talking about traumatic experience in their real names? turned out to be beneficial, and provided new insights both to adolescents and facilitators. The facilitators who were teachers reported that they had ap-
plied already ‘light TRT’ in normal teaching (i.e., tools of stress-reducing relaxation, creating a safe place, emotion recognition and regulation exercises). Facilitators who were school counsellors/psychologists evaluated the TRT as providing systematization for the work they do with traumatized or refugee-background students. Facilitators also recognized how psychosocial care is important for all students in their schools.

—Always important to understand how young people react to their experiences. Mainly such new situations, everything new are demanding. Just I would practice lighter approaches than the TRT, as I have kept the rule that one should not to open something that cannot be closed. However, then young people sometimes quite openly tell about their own things so then there is something that could support the support of their being. When you cannot always send the adolescent to school psychologist, for example.«

(Facilitator, Finland)

Mechanisms

Working mechanisms refer to events and changes in TRT, experienced by students and facilitators that may explain the TRT outcomes and impacts on refugee adolescents’ mental health, resilience and relationships. The following TRT mechanisms were found potentially playing a role in explaining outcomes and intervention implementation.

Creating a safe group environment for sharing emotions

The group experiences of TRT seemed important for both students and facilitators, the group dynamics providing important moments of meetings between them. The adolescents appreciated being in a relaxed environment where facilitators listened to their experiences and were not there to assess their performance. The session’s atmosphere of safety and trust allowed learning from own and others’ salient experiences, which positively impacted adolescents’ capabilities and social interaction. In order to make students feel comfortable in sharing their stories, some of the facilitators who had migrant backgrounds also shared their own experiences. The shared intimacy made adolescents trust and appreciate the newly created relationships, and open up about their thoughts and feelings. The encouraging and secure atmosphere in group sessions made it possible to access to core emotions and narrate and verbalise salient experiences. Gradually, the students seemed more easily engaged in group work and sharing, as compared to seeking individual consultation (of a school psychologist or counsellor). Facilitators with counselling background also viewed the group-settings more effective and appropriate to students with refugee background than individual consultations, on which most current professional practices are based.

Defining group composition carefully

Several issues were noted around the importance of appropriately selecting group members into the TRT sessions in order to ensure optimized outcomes. On the one hand, adolescents with a refugee background also expressed strong needs to be similar to native peers and to assimilate the new country. They disliked being reminded about their past life and special newcomer status. In TRT, adolescents insightfully compared similarities and differences in manifesting stress and psychological symptoms, such as depression, anxiety, or impulsiveness among adolescents with different cultural groups and life experiences. Another aspect of the group composition was students’ psychosocial needs. Facilitators suggested that a more thorough and systematic choice of students into TRT groups is necessary to guarantee safe group dynamics. They felt that the screening of PTSD symptoms did not tell enough about the needs of refugee adolescents for psychosocial support.

Providing relevant content and exercise related to trauma

Adolescence is a prime time for constructing a world view, identity and future prospects, and for that young people need knowledge and shared experiences. The participating adolescents appreciated the knowledge that TRT provided on psychoeducation about trauma impacts and consequences. They learned how and why trauma can impact their lives and family histories, learning, social relations, habitual behaviour and emotional expressions. For adolescents understanding is essential, and they revised what had happened to them and why they respond to threats and stressors as they do. During expressing emotions, having been heard and listening to
each other, they examined reasons for behaviours and unique responses to trauma. These dynamics in part allowed normalization of PTSD symptoms, as adolescents became aware both intellectually and emotionally, potential multiple reasons for their problems. Even though facilitators sometimes felt the TRT contents were too intensive, they generally found session contents satisfactory, inspiring, and well-working among the adolescents.

»And the absolute strength is also that thanks to this kind of intervention, we are talking about out loud about our experiences, responses to trauma and other significant things. So it might normalize these events and that taboo would disappear around the trauma. That is valuable, especially if I rightly understood from our group discussions, it is really hard for immigrants to admit that there are some mental health problems. Somehow they feel like they are so proud to be intact or strong, that is whether it is so, but that they have learned to survive in that way. Somehow it’s really hard for a suffering adolescent to admit that there are problems and sorrow. Whatever it was that was here in mind. So now that we talk about it out loud and it is, let’s realize that it does not break you down or frighten any more.«  
(Facilitator, Finland)

Considering pacing and timing of TRT sessions
While TRT was in general a highly appreciated intervention, it also seemed to be too intensive in a school setting. Facilitators suggested a slower tempo and less exercises to be more suitable for adolescents with refugee background. On the other hand, they emphasized that the sessions should be consecutive, preferably weekly, which help maintaining the group dynamics. They also noted the importance of having enough time for preparation.

Forming pairs of facilitators with different backgrounds
The trained TRT facilitators were teachers working with refugee and immigrant students, special education teachers, mother tongue teachers or school counsellors or psychologists, who led the group sessions in pairs. Forming pairs of teachers were effective as they could meaningfully and pedagogically adjust and use the psychosocial elements in other teaching domains too. Some facilitators considered the combination of pedagogic and student care professionals (psychologist/counsellor) beneficial, as both could learn from each other. Teachers’ familiarity with the participating adolescents was also appreciated in the pair formations. However, there were also some views that teachers’ two different roles in TRT can confuse both students and teachers themselves.

The embeddedness of TRT in school contexts
TRT, which is a psychosocial intervention specifically targeted to address handling trauma, took place in a school environment. While there were several benefits of being embedded in a school context, participants were also critical about the role of schools in providing psychosocial care. Facilitators expressed worry about TRT involving ‘too high dosages of therapeutic and intimate approaches’ in the school context. Teachers in their part, protested that psychosocial interventions ‘transfer them from pedagogists into therapists’, and emphasized a clear share of work between student care and teaching professions.

Providing adequate TRT training for facilitators
Noteworthy, facilitators expressed their willingness to have deeper theoretical knowledge about the TRT intervention elements as well as to be offered supervision during TRT delivery. A two-day (Finland) and a three-day (Sweden) TRT training for facilitators provided printed material about trauma, cognitive-behavioural therapies, and rationale for exercises, tools and session contents. Additionally, they also received a handbook with study material for each session. The training was based on practicing the exercises and elements of each session. The facilitators argued that more theoretical understanding of the TRT was necessary for improving their ability and self-confidence to naturally conduct the sessions and to better explain the intervention rationale to adolescents.

Context
Teachers’ wishes to better integrate psychosocial care in school
Adolescents and teachers emphasized the importance of having access to such an intervention like TRT at
school, as severe trauma can negatively impact adolescents' health and learning. Teachers highlighted that the TRT sessions need to be scheduled for all students with PTSD. To this end, they also reflected on the relevance and sustainability of psychosocial interventions if they were integrated in school curricula, rather than taking place apart as an extracurricular activity. Teachers suggested that school curriculum could involve TRT-inspired elements to enhance wellbeing and life-management, and practical tools to increase empathy, emotion recognition and regulation and group sharing trainings. They considered transferring intervention elements into everyday encounters in school work. They suggested to provide to all students a 'lighter TRT' involving elements such as 'inner speech in calming down', 'grading of fear and worry', and 'inviting helpers and creating a safe place.' Facilitators thought the TRT model of stress management and social-emotional learning could be embedded in the regular school curriculum, instead of taking place in extracurricular interventions that demand new administration, responsibilities and are at risk of lacking sustainability. At the same time, facilitators welcomed psychosocial interventions to have a fixed time and place in the school context, where they could refer students to learn different kinds of tailored psychosocial skills. Prioritizing such interventions then would also contribute to educational goals that aim at creating competent future citizens.

Adolescents’ cultural-personal dispositions to seeking psychosocial care

Students talked about their attitudes about psychosocial help, and thought it was more appropriate to do so for their host country peers than to themselves, coming from other cultures. Facilitators also discussed cultural differences in how students sought help, manifested mental health symptoms and expressed psychosocial resilience. This might be due to the fact that sharing fears, painful or even shameful memories can be interpreted as signs of weakness and re-evoking fears.
INSETT + TRT: Recommendations for policy and practice

- The findings highlight the need for systematized, coordinated, and theoretically salient support for newcomer and refugee students. When well-planned and resourced, the support should be embedded in school contexts.
- Learning social-emotional skills should be part of the school curriculum for all students, including stress management, preparation to exams and affiliating and forming peer groups.
- Adolescents appreciated the arrangement that facilitators were familiar to them, which increased a sense of safety and trust. This supports the view of schoolwork embedded psychosocial interventions (thus somewhat opposing current practices of referrals for treatments outside).
- Clear definitions of the responsibilities and share of work between pedagogic and health personnel in order to enhance teacher wellbeing and prevent burn out and work-overload.
- The findings propose a layered or triad plan of psychosocial support in school. It is based on mental health and cognitive skills needs of refugee-background adolescents.
- Refugee adolescents should not be narrowly defined/perceived as traumatized, but as survivors who show unique and multiple resources including posttraumatic growth involving spiritual, personal, and collective enhancement.
Conclusions

This report aimed at understanding the effectiveness of its five interventions: Classroom Drama, Welcome to School, Peer Integration and Enhancement Resource, In-Service Teacher Training, In-Service Teacher Training, and In-Service Teacher Training combined with Teaching Recovery Techniques. We took a holistic approach to effectiveness and conducted a realist evaluation. We aimed at unpacking the outcomes of the interventions, as well as what mechanisms and context features might have shaped effectiveness and intervention implementation.

The interventions and assessments of the psychosocial school-based interventions were significantly disrupted by the unprecedented COVID-19 pandemic. Thus, these findings need to be read considering major interruptions in school life in all countries, that affected most of the RWS intervention implementations.

Consequently, assessment was also largely affected which led to a decrease in participation, unavoidable delays and cancellations. A smaller sample in post-intervention assessments unfortunately also led to a decrease in statistical power, which could explain the lack of effects that were found. However, regardless of these challenges, some of the interventions did show an effect in quantitative data, and in addition qualitative data revealed many positive aspects in how participants had experienced the interventions.

In terms of outcomes on mental well-being, PIER decreased post-traumatic stress symptoms, and CD increased the sense of family support in adolescents. Unfortunately, quantitative data does not reveal more about the effects of the outcomes, possibly due to too low power in the data that does not allow for further conclusions in this regard.

Qualitative analysis unveiled the myriad ways in which participants experienced the interventions, often pointing to positive impacts and experiences. Participants in all interventions appreciated the social settings of the intervention and seemed to learn and develop through social relationships that the interventions created. For both students and teachers, this often meant getting to know each other better, listening to each other, opening up, sharing experiences, building connections and trust, experiencing a sense of belonging, and facilitated empathizing with each other. At the same time, it was also clear that developing social relationships comes with challenges, and sometimes even resistance. Sharing personal stories, experiences of migration or even traumatic life events is not easy in a group, and was experienced at times as counteracting (cultural and/or trauma-related) coping strategies of active avoidance of painful stories through focusing on reconstructing a positive future perspective.

In this regard, the interventions’ mechanisms of providing safety and socially engaging, creative activities may have played a role for many participants to experience the interventions as positive. Providing a safe and secure intervention environment was a particularly strong mechanism that emerged across the classroom-based interventions. The variety of interactive, socially engaging, creative activities also seemed to provide meaningful experiences for many participants in these interventions.

Interventions targeting teachers revealed that teachers experience dilemmas in delineating their professional role and responsibilities. On the one hand, some teachers said the interventions increased their awareness of the psychosocial needs of their students and some wished that ‘care’ became part of their daily practice?. On the other hand, others cautioned for blurring the boundaries between education and mental health care and expressed their wishes for clear roles. This finding might be important for psychosocial interventions taking place in school contexts. In order to adequately reflect the everyday realities of teachers, environments need to be designed where teachers can feel better equipped to care for their students, without crossing what they consider being the boundaries of their profession.

In all interventions, larger structural and organization-al issues played a role in how the interventions were carried out, and how they could become sustainable in school settings. Rigid curricula, teachers’ high workload, lack of adequate resources and psychosocial support, and the structurally separated nature of newcomer education (in Belgium, Denmark, Norway and Sweden) were among some of these barriers. These constraining realities in society are important to be detected and understood by intervention implementers, in order to optimize
intervention environment, where possible. School leadership, reflected in continued focus, support and a coherent approach to capacity building, is also mentioned as an important factor for any intervention to be implemented successfully and continue to have a structural long-term impact at school level.

In not yielding conclusive results about the impact of school-based psychosocial interventions for refugee and migrant youth, our set of findings generate an understanding of central tensions that merit further exploration in future implementation or design of school-based psychosocial support for this target group. These tensions pertain to the core premises underpinning the understanding the school as locus of mental well-being support for refugee and migrant adolescents, namely the premise that refugee and migrant youth consist of a vulnerable group in need of psychosocial support, as well as the related premise that such psychosocial support can be meaningfully tied to supporting these adolescents’ cultural and social integration. In regards to both these assumptions, adolescents’ and teachers’ in-depth feedback on the interventions during qualitative research procedures documents that the set-up of school-based support starting from these premise inherently comes with intricate tensions.

First, regarding the premise of refugee and migrant youth as a group at-risk for mental health vulnerability, our findings indicate the inherent tensions at stake in mobilizing the school as space of psychosocial intervention. Some adolescents emphasized how they see their constructing or rebuilding of positive future perspectives as a source of stability, restoration of normalcy, and even recovery from mental health distress. Questioning the need for specialized or targeted psychosocial intervention, this participant-feedback emphasizes the supportive role of welcoming and stable resettlement support for refugee and migrant adolescents can connect to meaningful future perspectives, while equally indicating the restorative aspect of emphasizing and mobilizing adolescents’ actorship and agency. Here, we recommend future implementation or design of school-based interventions to sensitively navigate the intricate tensions between specialized intervention and its risk of installing a certain focus on individual vulnerability or reactivation of painful stories versus mobilizing those sources of coping that lie in restoring stability in a safe social context. While the first perspective receives support from our baseline analysis documenting clear indices of mental health vulnerability in refugee and migrant adolescents, the latter perspective highlights the strengths present within everyday forms of coping and equally points to the necessity of addressing the myriad aspects of structural inequality often faced by refugee and migrant youth, complicating their engagement with positive future perspectives.

Second, regarding the premise of social and cultural integration, our findings indicate the potential pitfalls of a focus on cultural integration as means of promoting positive social relationships in refugee and migrant youth. Importantly, some adolescents indicated how there self-identification did not match with ‘migrant’, ‘refugee, or ‘newcomer’ as specific target of the intervention. This feedback indicates the importance of addressing youth not only on basis of their migration background, but to engage in an open dialogue on their multiple and intersecting social locations of gender, religion, nationality, language, or socio-economic status. Engaging with adolescents on their multiple, shifting forms of self-identification may open possibilities of addressing the larger structural conditions imposing categories or labels (such as ‘refugee’ or ‘migrant’) implicitly imposed upon them in host societies increasingly marked by polarized views of immigrant communities, and may counteract the risk of a school-based intervention that reiterates (rather than surpasses) social differences by singling out specific target groups. These reflections further invite reflections on the relevance of designing school-based intervention in which in addressing cultural background through means of stories, sharing experiences or creative forms of expression should seek to avoid the essentializing of culture (often inherently linking culture to nationality), invites participants to explore culture from their multiple social locations, and encourages an understanding of how larger structural forms of inequality may impact hybrid forms of identity and belonging.

Findings of this report might inspire future research to further inquire into mental well-being of migrant and refugee youth, psychosocial interventions, and the role schools play in providing care and education. They might also give initial ideas on delineating a strategy to better define what interventions to implement in which contexts.
References


Annexes
Annex 1: Data collection per interventions

Classroom Drama Workshops

Quantitative data collection
In Belgium and the UK, we collected quantitative questionnaire data with adolescents of the intervention and control groups at two points in time: T1 preceding intervention time, and T2 following the intervention. In Denmark, an additional follow-up assessment at T3 was also carried out. Teachers and adolescents filled in questionnaires at both T1 and T2 in Denmark.

In Belgium, adolescent and teachers responded to the questionnaires at T1, and only adolescents at T2. In the UK, data only consist of adolescent responses at both points. In Belgium, the questionnaire was translated (and back-translated) into 22 different languages. Adolescents were asked to fill in the questionnaire at different points in time (pre-test (T1) (between November 2019 and January 2020) and post-test (T2) (June 2020)). At T1, adolescents completed the questionnaire on paper, in their mother tongue and assisted by interpreters if needed. At T2, because of Covid-19 measures impeding a continuation of our study in the school environment, adolescents were invited to complete the questionnaire online, by a link to a LimeSurvey (LimeSurvey Project Team / Carsten Schmitz, 2012) questionnaire send to them via Smartschool and/or Whatsapp (including the active role of school teachers in motivating respondents’ participation). Given the presence of respondents requiring assistance form interpreters at pre-test assessment due their limited literacy in their mother tongue, we added audio files in six different languages (Arabic, Pashto, Dari, Somali, Turkish, Kurmanji) for all questions and answer possibilities to the online questionnaire at post-test. Teachers completed the T1 questionnaire online, in December 2019.

In the UK, data was collected between February and June 2019. T1 questionnaires were completed on paper. T2 questionnaires were conducted online. In Finland, T1 data were collected between August-October 2019, T2 data between January-March 2020, and T3 in August-September 2020. LimeSurvey electronic questionnaires were used, and T1 and T2 assessments were conducted in school classes, and T3 remotely.

In Denmark, T1 data was collected between 1st January 2019 and 15th March 2019 from paper questionnaires sent to schools by mail with a return envelope. T2 data was collected between 27th May 2019 and 1st July 2019 from paper questionnaires sent to schools with a return envelope. For teachers, T1 and T2 data was collected online using SurveyXact. T3 data was collected between 1st September 2019 to 1st November 2019 (with the exception of one class that filled out questionnaires during the month of November). The T3 data was collected online.

Qualitative data collection
Qualitative data was collected at T1 and T2 in all countries. Adolescents and teachers participated in focus groups and/or individual interviews at both timepoints in all three countries, while teachers did not participate at T2 in the UK.

In Belgium, first, focus groups were held in schools (adolescents + teachers at T1), and online (adolescents at T2, teachers at T2), with interpreters present. Second, qualitative data also included: (i) field notes made during preparatory trajectories with schools, quantitative and qualitative data collection; (ii) checklist on the implementation dose, characteristics and quality completed by teachers after each session of each intervention; (iii) qualitative registration forms completed by drama therapists implementing the CDW intervention, detailing the design of each session, therapeutic considerations underlying these designs and important observations in each session; (iv) audio recordings and meeting reports of supervision sessions between the research team and the creative teams implementing the CDW intervention.

In the UK addition, focus groups were held with adolescents (T1 & T2), and online (adolescents at T2, teachers at T2), with interpreters present. In Finland, focus groups with teachers, facilitators and adolescents were held T1 and T2.

In the UK, four adolescent focus groups were conducted at T2 to control for differences between the four inter-
vention groups and the two drama therapists. Since only one teacher was directly involved in the implementation of the CDW intervention, an individual interview was requested with the teacher in lieu of a focus group at T2. This request was refused. A T2 focus group was therefore conducted with the drama therapists in lieu of a T2 focus group/interview with teachers. Copies of the fidelity checklist were provided to the drama teacher but were not completed. An implementation logbook was therefore kept by the UK researchers instead. The logbook contains records of all face-to-face and email communication with the school and the drama therapists in relation to the intervention. T1 questionnaires were completed on paper. T2 questionnaires were conducted online.

**COVID-19 and data collection.**

The Belgian research timeline was interrupted by the outbreak of the global Covid-19 pandemic and by the subsequent measures taken by the Belgian government in order to protect its citizens. The closing of schools in March 2020 interrupted the ongoing implementation of the Classroom Drama intervention. For most intervention classes, implementation was about halfway when school closings occurred, only one group was almost done implementing. In the weeks following the broad social confinement, we engaged in an intensive exploration of possibilities for an online continuation of (part of) the intervention and the assessment. We did so in close collaboration with the RWS consortium, the creative-therapeutic teams, and participating schools. As a result, for Classroom Drama we were able to create three videos for adolescents. In a first video, creative teams emphasized their maintained connection with students and their proximity to them in uncertain COVID-times. A second video engaged with central characteristics of the intervention (creative expression and fostering group dynamics), built upon central themes within the earlier live group sessions, and invited students to take part in a creative group assignment. In a third and final video, creative teams integrated students' responses to the second video within a shared creative product, mentioning also the students that did not or were not able to engage with the previous videos and given assignment. Through this digital provision of three subsequent videos, we aimed to provide an additional online intervention dose.

With regards to planned assessments, in Belgium, it was decided to postpone the post-test, T2 assessment to June instead of May, because of the additional time needed to shape and follow-up adapted intervention modalities. Quantitative T2 assessment was limited to the questioning of adolescents. Teachers were not asked to complete T2 questionnaires. Due to COVID-19 measures, teachers’ workload had increased tremendously, and several of the teachers involved in the project no longer had ongoing teaching practice in front of the same group with whom they had been working with the intervention. T2 focus groups with adolescents and teachers were held online in June. In collaboration with the European RWS consortium (and with KULeuven as leading partner of the Qualitative Working Group), we developed additional COVID-19-related questions that were added to the focus group guide. In accordance with the foci of the broader RWS research project, these questions explored: (i) the impact of the Covid-19 crisis on adolescents’ well-being, (ii) the role of schools in coping with the crisis, (iii) the impact of the Covid-19 crisis on the role of teachers, (iv) parents’ understanding on the impact of the crisis on the well-being of their children, (v) parents’ perception of the role of the school in coping with the crisis.

In the UK and Denmark, the Classroom Drama intervention had already been implemented and assessments were carried out before the pandemic struck.

**Welcome to School**

**Quantitative data collection**

In Denmark and Norway, we collected quantitative questionnaire data with adolescents of the intervention and

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5 The videos all had durations between 1’30″ (for 1st video) up to 10’ (for 2nd & 3rd video).

6 Based on registrations of the reach of the first CDT video, we estimate a reach of 63% of participating adolescents in the intervention classes. For the second CDT video, (incomplete) registration of digital responses by respondents indicates a response by 10% of adolescents. Regarding the 2nd and 3rd video, it is important to indicate that, due to teachers’ workload with Covid-19 and finalizing the academic year with a lot of material to catch up after school closures, we were not able to accurately document the reach of and responses to this second, nor the third CDT and WTS video, as teachers did not always find the time to inform us on the number of adolescents that had received or engaged with the video messages.
control groups and teachers at two points in time: T1 preceding intervention time, and T2 following the intervention. In Belgium, only adolescents responded to T2 assessment due to the impact of covid-19 on the initially planned assessment. No T3 was collected in any countries, due to the major interruptions caused by COVID-19 in implementation and assessment.

In Denmark, there were delays in recruitment and therefore implementation happened in three rounds. While a segment of the recruited classes already started implementation, others were still recruited. In one round, T1 data was collected between 15th August 2019 and 19 online. In the second round, T1 data was collected between 1st November and 15th December 2020 online. Thirdly, T1 data was collected between 1st January 2020 and 1st March 2020 online. T2 was collected between 1st May 2020 and 1st July 2020 online. In the second round, T1 data was collected between 1st November and 15th December 2020 online. Thirdly, T1 data was collected between 1st January 2020 and 1st March 2020 online. T2 was collected between 1st May 2020 and 1st July 2020 online. Support in the form of researcher visits to help adolescents fill out the questionnaires were given when necessary. In most classes, teachers helped adolescents with the questionnaires.

In Belgium, the questionnaire was translated (and back-translated) into 22 different languages. Adolescents were asked to fill in the questionnaire at different points in time (pre-test (T1) (between November 2019 and January 2020) and post-test (T2) (June 2020)). At T1, adolescents completed the questionnaire on paper, in their mother tongue and assisted by interpreters if needed. At T2, because of Covid-19 measures impeding a continuation of our study in the school environment, adolescents were invited to complete the questionnaire online, by a link to a LimeSurvey (LimeSurvey Project Team / Carsten Schmitz, 2012) questionnaire sent to them via Smartschool and/or Whatsapp (including the active role of school teachers in motivating respondents’ participation). Given the presence of respondents requiring assistance from interpreters at pre-test assessment due their limited literacy in their mother tongue, we added audio files in six different languages (Arabic, Pashto, Dari, Somali, Turkish, Kurmanji) for all questions and answer possibilities to the online questionnaire at post-test. Teachers and parents completed the T1 questionnaire online, in December 2019.

In Norway, T1 data was collected in November-December 2019 from students and teachers at intervention and control secondary schools prior to and after implementation of the WTS intervention. Student questionnaires were administered in school, with the option to select from 22 language versions, assisted by teachers and, at T1, members of the research team, following an information session to complement oral and written information provided to all eligible students via teachers beforehand. Teachers filled out questionnaires at their own discretion following the at-school questionnaire session. COVID-19 school lockdown from March 12 interfered with the completion of the intervention and with T2 assessment as well. T2 assessment was completed, assisted by the teachers, after schools reopened for students and teachers Mid-May, but a T3 assessment was not possible since the majority of students could not be reached after the summer break (they transfer to ordinary classes, which often also means different schools). All questionnaires were completed online, using LimeSurvey.

Qualitative data collection

In Denmark, 18 focus groups and 12 interviews were held with adolescents and teachers (T1 and T2). T1 focus groups were conducted by researchers at the schools, typically in empty classrooms. T2 interviews and focus groups were conducted online using Teams or Zoom.

In Belgium, first, focus groups were held with adolescents (T1 & T2) and teachers (T1 & T2). Focus groups were held in schools (adolescents + teachers at T1), and online (adolescents at T2, teachers at T2), with interpreters present. Second, qualitative data collected included: (i) field notes made during preparatory trajectories with schools, quantitative and qualitative data collection; (ii) checklist on the implementation dose, characteristics and quality completed by teachers after each session of each intervention.

In Norway, student focus groups prior to the intervention were conducted on-site and, post-intervention, as online video conferences. All but one individual teacher interviews were conducted as online video conferences. All focus groups and interviews were conducted in Norwegian, audio recorded and transcribed.

COVID-19 and data collection

COVID-19 impacted intervention implementation and assessment in all three countries.

In Denmark, when schools closed due to COVID-19, we contacted participating teachers to discuss what would be feasible for them to carry out while teaching from home. While some teachers agreed to continue to help us with questionnaires upon returning to school as well as coordinating qualitative interviews and focus groups with themselves or adolescents, the implemented teachers did not find it feasible to implement the rest of the WTS
intervention online, considering the quite overwhelming situation. Therefore, we did not adjust the WTS intervention to COVID-19. Instead, we put our energy towards collecting as much data as possible in spite of the challenging circumstances. We conducted phone interviews with teachers during school closures and as soon as schools reopened we conducted focus groups with adolescents while at school through zoom or teams, since we were not allowed to visit schools. We also asked teachers and adolescents to fill out questionnaires before the summer holiday began. This was feasible for some participants, while some teachers declined participation, prioritizing the class curriculum and exams.

The Belgian research timeline was interrupted by the outbreak of the global COVID-19 pandemic and by the subsequent measures taken by the Belgian government to protect its citizens. The closing of schools in March 2020 interrupted the ongoing implementation of the WTS intervention. For all intervention classes, implementation of WTS was about halfway when school closings occurred. In the weeks following the broad social confinement, we engaged in an intensive exploration of possibilities for an online continuation of (part of) the intervention and the assessment. We did so in close collaboration with the RWS consortium and participating schools. As a result, for WTS, all teachers created a video containing a short, supportive and containing message for students. An online continuation or conclusion of WTS lessons with students was deemed unfeasible by teachers, but five out of 16 classes were able to organize a last session with students upon their return to schools. In the other classes this was not possible due to the stark changes in class composition needed to comply with COVID-19 measures.

With regards to planned assessments, in Belgium, we decided to postpone the post-test, T2 assessment to June instead of May, because of the additional time needed to shape and follow-up adapted intervention modalities. Quantitative T2 assessment was limited to the questioning of adolescents. Teachers were not asked to complete T2 questionnaires. Due to Covid-19 measures, teachers’ workload had increased tremendously, and several of the teachers involved in the project no longer had ongoing teaching practice in front of the same group with whom they had been working with the intervention. T2 focus groups with adolescents, parents and teachers were held online in June. In collaboration with the European RWS consortium (and with KULeuven as leading partner of the Qualitative Working Group), we developed additional Covid-related questions that were added to the focus group guide. In accordance with the foci of the broader RWS research project, these questions explored: (i) the impact of the Covid-19 crisis on adolescents’ well-being, (ii) the role of schools in coping with the crisis, (iii) the impact of the Covid-19 crisis on the role of teachers, (iv) parents’ understanding on the impact of the crisis on the well-being of their children, (v) parents’ perception of the role of the school in coping with the crisis.

In Norway, at the time schools closed the WTS intervention was underway in intervention schools, with most schools already behind schedule with approx. half of the WTS classroom sessions completed. Appointments were in place for the post-intervention assessment activities to be carried out through visits to participating schools. Faced with closed school facilities, all intervention schools decided to stop further implementation of the WTS sessions, citing problems establishing viable remote teaching for their newcomer classes and a perception that the WTS program could not feasibly be implemented remotely. The option to collect post-intervention data remotely, with students at home was considered but rejected on practical and ethical grounds. Plans were rearranged for schools to resume the intervention sessions one at-school teaching was again possible, and the schedule and practical organization of post-intervention assessment activities were likewise revised. Once schools reopened, however, it was clear that only one intervention school were able to complete the full WTS interventions, with the rest interrupted only approximately halfway. Post-intervention assessment activities were nevertheless carried out, albeit later, and with other changes in light of continued restrictions on third party visits to schools; notably that questionnaires were completed without members of the research team present in schools (online, remote assistance to teachers was offered instead), and focus groups and interviews were conducted as video conferences.

Peer Integration and Enhancement Support

Quantitative data collection

In the UK, data collection took place between December 2019 and December 2020. Quantitative data was collected from adolescents at T1 and T2.
In Finland, data collection from adolescents and teachers took place before the intervention (T1 August-September 2019), after the intervention (T2 February-March 2020), and in follow-up (T3 May and August 2021). In both countries, a researcher together with a class teacher monitored the signing of consent forms and questionnaire completion.

**Qualitative data collection**
In both countries, focus group discussions were conducted with teachers and adolescents at T1 and T2.

In the UK, one of the T1 focus groups specifically aimed to collect adolescents’ views on friendship as part of the PIER program design. Four adolescent focus groups were conducted at T2 to control for differences between year groups.

**COVID-19 and data collection.**
The final week of PIER intervention in the UK was cancelled due to the impending COVID-19 lockdown, which began on 23rd March 2020. T2 questionnaires were sent to students to be conducted online at home. Issues of online safeguarding meant there was a delay in conducting T2 student focus groups. Although schools reopened in September 2020, external visitors were not permitted. Therefore, four student focus groups were conducted over video call between November and December 2020.

In Finland, PIER implementation took place before the Covid outbreak. Lockdown began on 16th March 2020. School teaching was transferred to distance learning. Schools were reopened for the last two weeks of term in May 2020. External visitors were not permitted in schools. Therefore, part of the T2 data collection and all of T3 data collection were performed remote sessions electronically online.

**In-Service Teacher Training**

**Quantitative data collection.**
In Norway, quantitative data was collected between October 2019 and October 2020 from students and teachers in intervention upper secondary schools and control upper secondary schools prior to and after completion of the INSETT intervention program. Student questionnaires were administered in the classroom, with the option to select from 22 language versions, assisted by teachers, assistants, and interpreters, when needed.

At T1, members of the research team assisted too, following an information session to complement oral and written information provided to all eligible students via teachers beforehand. Teachers filled out questionnaires at their own discretion following the at-school questionnaire session. The outbreak of Covid-19 interrupted T2 assessment, in that assessment was completed in two schools before schools closed down in March, and assessment in the remaining schools could not be completed until October 2020, when many of the students had moved on to ordinary classes or other schools. Due to the long delay of the T2 assessment, T3 assessment was cancelled. All questionnaires were completed online, using LimeSurvey.

In Finland, T1 data were collected between August-October 2019, T2 between January-March 2021, and T3 in August-September 2021.

In Sweden, T1 data were collected from teachers in September 2019, T2 in December 2019 and T3 in March 2020. All questionnaires were completed online, using LimeSurvey.

**Qualitative data collection.**
In Norway, qualitative data was collected between October 2019 and October 2020. Focus groups prior to intervention were conducted on-site at each participating school and as online video conferences post-intervention. All focus group sessions were conducted in Norwegian, audio recorded and transcribed.

In Finland, focus groups with teachers and adolescents were conducted at T1 and T2.

In Sweden, focus group discussions with teachers were conducted in October 2019 at T1, and T2 focus group discussions were conducted in December 2019.

**COVID-19 and data collection.**
In Finland, INSETT -training and data collection took place before the COVID-19 outbreak and school lockdowns that began on 16th March 2020. School teaching was transferred to distance learning, and external visitors were not permitted in schools. Therefore, part of the T2 data collection and all the T3 data collection were performed online only.

In Norway, efforts were made to convert assessment (as remaining elements of the interventions) to remote solutions. These however failed due to ethical constraints, school willingness and capacity, research team capacity, or a combination of these factors. The efforts ultimately ran out of time once schools resumed regu-
lar operations in May, when only 3-5 weeks remained of
the academic year. The decision was thus made with
schools to postpone the remaining activities to the Fall
of 2020, even if it caused considerable drop-out in con-
sequence of student mobility (on student mobility af-
fter summer break, cf. above). Eventually, assessments
were carried out without physical presence by members
of the research team, and focus groups carried out as
online video conferences.

In-Service Teacher Training
+ Teaching Recovery
Techniques

Quantitative data collection.
In Sweden, data were collected between September
2019 and June 2020 from students and teachers at
intervention schools (5 schools) and control schools
(4 schools). All participants were provided with writ-
ten information about the study in 15 languages. Only
participants who gave their consent were included
in the data collection. The data collection took place
at three-time points: 1) at baseline, prior to the inter-
vention beginning (T1); 2) immediately following the
intervention (T2), and 3) three months post-interven-
tion (T3). Student questionnaires were administered
in school using LimeSurvey. Students had the option
to select from 22 language versions, and the assess-
ment was assisted by members of the research team
and in some cases, mother tongue teachers. Teachers
filled out the baseline questionnaires after the infor-
mation meetings. Post-information for teachers were
filled after the second seminar in module 3 was final-
ised, and T3 three months after they finished the in-
tervention. All questionnaires were completed online,
using LimeSurvey.

In Finland, data were collected between August-Sep-
tember 2019 and August-September 2020, from stu-
dents and teachers at six intervention and four control
schools, before (T1) and after (T2), and follow-up (T3)
the INSETT intervention. Teachers filled out question-
naires at their own time. All questionnaires were com-
pleted online, using LimeSurvey. School psychologists
contacted the students who scored above the clinical
cut-off of the PTSD-questionnaire (CRIES13) at T1 and
asked them to join the TRT groups. Those who them-
selves and their parents gave an informed consent for

TRT started the intervention. These students filled in T2
and T3 questionnaires, similar to other students.

Qualitative data collection.
In Finland, focus groups with intervention facilitators
were conducted on-site in three schools, discussions
conducted in Finnish, audio recorded and transcribed.

In Sweden, focus groups discussion were conducted
with teachers and students in the interventions schools
before and after the intervention.

COVID-19 and data collection.
In Finland, out of the planned five TRT groups only two
had started and completed before the breakdown, and
the rest were not willing to conduct an one-line group
meetings. Similarly, the participating adolescents re-
 fused online quantitative and qualitative reporting.

In Sweden, regarding the data collection, T1 and T2
was not effected by the COVID-19. However, The fol-
low-up data collection T3 was impacted by the COVID-19
pandemic. The pandemic resulted in some schools (n=2)
supporting the data collection instead of the researchers
and as an overall consequence a loss of participants.
Annex 3: Data overview

Classroom Drama Workshop

Table 11: Overview of quantitative data in CDW

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
<th>T3 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
</tr>
<tr>
<td>Belgium</td>
<td>A = 156</td>
<td>T = 20</td>
<td>A = 62</td>
</tr>
<tr>
<td></td>
<td>A = 170</td>
<td>T = 18</td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>A = 82</td>
<td>T = 13</td>
<td>A = 50</td>
</tr>
<tr>
<td></td>
<td>A = 42</td>
<td>T = 4</td>
<td>T = 8</td>
</tr>
<tr>
<td>UK</td>
<td>A = 66</td>
<td></td>
<td>A = 52</td>
</tr>
<tr>
<td></td>
<td>A = 92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 608 (304 I + 304 C)</td>
<td>n Adolescents = 333 (164 I + 169 C)</td>
<td>n Adolescents = 64 (57 I + 7 C)</td>
</tr>
<tr>
<td></td>
<td>n Teachers = 55 (33 I + 22 C)</td>
<td>n Teachers = 10 (8 I + 2 C)</td>
<td>n Teachers = 12 (10 I + 2 C)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers; I = Intervention; C = Control

Table 12: Overview of qualitative data in CDW

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus Group Discussions</td>
<td>Individual interviews</td>
</tr>
<tr>
<td>Belgium</td>
<td>A = 2 (10)</td>
<td>T = 5 (20)</td>
</tr>
<tr>
<td>Denmark</td>
<td>A = 4 (20)</td>
<td>T = 1 (2)</td>
</tr>
<tr>
<td>UK</td>
<td>A = 2 (13)</td>
<td>T = 1 (4)</td>
</tr>
<tr>
<td>Overall total</td>
<td>n Adolescents = 8FG (43)</td>
<td>n Teachers = 7FG + 2I (28)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers
Welcome to School

Table 13: Overview of quantitative data in WTS

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
</tr>
<tr>
<td>Denmark</td>
<td>A = 110</td>
<td>T = 26</td>
</tr>
<tr>
<td></td>
<td>A = 36</td>
<td>T = 11</td>
</tr>
<tr>
<td>Belgium</td>
<td>A = 163</td>
<td>T = 16</td>
</tr>
<tr>
<td>Norway</td>
<td>A = 77</td>
<td>T = 10</td>
</tr>
<tr>
<td></td>
<td>A = 44</td>
<td>T = 61</td>
</tr>
<tr>
<td></td>
<td>A = 29</td>
<td>T = 4</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 553 (350 I + 203 C)</td>
<td>n Teachers = 84 (52 I + 32 C)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers; I = Intervention; C = Control

Table 14: Overview of qualitative data in WTS

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus Groups</td>
<td>Individual Interviews</td>
</tr>
<tr>
<td>Denmark</td>
<td>A = 9 (54)</td>
<td>T = 5 (11)</td>
</tr>
<tr>
<td></td>
<td>A = 2 (14)</td>
<td>T = 5 (16)</td>
</tr>
<tr>
<td>Belgium</td>
<td>A = 2 (14)</td>
<td>T = 5 (16)</td>
</tr>
<tr>
<td>Norway</td>
<td>A = 2 (12)</td>
<td>T = 1 (2)</td>
</tr>
<tr>
<td></td>
<td>A = 2 (6)</td>
<td>T = 1 (2)</td>
</tr>
<tr>
<td>Total</td>
<td>Adolescents = 13FG (80)</td>
<td>Teachers = 11FG + 4I (33)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers
# Peer Integration and Enhancement Resource program

## Table 15: Overview of quantitative data in PIER

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th></th>
<th>T2 assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
<td>Control</td>
</tr>
<tr>
<td>Finland</td>
<td>A = 132</td>
<td>T = 6</td>
<td>A = 100</td>
<td>T = 3</td>
</tr>
<tr>
<td></td>
<td>A = 26</td>
<td>T = 9</td>
<td>A = 151</td>
<td>T = 4</td>
</tr>
<tr>
<td>UK</td>
<td>A = 52</td>
<td>T = 6</td>
<td>A = 19</td>
<td>T = 0</td>
</tr>
<tr>
<td></td>
<td>A = 51</td>
<td>T = 0</td>
<td>A = 17</td>
<td>T = 0</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 261 (184 I + 77 C)</td>
<td>n Teachers = 21 (12 I + 9 C)</td>
<td>n Adolescents = 287 (119 I + 168 C)</td>
<td>n Teachers = 7 (3 I + 4 C)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers; I = Intervention; C = Control

## Table 16: Overview of qualitative data in PIER

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th></th>
<th>T2 assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus Groups</td>
<td>Individual Interviews</td>
<td>Focus Groups</td>
<td>Individual Interviews</td>
</tr>
<tr>
<td>Finland</td>
<td>A = 2</td>
<td>T = 2</td>
<td>A = 2</td>
<td>T = 0</td>
</tr>
<tr>
<td></td>
<td>A = 0</td>
<td>T = 0</td>
<td>A = 2</td>
<td>T = 2</td>
</tr>
<tr>
<td>UK</td>
<td>A = 3</td>
<td>T = 1</td>
<td>A = 4</td>
<td>T = 1</td>
</tr>
<tr>
<td>Total</td>
<td>Adolescents = 5FG (38)</td>
<td>Teachers = 3FG (20)</td>
<td>Adolescents = 6FG (29)</td>
<td>Teachers = 3FG (17)</td>
</tr>
</tbody>
</table>

A = Number of adolescents, T = Number of teachers
In-Service Teacher Training

Table 17: Overview of quantitative data in INSETT

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
</tr>
<tr>
<td>Norway</td>
<td>A = 83</td>
<td>T = 14</td>
</tr>
<tr>
<td></td>
<td>A = 37</td>
<td>T = 7</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 142 (83 I + 59 C)</td>
<td>n Teachers = 20 (14 I + 6 C)</td>
</tr>
</tbody>
</table>

A = Number of adolescents; T = Number of teachers; I = Intervention; C = Control

Table 18: Overview of qualitative data in INSETT

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus Groups</td>
<td>Individual Interviews</td>
</tr>
<tr>
<td>Norway</td>
<td>A = 4 (29)</td>
<td>T = 3 (16)</td>
</tr>
<tr>
<td>Finland</td>
<td>A = 3 (15)</td>
<td>T = 2 (8)</td>
</tr>
<tr>
<td>Sweden</td>
<td>A = 4 (26)</td>
<td>T = 4 (30)</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 11FG (60)</td>
<td>n Teachers = 9FG (54)</td>
</tr>
</tbody>
</table>

A = Number of adolescents; T = Number of teachers
### In-Service Teacher Training with Teaching Recovery Techniques

#### Table 19: Overview of quantitative data in INSETT + TRT

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
<th>T3 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
</tr>
<tr>
<td>Finland</td>
<td>A = 995</td>
<td>A = 684</td>
<td>A = 660</td>
</tr>
<tr>
<td></td>
<td>T = 28</td>
<td>T = 9</td>
<td>T = 18</td>
</tr>
<tr>
<td>Sweden</td>
<td>A = 249</td>
<td>A = 57</td>
<td>A = 182</td>
</tr>
<tr>
<td></td>
<td>T = 50</td>
<td>T = 19</td>
<td>T = 35</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 1985 (1244 I + 741 C)</td>
<td>n Adolescents = 1233 (842 I + 391 C)</td>
<td>n Adolescents = 1007 (741 I + 266 C)</td>
</tr>
<tr>
<td></td>
<td>n Teachers = 106 (78 + 28)</td>
<td>n Teachers = 63 (53 I + 10 C)</td>
<td>n Teachers = 222 (132 I + 90 C)</td>
</tr>
</tbody>
</table>

*A = Number of adolescents, T = Number of teachers; I = Intervention; C = Control*

#### Table 20: Overview of qualitative data in INSETT + TRT

<table>
<thead>
<tr>
<th></th>
<th>T1 assessment</th>
<th>T2 assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus Groups</td>
<td>Individual Interviews</td>
</tr>
<tr>
<td>Finland</td>
<td>F = 2 (8)</td>
<td>F = 2 (8)</td>
</tr>
<tr>
<td>Sweden</td>
<td>A = 4 (26)</td>
<td>A = 3 (14)</td>
</tr>
<tr>
<td>Total</td>
<td>n Adolescents = 4FG (26)</td>
<td>n Adolescents = 3FG +1I (15)</td>
</tr>
</tbody>
</table>

*A = Number of adolescents, F = Number of facilitators*
Annex 4: Measures

Adolescents

Adolescent mental health
Mental health was assessed through three measures, the Children’s Revised Impact of Events Scale-8 (CRIES-8; Perrin et al., 2005), the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) and a question on overall well-being. The CRIES-8 is a self-report measure of PTSD for children from 8 to 18. The 8 items are scored on a 4-point Likert scale (0=not at all, 1=rarely, 3=sometimes, 5=often). The sum score has shown good internal consistency and validity. The widely used and validated SDQ is a 25-item measure of emotional and behavioural difficulties in children (Goodman et al., 2000), translated in over 40 languages (Goodman, 2001). Each item is scored on a 3-point Likert scale (0=not true, 1=somewhat true, 2=certainly true). There are five subscales: emotional distress, hyperactivity, behavioural problems, peer relationship problems and prosocial behaviour (Goodman et al., 2000). Third, overall well-being was measured through one item: ‘How would you rate your overall well-being’, with answers on a 5-point Likert scale (1=very bad, 2=bad, 3=normal, 4=good, 5=very good).


Resilience
Resilience was measured by the Child and Youth Resilience Measure (CYRM-12). The CYRM is a 12-item self-report measure exploring the resources, i.e., individual, relational, communal and cultural, available to youth, that may bolster their resilience. It uses a 5-point Likert scale ranging from 1 (not at all) to 5 (a lot), where higher scores equal to higher degree of higher resilience. Research has shown good reliability and sufficient content validity of the CYRM-12, when used among adolescents.


Social Support
The Multidimensional Scale of Perceived Social Support (MSPSS - Zimet et al., 1988) assesses perceived social support. In this study, two subscales were used, namely family and friends support. Adolescents respond to a 5-point Likert-type scale, ranging from very strongly disagree to very strongly agree. In RWS, a 4-point Likert scale from 1 (not at all) to 4 (a lot) was used.


Executive functioning
The AEFI is a brief self-report questionnaire to assess three components of the executive aspects of daily life behaviour, namely Attention, SelfControl and Self-Monitoring, and Planning and Initiative. The scale includes 14 items, which are rated on a 3-point Likert scale where 1 = not true, 2 = partly true, and 3 = true. Adequate construct validity and reliability of the AEFI has been demonstrated. In this study, we used the Planning and Initiative subscale, consisting of 5 items.


Teachers

Multicultural attitude
The Teacher Multicultural Attitude Scale (TMAS) consists of 20 items, including claims about finding teaching a culturally diverse student group rewarding, of thinking there is too much emphasis placed on multicultural awareness, that culturally diverse student groups make the teacher’s job increasingly challenging and so on. The answers were given on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). There are 13 positively framed claims, and 7 negatively framed
claims which scores are reversed before adding up all Likert scale scores to one global score. Scoring thus ranges from 20 to 100. Multicultural awareness and sensitivity increases with higher sum scores.


**Work stress**

*The Single Item Teacher Work Stress Index*, has the instruction: «Next we will ask you questions about work stress and load. With stress we refer to situations where one feels him/herself tense, restless, nervous or anxious, or one has troubles sleeping because of troubling thoughts in mind. Do you experience this kind of stress nowadays?» The scale ranged from 1 (Not at all), 2 (Only a little), 3 (Somewhat), 4 (Quite a lot), to 5 (Very much).


**Work Exhaustion**

The Work Exhaustion subscale of Bergen Burnout Inventory (BBI-WE), includes 5 questions about feeling «snowed down» in work, on sleep problems, work pressure and work-related thoughts affecting private life, and constant bad conscience of neglecting close friends and relatives due to work. Here, the scale ranged from 1 (Completely disagree), 2 (Disagree), 3 (Partly disagree), 4 (Agree), to 5 (Completely agree). Sum scores may range from 5 to 30, with increasing feelings of work exhaustion with higher sum scores.


**Work engagement**

The Utrecht Work Engagement Scale, the Work Dedication subscale (UWES-WD) includes 5 questions about meaningfulness, excitement, inspiration, pride and challenges experienced in relation to one’s work. The scale ranged from 0 (Never), to 7 (Daily). Sum scores may thus range from 0 to 30, with increasing work dedication with increasingly higher sum scores.


**Trust**

The Trust scale measuring Teacher-Home Collaboration and Trust is an abbreviated 13 items version including questions about whether the teacher is confident that parents are doing a good job supporting their child in their school work, handling of conflicts with peers, disciplining, encouraging their child’s self-esteem, give necessary information about their child to the school, and are generally responsive and cooperative towards the teachers. The scale range from 1 (Strongly disagree), 2 (Disagree), 3 (Agree), to 4 (Strongly agree). The sum-score may range from 0 to 39, with increasingly high sum-scores indicating higher teacher trust of parents.
