

Appraise

Tools to guide selection of school-based post-disaster psychosocial programs



Child and Community Wellbeing, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne.

Developed for the Trauma Recovery Team, Schools and Regional Services, Victorian Department of Education and Training



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Key Points at a Glance

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to the 2019-20 Eastern Victoria bushfires.

Why Psychosocial Support Programs for Recovery?

Children and adolescents are among the most at-risk groups for short or long-term psychological disorders, impaired functioning and poor health and wellbeing following a disaster¹. The impacts of a disaster on socio-emotional behaviour may present 2-3 years post-disaster in young children, and may therefore also affect children starting school in the years following a disaster². These long term or delayed impacts were also seen after the 2009 Victorian bushfires; academic progress relating to literacy and numeracy of affected children was impacted compared with peers who were less or not affected 2-4 years after the fires³.

Schools are ideally placed to provide disaster recovery programs, due to their non-stigmatising 'everyday' setting, their well-established central place in communities⁴, and existing networks with children, parents, and teachers; especially in rural and remote settings where other services might be limited⁵.

Appraisal Tools

Two quick appraisal tools have been developed - the Appraisal Tool for Principals (Appendix 5.1) and a separate Appraisal Tool for Providers (Appendix 5.2), to complete. They are intended to be used together to enable principals to easily compare programs and to assess if the program meets the current and ongoing needs of the school. The tools cover the following features of post disaster psychosocial support programs in schools.

Program Features

It is important to understand the needs of students at different stages post disaster, and how different programs cater to these needs. Therefore, a key consideration is the time frame post disaster that the program is targeting. It is also useful for principals to know if the service provider is local or external to the community, as procuring local providers can support the local economy and ongoing community engagement.

Participants and Scale

Programs vary in their delivery to students, teachers and parents/caregivers so it is key to note who will receive the program, in what capacity and how components may be integrated into current learnings.

Critical features of psychosocial programs for students

Three key content/focus areas for psychosocial recovery have been identified:

- a. Promotion of coping skills and trauma-informed practice in schools,
- b. Promoting resilience and disaster recovery, and
- c. Promotion of social and emotional learning.

This may be achieved through a wide range of different activities and modalities including stress management skills, cognitive-behaviour techniques, art activities, movement/dance, group cohesion activities and body and emotional awareness.

Delivery mode

- Schools need to decide what their preferred mode of delivery is and if the service provider offers this. For example, is the program face to face or online (live or pre-recorded)? Is the content fixed or flexible?
- It is important to note the amount of time required to receive the program by students, teachers, school support staff and parents.
- Is the program accessible and inclusive in regard to the diversity of the school's population?

Provider Credentials

As stipulated by the Victorian Government⁶, schools are required to exercise their legal obligations in regard to suitability checks, including Working with Children Checks and/or Police Checks for adults who work with children at schools, and for work undertaken by school visitors and volunteers.

A trauma-informed approach should actively consider strategies to avoid risks including re-traumatising students (and staff) who have experienced a disaster. It may be important for the service provider to have existing processes or protocols to prevent distress and enable referral to external support services as necessary.

Costs

Principals need to know the upfront costs of procuring the program, and any additional costs they may incur such as access to resources, or follow up sessions. It would also be useful to discuss potential considerations for the sustainability of the program and any longer-term cost-benefits for the students and school community.

Evidence

Evidence of whether a program is feasible to implement as planned, and whether it can achieve the intended benefits should be an important consideration for principals. Available information regarding any evaluations should be provided by the service provider.

The Appraisal tool for Providers (Appendix 5.2) includes some basic questions about previous evaluations of the program being offered. An additional academic appraisal service can be provided by the Child and Community Wellbeing Unit, University of Melbourne when more comprehensive assessments of program suitability and strength of evidence are required for an agreed cost, for example when programs are being considered for widespread implementation (see Appendix 5.3). Other academic groups with relevant expertise would also be able to provide this service.

Preface

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to the 2019-20 Eastern Victoria bushfires.

Bushfire Recovery Psychosocial Supports for Students Grants are being provided by the Trauma Recovery Team, Schools and Regional Services, Victorian Department of Education and Training to schools in three LGAs affected by the 2019/2020 Bushfires: Alpine, East Gippsland and Towong in Victoria, Australia. The one-off \$10,000 grant is to help deliver bushfire psychosocial recovery programs for students. It is also likely that some schools will be offered psychosocial programs free of charge because of external resourcing.

In providing these funds directly to individual schools, the Department acknowledges:

- recovery should be 'community led'
- a centrally sourced program for all schools may not meet an individual school's needs
- Principals and staff know their students best
- affected individuals and communities have diverse needs
- vulnerable students may be impacted the most – schools need flexibility to tailor supports.

Therefore, school principals are encouraged to select the psychosocial support programs that are best suited to the needs of their unique educational community. While this enables a 'community-led' approach, it may also be an overwhelming task for principals due to the many ongoing bushfire-related impacts on the school community and offers of support. Therefore, this appraisal mechanism has been designed to be simple, easy-to-use and able to provide principals with some level of guidance and reassurance about what it is they should be considering when engaging psychosocial support programs from external providers.

1. Background

1.1 Definitions

Disaster Recovery

The bushfires that impacted Victorian communities in 2019/2020 can be classified as a disaster: “events triggered by natural hazards that overwhelm local response capacity and seriously affect the social and economic development of a region”⁷. The impact of these bushfires can be harmful and traumatic: “Disasters cause harm, destroy property, and disrupt survivors’ lives in myriad ways”⁸. Subsequently, trauma or disaster recovery include processes to promote the “restoration of social and behavioural functioning”⁹.

It has been increasingly recognised that a successful recovery post-disaster should not return the community to simply “what was” but should aim to support individual and community adaptation and resilience to the impacts of this disaster and future emergency events¹⁰. This has led to those working in the field to distinguish between short-term recovery (restoring services, personal needs and wellbeing and immediate pre-disaster status where possible), and long-term recovery (including community improvements).

Resilience

Ungar defines resilience as:

“ ... both the capacity of individuals to navigate their way to health sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual’s family, community and culture to provide these health resources and experience in culturally meaningful ways.”^{11, p225}.

1.2 The impact of disasters on children

Children and adolescents are among the most at-risk groups for short or long-term psychological disorders, impaired functioning and poor health and wellbeing following a disaster¹.

This may be expressed through¹²:

- withdrawal from/loss of interest in friends, activities and routines;
- irritable or aggressive behaviour;
- not wanting to go to school;
- poor concentration;
- sleeping or eating disturbances;
- learning problems;
- physical complaints

The severity of the response depends on the child’s characteristics such as age, gender, developmental stage and coping skills; pre-existing risks such as mental illness or previous traumatic experiences; as well as disaster-related factors such as level of exposure to the event, parental distress, the level of physical destruction, injuries, loss or dislocation^{4,13,14}. Conversely, post-traumatic growth can be fostered by supportive caregiving and promoting a positive view of one’s competence¹⁵.

The impacts of a disaster on socio-emotional behaviour may present 2-3 years post-disaster in young children, and may therefore also affect children starting school in the years following a disaster². These long term or delayed impacts were also seen after the 2009 Victorian bushfires; academic progress relating to literacy and numeracy of affected children was impacted compared with peers who were less or not affected 2-4 years after the fires³, with impacts on academic scores evident across all subjects 8 years post bushfires¹⁶.

1.3 Rationale for school-based disaster recovery programs

Schools are ideally placed to provide disaster recovery programs, due to their non-stigmatising 'everyday' setting, their well-established central place in communities⁴, and existing networks with children, parents, and teachers; especially in rural and remote settings where other services might be limited⁵. Schools and teachers can serve a critical role in providing a safe and accessible place of routine, normality and support for children and parents where effective and diverse coping and age-appropriate skills can be developed¹⁷. Once the physical recovery of the school is completed, returning to a sense of normality for the school community can begin¹².

2. Appraisal Tool Items

The following program features are included in the appraisal tool for principals, as well as a separate appraisal tool for service providers to complete. Use of these together will provide an overview of each psychosocial program on offer. They can then be used to easily compare programs and to assess if they meet the current and ongoing needs of the school.

2.1 Program Features

2.1.1. Program time frame

A key consideration is the time frame post disaster that the program is targeting. Many service providers will approach schools in the immediate aftermath of a disaster, which may be overwhelming. It is therefore important to understand the needs of students at different stages post disaster, and how different programs cater to these needs.

- Does the program promote immediate (days-weeks), medium term (months/up to a year), or long term recovery (>1 year)?
- Does the program address the often delayed or long-term impact of disasters on kids?

Psychosocial recovery following community disasters can broadly be described over three levels¹⁸:

1. **Level 1 interventions:** e.g. 'psychological first aid' aimed at the community, or large groups of people to enhance individual and community resilience and to foster cohesion and mutual support. There is still a lack of empirical data to support psychological first aid but it is considered best practice for short term intervention following a mass trauma event¹⁸.
2. **Level 2 interventions:** e.g. local small group programs led by healthcare professionals or paraprofessionals, aimed at people who may have pre-existing vulnerabilities or who may be having difficulty with ongoing stress and adjustment to the disaster experience, and to prevent deterioration into serious and chronic mental health disorders. There are some programs with a limited evidence-base, but overall there is limited evidence.
3. **Level 3 interventions:** e.g. pharmacological and psychological interventions, aimed at people with diagnosable mental health conditions. There is substantial research to guide evidence-based interventions.

2.1.2. Local vs External Providers

It is useful to know if the service provider is local or external to the community. The Victorian Department of Education and Training suggests that schools use local providers, where possible, to support the local economy and community engagement. In some instances, larger external organisations may be able to provide the preferred program including to multiple schools in the local region. This may be something that is discussed and negotiated between school principals.

2.2 Participants and scale

2.2.1 Target participants

It is important to note who will be receiving the program, and why.

2.2.1.1. Students

Will the program be delivered school wide, or targeted to a specific class or age group?

A systematic review¹⁹ of 30 school-based trauma-informed programs used and evaluated in the US, Canada and the UK¹ classified programs as:

- 1. School-Wide Interventions** (12 studies) - Most full-school models are multi-component, multi-tiered interventions that include psychoeducation, teacher training, and targeted services for students with trauma histories. These programs are designed to span the entire school system and to provide outreach and education to parents and providers in the local community. Some programs in this category include separate classrooms that provide students alternative spaces to receive counselling and support to aid in problem solving and emotion regulation.
- 2. Classroom-Based Interventions** (4 studies) - include programs that were often delivered by teachers with specialized training; focussed on increasing awareness of the prevalence and impacts of trauma, enhancing social interaction skills, and building trust and compassion among students.
- 3. Individual and Group-Based Interventions** (14 studies) – These programs screened, identified, and enrolled students in individual and group programs, usually outside of the standard academic curriculum. Programs were typically administered by mental health clinicians or school professionals with training in cognitive behavioral therapy and trauma care more broadly.

Fu et al argue that because a disaster can undermine children's assumptions of safety, stability and predictability of the world around them, it is important to provide programs for all children in the broader community²⁰. Universal mental health and psychosocial support programs in schools which reach all children regardless of perceived risk may help to prevent the medicalisation of normal reactions to traumatic stress and thus lower feelings of stigma among children²¹.

For individual and group-based interventions, adequate screening to identify children who are at risk for more severe or longer-term distress is required. Alisic et al point out the difficulty in identifying children at risk for long-term distress based on demographic and exposure criteria, while early psychological symptoms provide a better indication of long term outcomes¹⁴.

2.2.1.2. Teachers

It is also important to consider if teachers receive the same program or a specialised teacher component which enables them to deliver the program, potentially after initial delivery by external providers. Skilling up teachers can support their own wellbeing - and provide sustainable options to integrate the program into the delivery of other subjects for many years to come.

¹It is acknowledged that the evidence quoted here and elsewhere in this report may be based on research conducted in other countries with education, health and disaster recovery systems that are different from Victoria, Australia.

Teachers and schools are often the first responders in disasters and can play an important role in children's recovery from trauma²². The large majority of teachers will, at some stage in their career, work with children directly affected by trauma²².

However, they often feel ill-equipped in how best to provide psycho-social and psycho-educative support to their students in the aftermath and longer-term recovery efforts^{22,23}. They require access to evidence-informed programs to guide their approaches, and for external professionals to deliver these programs in some circumstances.

A recent review summarised that school-based programs often contain the following components:²⁴.

1. **Building knowledge to understand the nature and impact of trauma;** understand the impact of the trauma on students' social, physical, and psychological well-being, and how this may present in their school behaviours.
2. **Shifting perspectives and building emotionally healthy school cultures;** using the knowledge to shift focus on creating and maintaining a school environment where everyone is treated with compassion and understanding and is empowered and validated.
3. **Self-care for educators;** the importance of maintaining self-awareness of secondary or vicarious trauma symptoms and engaging in self-care practices.

When teachers are not directly involved in the delivery of the program, there is still a need for ongoing communication between the program providers and teachers about the program content and how it may impact on the usual curriculum, class disruption, or students' attendance²⁵. Education for teachers on trauma-informed practice may help their understanding of how to best support trauma-exposed students²⁶.

2.2.1.3. Parents/Caregivers

Some providers also offer their program in some capacity to parents, another important consideration of the needs of the school community and requirements for long-term recovery.

The format and intent for this component of the program can vary, ranging from:

- parent information sessions about the student program,
- home-based activities to support student outcomes,
- programs which foster the rebuilding of family relationships, and
- program components to support parent recovery.

Resources should be easy to understand and accessible for parents who may be non-English speaking, to ensure they can provide informed consent to the student's participation.

Considerations in relation to engaging parents before implementing a school-based program are²⁵:

1. presenting information and describing the program in ways that are clear, reduce stigma, and focus on strengths
2. issues associated with consent and confidentiality
3. using existing relationships in the school to reach out to parents (and offering opportunities to discuss with families who have concerns).

2.3. Critical features of psychosocial programs for students

To support long-term psychosocial recovery, we have outlined three key content/focus areas below. These include:

- a. Promotion of coping skills and trauma-informed practice in schools,
- b. Promoting resilience and disaster recovery, and
- c. Promotion of social and emotional learning.

We suggest principals consider these in regard to potential programs that may be offered by external service providers and how the programs may align and meet the needs of their students and school communities.

2.3.1. Intervention principles following mass trauma events

Hobfoll and colleagues⁹ developed principles to guide interventions for adults and children in the short and mid-term following a mass trauma event. These principles underpin Psychological First Aid. They include the promotion of:

1. sense of safety
2. calming
3. sense of self efficacy and collective efficacy
4. connectedness
5. hope.

In the school context, Mutch summarises the literature and highlights three key strategies⁴:

1. returning to regular routines
2. providing distraction
3. using the arts or other activities for emotional processing.

Herrenkohl et al¹⁹ emphasise that more work is needed to reach consensus about what the core and most essential components of school-based programs are, and how they are linked to theories of change to facilitate empirical testing and replication.

They highlight that critical components include:

1. matching group and classroom interventions to the local contexts of schools
2. ensuring programs are accessible and tailored to students based on need
3. developmentally and age appropriate
4. sensitive to cultural differences
5. sustainable (not likely to cease due to resource or policy changes).

Thomas et al also highlight that programs require²⁴:

1. administrative buy-in and support
2. trauma-sensitive classroom practices
3. positive and restorative responses to behavior
4. policy and procedure changes
5. teacher and staff professional development
6. strong cross-system collaboration among school staff and mental health professionals
7. attention to the complexities of school contexts.

2.3.2. Promoting Resilience and Disaster Recovery

Resilience is generally understood as the capacity of an individual, family, community or environmental system to return to normative functioning after exposure to stress or adversity^{27,28}. Building individual skills relating to resilience and supportive environments are potential pathways to promoting mental health and preventing mental illness after the experience of adversity²⁹.

Cahill et al³⁰ proposed five protective factors or 'strengths' to enhance children and young people's resilience and well-being and support long-term recovery from trauma and/or adversity:

1. Sense of safety and security (I am safe)
2. Self-worth (I am respected and valued)
3. Social connections (I am wanted and needed. I can contribute and be contributed to. I can listen and be heard)
4. Self-efficacy (I can do things to look after myself and others. I can learn. I can control the way I behave. I can influence my environment)
5. Sense of purpose, hope and meaning (Life is worth living. The future is worth striving for. I am not to blame for the things I cannot change in the world around me).

2.3.2.1. Schools are an ideal setting in which to build resilience

Resilience is highly influenced by young people's access to multiple socio-ecological resources while at school (beyond classroom instruction in academic subjects) and in their communities. These usually include meaningful relationships with friends, teachers, and other school staff³¹. It can also be through schools facilitating access to food and clothing for those in disadvantaged circumstances and nurturing positive self-identify and beliefs, practices that are not typically a central part of a teacher's job description.

It is recommended to look at the intention of the proposed resilience-building program and assess if resources within the environment are a focus of the intervention. Schools, usually with the assistance of external organisations, are well placed to build on Cahill et al's protective factors, to help prepare children to cope with the unexpected, with activities integrated with curriculum or the child's extra-curricular activities.

2.3.3. Promotion of Social and Emotional Learning

Relationships and emotional processes affect how and what we learn, therefore schools and families must effectively address these aspects to enable learning in a post disaster environment³².

Social and emotional learning (SEL) is a commonly used framework in the prevention of emotional and behavioural problems through teaching coping and problem-solving skills in children and adolescents, and is based on 5 components³³:

1. Self-awareness
2. Self-management
3. Social awareness
4. Relationship skills
5. Responsible decision making

A recent review found participation in school-based, universal SEL interventions that fostered social and emotional skills and positive attitudes significantly improved:

- skills,
- positive attitudes,
- prosocial behaviour, and
- academic performance of students³⁴.

Social-emotional skill development (e.g. self-regulation, problem solving, and relationship skills) post-intervention was the strongest predictor of well-being. As SEL programs in schools can positively impact social and emotional skills (resilience contributors) this in turn may contribute to resilience outcomes such as improved academic performance^{35,36}.

2.4. Program modules and modalities

It is important to consider the intended outcomes for students participating in the program. For example:

- What skills will students learn, and will these be practiced comprehensively to ensure long term benefit?
- Is the program aligned with the Victorian Curriculum, and/or teaching standards? For example, past programs have integrated with subjects such as Art, Geography, Drama
- Do the types of activities suit the school?

A systematic review by Fu et al²⁰ summarised the modalities that school-based post-disaster programs used, including:

- psycho-education
- cognitive-behaviour techniques
- reconstruction of trauma experiences
- stress management skills
- art therapy²
- drawings
- cooperative play through socio-drama
- movement/dance
- group cohesion activities
- stress reduction and relaxation
- body and emotional awareness
- meditative practices
- bio-energetic exercises

This provides an indicative guide; other modalities are also possible.

²While Fu and colleagues did identify art therapy as a common modality, we caution that there is a difference between qualified therapists who use art as a therapy tool and artists or teachers who are engaging students in art practice but are not qualified to provide counselling or therapy. The same applies to music, drama and dance programs.

2.5. Delivery mode

2.5.1. Delivery style

There are multiple modes of delivery now commonly available for the delivery of school-based programs, which may include:

- Face to face
- Online (Live or pre-recorded)
- Fixed vs Flexible program content

Schools need to decide what their preferred mode of delivery is and if the service provider offers this. It may also be necessary to shift to online delivery if COVID-19 restrictions require this.

2.5.2. Time and setting

The amount of time involved in program preparation and delivery needs to be considered for students, teachers, school support staff and parents.

- Will each of the program activities be conducted during school hours or out of school hours?
- Will they occur in class or as separate group activities;
- On or off school premises
- Do they have a home-based component?

2.5.3. Accessibility and Inclusion

It is important to assess the accessibility and inclusivity of the program in regard to the diversity of the student population¹⁹.

For example:

- Does the program take into account cultural and linguistic differences relevant to your school?
- Is the program accessible and adaptable to accommodate the varying needs of children or adolescents with physical, intellectual or learning disabilities?

2.6. Provider Credentials

2.6.1. Qualifications and credentials

As stipulated by the Victorian Government⁶, schools are required to exercise their legal obligations in regard to suitability checks, including Working with Children Checks and/or Police Checks for adults who work with children at schools, and for work undertaken by school visitors and volunteers.

Schools also need to determine if the service provider/s have appropriate qualifications and experience to deliver the proposed psychosocial support program.

Key considerations may be:

- Do the individuals have the professional qualifications and experience they claim? Can evidence be provided?
- Do organisations and individuals have recognised disaster and/or trauma training and experience?
- Are they members of their professional association?
- How are they linked back to their organisation / professional body for guidance and support?
- Are they experienced in community work, especially following disasters?

2.6.2. Risk management

A trauma-informed approach should actively consider strategies to avoid risks including re-traumatising students (and staff) who have experienced a disaster, as well as avoid vicarious traumatisation (experiencing distress resulting from being exposed to others' stories of traumatic events)²⁶. Debriefing for instance is generally not recommended¹⁴.

It may be important for the service provider to have an existing process or protocol to:

- prevent vicarious or re-traumatisation experiences of students and staff,
- to screen for and assist students experiencing distress during their participation in the program, and
- have appropriate referral pathways in place to support high risk students as required²⁶.

2.7. Costs

We have outlined some key cost-related considerations when selecting a program below.

- Are the costs involved with the program clear, and affordable?
- Are there optional extras, or extra costs involved for resources, follow-up sessions, adjustments to the program etc.
- Sustainability of the program: ensuring that the program is continued even if resource or policy changes take place, is highlighted as a key consideration by Herrenkohl and colleagues in their systematic review of school-based programs following disaster¹⁹. Further, teachers can be powerful partners in the success of a program if they believe in its sustainability²⁵.
- Cost-benefit: Does the program promote long-lasting benefits? The prevention of severe mental, emotional and behavioural disorders among young people is a significant societal benefit and investment, which can result in less health service and treatment needs and higher workforce productivity later in life. Health-related cost-benefits can result from participating in early intervention or prevention programs³⁷.

2.8. Level of evidence for the program

Evidence of whether a program is feasible to implement as planned, and whether it can achieve the intended benefits in the target group can be evaluated in several ways.

Qualitative evaluations (e.g. interviews, focus groups, written evaluation forms) may assist in collecting insights into the how and why of program implementation and the nature of program experiences and impacts.

Quantitative measures may include:

- Counts (e.g. how many students completed all sessions), or scores (e.g. measures of stress or academic performance).
- Comparing pre and post program data to measure change over time (e.g. whether stress symptoms decreased after program completion).
- Comparing the data of those receiving the program and those not receiving the program helps to determine if the program is likely to be responsible for any changes found, or whether this is a function of time (e.g. stress decreased in both groups over time).
- Randomisation³ (randomly allocating some but not others to a program) helps to rule out potential biases influencing the findings (e.g. the most proactive school communities registering for the program).

Below are program evaluation components that are commonly used by the Victorian Department of Health³⁸:

- Has the program been implemented as intended?
- What factors (both positive and negative) have affected the implementation?
- What proportion of the target group has received the program?
- Has the uptake of the program varied by socio-economic position, Indigenous status, non-English speaking background and/or rural/metropolitan location?
- Have program participants (staff, community organisations, community members) been satisfied with the program?
- How effective were contracting and subcontracting arrangements that were established to support program implementation and evaluation?
- Have the program impacts and outcomes been achieved?
- What impact has the program had on populations facing the greatest inequalities?
- What unanticipated positive and negative impacts/outcomes have arisen from the program?
- Have all strategies been appropriate and effective in achieving the impacts and outcomes?
- What have been the critical success factors and barriers to achieving the impacts and outcomes?
- Is the cost reasonable in relation to the magnitude of the benefits?
- Have levels of partnership and collaboration increased?
- If issues were identified in previous evaluations, how have these been rectified?

The Appraisal Tool for Providers (see Appendix 5.2) includes some basic questions about previous evaluations of the program being offered. An additional academic appraisal service can be provided by the Child and Community Wellbeing Unit, University of Melbourne for an agreed cost when more comprehensive assessments of program suitability and strength of evidence are required, for example when programs are being considered for widespread implementation (see Appendix 5.3).

³A randomized controlled study with a pre and post measurement is the gold standard to prove the effectiveness of an intervention. However, program evaluations are costly, time-consuming, challenging to conduct particularly in post disaster environments, and randomisation is not always feasible or ethical. Therefore, levels of evidence are likely to vary for the programs being offered. While strong evidence for the feasibility and effectiveness of a program in a relevant target group may increase confidence in selecting this program, a lack of evaluation should not necessarily preclude a program.

3. Barriers to school-based interventions and programs

According to program evaluations, barriers to school-based interventions may include^{24,25,39}:

- a lack of support from administrators and teachers
- competing teacher responsibilities
- problems engaging parents, especially if the language is perceived as threatening or stigmatising (e.g. jargon around mental health disorders or social services that may become involved)
- stigma regarding mental health concerns
- cultural and linguistic barriers may interfere with a staff member's ability to recognize trauma-related symptoms.

These potential barriers may be important to keep in mind when choosing a program to ensure the most successful outcomes can be achieved.

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5.1 Appraisal Tool for Principals

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to a disaster or mass trauma event, such as a bushfire. Choosing a psychosocial support program that may be most suited to the needs of your unique educational community may be an overwhelming task for principals due to the many ongoing bushfire-related impacts on the school community. Therefore, this appraisal criteria tool has been designed to be simple, easy-to-use and able to provide principals with some level of guidance and reassurance about what it is they should be considering when procuring psychosocial support programs for students from external providers.

This checklist has been designed for principals to document their unique school needs to support the psychosocial recovery of their students post experience of a disaster or mass trauma event. This can then be cross-checked with the Appraisal tool for Providers tool completed by individual service providers to aid in informing the decision of which program to procure.

	Information and examples	Comments
1. Program feature		
1.1	Which time frame best fits your school's current need to support psychosocial recovery? May select all that apply	Immediate (days-weeks) Medium term (months/up to a year) Long term recovery and resilience (>1 year)
2. Participants and scale		
2.1	Which group of students do you want the program to target?	Primary School Specialist School Secondary School
2.1.1	What scale of program is appropriate and feasible?	School-wide Classroom based. Specify age or year groups: Individual/small group based. Specify:
2.2	Do you want the program to include teacher and staff professional development?	Yes To support their own wellbeing To upskill teachers to deliver components of the program To upskill teachers to better understand and so respond appropriately to students who may be struggling psychologically To assist in making the program sustainable Other: No

	Information and examples	Comments
2. Participants and scale		
2.3	<p>Do you want the program to include parents/caregivers?</p> <p>Yes</p> <p>Information about the student program</p> <p>To support students with home-based activities</p> <p>To support their own wellbeing</p> <p>Other:</p> <p>No</p>	
3. Critical features of psychosocial programs for students		
3.1	<p>Are these key focus areas covered and/or do you need support for them?</p> <p>Promotion of coping with trauma/trauma-informed practice in schools (E.g. Returning to regular routines, Providing distraction, Using the arts or other activities for emotional processing)</p> <p>Existing programs in the school</p> <p>Support needed</p> <hr/> <p>Promoting resilience and disaster recovery (E.g. Sense of safety/security, Self-worth, Social connection, Self-efficacy and collective-efficacy, Sense of purpose, Calming, Hope)</p> <p>Existing programs in the school</p> <p>Support needed</p> <hr/> <p>Promotion of social and emotional learning (E.g. Self-awareness, Self-management, Social awareness, Relationship skills, Responsible decision making)</p> <p>Existing programs in the school</p> <p>Support needed</p> <hr/> <p>Other needs of your students > (Please specify)</p>	
3.2	<p>Do you require the program to have a referral program for individual students with high needs?</p> <p>Yes</p> <p>No</p>	

	Information and examples	Comments
4. Program modules and modalities		
4.1 What outcomes or skills for your students are you interested in the program developing?	Outcomes:	
	Skills:	
4.2 Is it important for the program to be aligned with the curriculum, and/or teaching standards? Do you need materials that demonstrate how it aligns?	Integration into subject materials: which subjects?	
	No	Align with teaching standards. Please specify:
	No	
4.3 What types of activities best suit your school's needs at this time?	Psychological support	
	Art-based activities	
	Play-based activities	
	Nature-based activities	
	Movement/dance/drama	
	Stress management	
	Emotional regulation	
	Mindfulness/meditation	
	Problem solving	
	Other:	

	Information and examples	Comments
<p>5. Delivery style</p>	<p>5.1 Preferred delivery style</p> <p>Delivered by:</p> <p>External presenters</p> <p>School staff</p> <p>Delivery mode:</p> <p>Live, interactive online presentation</p> <p>Pre-recorded online presentation</p> <p>Face to face in school grounds</p> <p>Face to face off-site</p> <p>Mixed</p> <p>Other:</p> <p>Content:</p> <p>Fixed content – i.e. same program for all schools</p> <p>Flexible – i.e. tailored to the school needs</p>	
<p>5.2 Preferred time commitment</p>	<p>Intensive block delivery</p> <p>Small time commitment spread over the term/year</p> <p>During school hours</p> <p>After school</p>	
<p>5.3 Do you require the program to be tailored culturally or be accessible for students with a disability?</p>	<p>Yes</p> <p>Culturally and linguistically diverse populations</p> <p>Aboriginal and Torres Strait Islander populations</p> <p>Students with disabilities</p> <p>Other:</p> <p>No</p>	

	Information and examples	Comments
6. Provider credentials		
6.1 Ask program providers for proof of their suitability to deliver the program	Working with children checks Police checks Experience with trauma/disaster recovery in other settings	

7. Available budget

Please specify:

5.2 Appraisal Tool for Providers

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to a disaster or mass trauma event, such as a bushfire

Choosing a psychosocial support programs that may be most suited to the needs of unique school communities may be an overwhelming task for principals due to the many ongoing bushfire-related and pandemic impacts they have experienced. Therefore, this appraisal criteria tool has been designed for program providers to provide information in a comprehensive and consistent way, to enable principals to choose the psychosocial support programs that suits their students' needs best.

1. Program features				
1.1	Program and provider names:			
1.2	Is the program delivered by a local or external provider to the school?	Yes, Local provider	Yes, External (only for initial training)	Yes, External (ongoing)
1.3	What time frame post-disaster is this program suitable for?	Immediately post-disaster (days-weeks)	Medium term (months/up to a year post-disaster)	Long term recovery (>1 year post disaster)
1.4	What is the duration of the program?	Please specify duration for each participant category (e.g. one-off, 4 weeks, N/A): Students Staff Parents/caregivers		
1.5	Is the program based on proven methods, existing frameworks, and/or theory?	Yes > Details:		No
1.6	Has the program been evaluated?	No > (please skip to section 2)	Yes > please specify year, location, and age groups	
1.7	What were the research questions and the evaluation methods used?			

1.		Program features			
1.8	Who carried out the evaluation(s)	The program provider	External agency (name):		
1.9	Were the evaluation results published?	Yes No	> If yes, provide link here or attach:		
1.10	Were program stakeholders (e.g. staff, students, parents) satisfied with the program?	Fully	Partially	No	Not evaluated
1.11	To what extent were the program's intended impacts and outcomes achieved?	Fully	Partially	Not achieved	Not evaluated
1.12	Which issues or concerns were identified in previous evaluations, and how have these been rectified?	Please specify:			
2.		Participants and scale			
2.1	Will every child in the school receive (a component of) the program?	Yes No	> If no, who is eligible to participate in the program?		
2.2	What level of involvement do teachers have with the program?	None	Required to support the students (external delivery)	Trained to deliver the program	Receive a component of the program for their own wellbeing
2.3	What level of involvement do parents/caregivers have with the program	None	Support the student (e.g. through home-based activities)	Receive a component of the program for their own wellbeing	
2.4	Is there involvement required from other school staff?	Yes > please provide details			No

3. Features of psychosocial programs for students

3.1 **What activities does the program include to promote coping with trauma?** Please specify: None

i.e. Returning to regular routines; Providing distraction; Using the arts and/or other activities for emotional processing

3.2 **What activities does the program include to promote resilience and disaster recovery?** Please specify: None

i.e. Sense of safety/security, Self-worth, Social connection, Self-efficacy and collective-efficacy, Sense of purpose, Calming, Hope

3.3 **What activities does the program include to promote social & emotional learning?** Please specify: None

i.e. Self-awareness; Self-management; Social awareness; Relationship skills; Responsible decision making

3.4 **What activities does the program include to promote positive and restorative staff responses to students' behaviour?** Please specify: None

3.5 **How does the program address delayed or long term impact of disasters on students?** Please specify: None

4. Program modules and modalities

4.1	What outcomes or impact does the program aim to achieve?		
4.2	How does the program ensure lasting impact?		
4.3	Is the program aligned with the Victorian curriculum?	Yes No	> If yes, do you provide teacher resources to outline the details of this alignment?
4.4	Is the program aligned with professional/teaching standards of teachers?	Yes No	> If yes please specify which ones:

5. Delivery mode

5.1	How is it delivered? (assign percentage for each modality adding up to 100%)	Face-to-face at school: % Face-to-face off-site: % If so where:	Online (live, interactive): % Online pre-recorded (on demand): %	Fixed content: % Flexible content: % Mixed %	
5.1.1	Can the program be delivered if schools go back to online teaching due to COVID-19?	Yes: online version ready	Yes, but changes needed > outline these:	Partially > outline which components:	
5.2	Time commitment	Students Teachers Parents Other School staff	/hr per week /hr per week /hr per week /hr per week	/weeks per year /weeks per year /weeks per year /weeks per year	n/a n/a n/a n/a

5. Delivery mode

5.3 **Accessibility and Inclusion**
How does the program accommodate diversity in the school community?

Culturally and linguistically diverse populations
 Details:

Aboriginal and Torres Strait Islander populations
 Details:

Students with disabilities
 Details:

Other:

6. Provider credentials

6.1 **Please list non-school staff involved in delivering the program and the following details (please provide photocopies of evidence):**

Staff name	Professional qualifications/ relevant experience in community work, especially following disasters	Memberships/links with their professional association	Suitability checks	Prior engagement with schools
		Yes N/A No Details:	Working with Children Check: Yes No Exp date: Police Check: Yes No	Pre-existing links and engagement with the school Details: Links and engage- ment with other schools Details:
		Yes N/A No Details:	Working with Children Check: Yes No Exp date: Police Check: Yes No	Pre-existing links and engagement with the school Details: Links and engage- ment with other schools Details:

6.1 Please list non-school staff involved in delivering the program and the following details (please provide photocopies of evidence):

Staff name	Professional qualifications/ relevant experience in community work, especially following disasters	Memberships/links with their professional association		Suitability checks	Prior engagement with schools
		Yes No Details:	N/A	Working with Children Check: Yes No Exp date: Police Check: Yes No	Pre-existing links and engagement with the school Details: Links and engage- ment with other schools Details:
		Yes No Details:	N/A	Working with Children Check: Yes No Exp date: Police Check: Yes No	Pre-existing links and engagement with the school Details: Links and engage- ment with other schools Details:
		Yes No Details:	N/A	Working with Children Check: Yes No Exp date: Police Check: Yes No	Pre-existing links and engagement with the school Details: Links and engage- ment with other schools Details:

6. Provider credentials

6.2 **Risk Management** Yes Details:

Do you have a distress protocol to e.g. prevent re-traumatisation or vicarious traumatisation of students and staff? No

How will you manage distress in students?

7. Costs

7.1 **Program delivery fee** Specify fee structure, e.g. per student, per term

7.2 **Does this include resources?** Yes > which resources? No

7.3 **Does this include ongoing access to program materials/support?** Yes
No > how much does this cost?

7.4 **What add-ons or optional extra's might incur an extra fee?** Please provide details:

7.5 **Is there a maximum number of participants?** Yes Details:
No

8. Other important considerations

Please specify if relevant:

5.3 An academic appraisal service to assess strength of evidence for school-based post disaster psychosocial programs

An additional academic appraisal service can be provided by the Child and Community Wellbeing Unit, University of Melbourne for an agreed cost when more comprehensive assessments of program suitability and strength of evidence are required, for example when programs are being considered for widespread implementation. This appraisal service will review issues relating to strength of evidence such as:

- Study design
- Suitability of measures
- Relevance of context
- Risk of bias
- Sample size and selection
- Gaps and limitations
- Alignment with theory and evidence

This review can be extended to assess alignment of the program with school community needs if required. Other academic groups with relevant expertise would also be able to provide this service.

For further information contact:

Professor Lisa Gibbs

Director, Child & Community Wellbeing Unit*, Melbourne School of Population and Global Health
Academic Lead, Community Resilience, Centre for Disaster Management and Public Safety
University of Melbourne
Tel: 0439 393 917
Email: lgibbs@unimelb.edu.au

*Previously the Jack Brockhoff Child Health & Wellbeing Program



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