20/12/2019

EX POST PAPER

RAN EDU & H&SC joint meeting
3-4 OCTOBER 2019,
Zagreb, Croatia

Safeguarding troubled refugee children in the classroom

The RAN EDU and H&SC meeting on 'Safeguarding troubled refugee children in the classroom' in Zagreb on 3-4 October 2019 brought together educators, social workers working with families, and healthcare professionals to address child trauma and to share basic understanding on vulnerabilities and resilience of refugee children, and the valuable role that both teachers and childcare providers can play in safeguarding them from recruitment, radicalisation and ideological exploitation.

The aim of this meeting was to discuss how professional development can be provided to assist educators and care workers in working with refugee children who have experienced trauma. How can education and care professionals cooperate and support each other? Their experience, difficulties and best practices, shared during the meeting, are summarised in this ex post paper with the aim to provide practical guidelines for trauma-sensitive schools and trauma-informed teaching.

Product of the RAN Centre of Excellence and the RAN EDU & H&SC working groups.
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Introduction

Refugee children, often traumatised by horrific experiences endured in the conflict zones from which they moved (with their parents or unaccompanied), are often further traumatised during their journey and after arrival in host countries. The integration of these children into the host society is hampered with numerous challenges. Schools are the most important places for refugee children to establish relationships supportive of local host community integration. The trauma experienced by children needs to be properly treated in order to improve the chances for them to become successful learners, resilient to the factors that might lead to radicalisation. However, teachers and schools are often not equipped or trained to adequately work with these children. Nor can they provide proper care alone. Collaboration between education and health professionals is needed for effective long-term care of and support for traumatised children.

This meeting, therefore, attracted a broad group of professionals who work with refugee children, amongst them principals, teachers, school nurses, school psychologists, social workers, trauma specialists, professionals of first-recipient centres, community workers and child psychiatrists to discuss how to collaborate efficiently and sustainably, in order to safeguard vulnerable refugee children in schools across the EU.

WHAT DO WE KNOW ABOUT THE REFUGEE CHILD'S TRAUMATIC EXPERIENCE?

Refugee children arriving from conflict zones might have been exposed in their home countries to horrific violence, war atrocities, a life of fear and poor living conditions, accompanied by parental trauma. In addition, refugee children might have been exposed to exploitation at the hands of human traffickers, and to different types of abuse and other grave forms of violence (including sexual) during their journeys. Many refugee children arrive after long journeys involving weeks if not years of violence, upheaval and poor living conditions. Educators and caregivers need to understand the collective weight of these experiences in order to help children recover, stabilise and thrive. Teachers' experiences, shared at this meeting, illustrated the high impact of child refugee trauma.

Additionally, in host countries these children might face new traumatic events with local authorities and society, such as the lack of sufficient parental guidance and family support, stigmatisation and social isolation, introduction to conflicting values and world views, or exposure to consequences of trauma. In addition, many refugee children suffer on different levels both physical and emotional bullying in schools, racism, difficulties in making friends and challenges in learning. The combination of such ordeals from outside and in schools highlights the risk of being affected by various 'push' and 'pull' factors that play a role in radicalisation.

As a result of trauma due to experiences before, during or after migration, many (but not all) refugee children face myriad diagnoses and difficulties. Research carried out by Derluyn and Broekaert (2008) has shown that between 37 % and 49 % of participants in a study of unaccompanied refugee children had psychiatric diagnoses such as depression, anxiety and post-traumatic stress disorder (PTSD). In a Swedish study (Brendler-Lindqvist & Larsson, 2004), all resident unaccompanied refugee children had varying mental health symptoms such as difficulties with sleep, concentration, mood swings, decreased appetite and suicidal thoughts.

There are many factors (including genetics, cognitive ability and self-esteem, as well as the relationship with parents or caregivers) that can influence the long-term impact of trauma on children. Some children can cope with it in more productive ways and may not need care provider intervention. Others (especially the unaccompanied) may suffer from various types of psychological stress. For example, in Germany, one in five unaccompanied refugee minors has been diagnosed with severe PTSD, often accompanied by suicidal thoughts.

The impact of exposure to traumatic events on children may differ depending on their age and stage of development. According to the National Child Traumatic Stress Network (NCTSN), different signs of distress ([1]) are identified as a result of exposure to traumatic events that are specific to a child's developmental stage (preschool children, elementary school children, and middle and high school-aged youth).

Trauma can result from exposure to one or more events that are threatening to one's physical or emotional well-being. **Complex trauma** entails multiple traumatic incidents that are often intrusive and involve other people. **Secondary trauma** can occur through exposure to people who have been traumatised; for example, children of traumatised parents and service providers working with traumatised populations may suffer secondary trauma.

([1]) See: https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma/effects

Toxic stress describes the sustained activation of stress response systems due to severe, extended and/or recurrent adverse events ([2]).

Traumatic events, in general, may contribute to a variety of mental health issues and hamper refugee children's successful integration, education and overall development. At the same time, inadequate or improper socialisation and integration of these children could make them potentially vulnerable to victimisation by terrorist and extremist propaganda and recruitment. From the **kaleidoscope of factors** and **trigger events** ([3]) that make people vulnerable to radicalisation, the **sense of belonging**, **identity issues**, and perceived **grievances** and **injustice** are more than likely heightened in refugee children.

Screening, Assessment and Interventions

Screening and **assessment** is an important first step for the creation of intervention strategies to provide proper care and treatment to traumatised refugee children.

When assessing trauma and mental health symptoms in refugee children, providers should assess the child's history (investigate the child's background, past school experience, trauma history and current stressors), family relations and specific behaviours that might be of concern to caregivers. Based on such assessment, tailored recommendations for resources and **intervention** can be generated.

Based on the current experiences of caregivers present at this meeting, it would be useful to implement:

- a **care plan** for refugee children (with detailed actions and information on who might take over the care of a child and which type of support would be needed);
- a **child assessment system** (vulnerability assessment), consisting of a physical and mental health evaluation and an adequate risk assessment;
- a **multi-agency childcare system**, which should include immediate care and long-term support from relevant services, as well as the support of families and communities.

Schools and teachers have a crucial role to play in recognising problematic behaviours, taking into account the context, and to deal with them accordingly. Addressing such manifestations, and preventing them from escalating into hatred towards the host society or even violence, is crucial. To instil resilience in these children, it is important to properly and regularly evaluate both the progress and the effectiveness of applied intervention methods.

What are the consequences of trauma-affected behaviour in the classroom based on teachers' experiences?

For the child:

- expresses anger and is verbally aggressive to teachers and students;
- has difficulties staying attentive in the classroom;
- can be very stressed (which makes it seem like ADHD);
- stares out the window, gets lost in thoughts;
- low interest in activities;
- expresses feelings of sadness, guilt or shame;
- difficulty in experiencing positive affect;
- inability to handle their freedom and the cultural differences needed to bridge and connect with classmates (this might result in a small network or isolation);
- fear of physical punishment at home if the teachers try to contact the family about their behaviour;
- is sometimes radical in their conservative views (the topic of homosexuality, for example).

For the teacher:

- frustration;
- powerlessness and helplessness;
- stress.

([2]) See: Park, M., & Katsiaficas, C. (2019). *Mitigating the effects of trauma among young children of immigrants and refugees: The role of early childhood programs*. Washington, DC: Migration Policy Institute.
([3]) See: Ranstorp, M., The root causes of violent extremism, RAN Issue Paper. Radicalisation Awareness Network, 2016.

The Invisible Suitcase

Each child possessing unique traumatic histories and the need for care requires appropriate attention and treatment in host countries in order to support their integration and build resilience against radicalisation.

How can mitigation take place to handle the effects of their trauma and exclude additional traumatisation? How does one build the resilience of these children? First, it is important to understand why children express the signs of trauma; for example, what is inside their **'invisible suitcase'** — as introduced by Leony Coppens. You can see behaviour, but the key to understanding a child's behaviour will be in their invisible suitcase.

Picture 1: Invisible suitcase

Trauma and other experiences form the beliefs and expectations of children (that each child carries in their own invisible suitcase):

- about themselves;
- about others;
- about the world in general.

(Source: Leony Coppens' presentation)

For children who have experienced trauma, the invisible suitcase is often filled with overwhelming negative beliefs and expectations, for example:

- I am worthless,
- I am always in danger of being hurt or overwhelmed,
- I am powerless,
- You cannot trust grown-ups,
- Wherever I go there will be trouble.

Understanding the contents of the invisible suitcase is critical for caregivers to comprehend the child's behaviour and help the child to overcome the effects of trauma and establish healthy relationships. Children who have been through trauma take their invisible suitcases with them to school, into the community, and wherever they go. Very often, the behavioural problems and associated impact on relationships emanate from the invisible suitcase. To cope, children are likely to reuse the strategies they learned when confronted with situations of abuse and neglect.

Preventing more negative interactions requires a concerted effort to respond to the child in ways that challenge the invisible suitcase and provide the child with new, positive messages (that he/she is worthwhile and wanted, safe, protected and capable). Assurance should also be given that the child will not encounter common reactions expected from adults (rejection, abuse, abandonment).

One way of understanding the behaviour and reactions of children is the concept of re-enactment.

Re-enactment concept ([4])

Re-enactments are behaviours that evoke in caregivers some of the same reactions that traumatised children experienced with other adults, and so lead to familiar — albeit negative — interactions. Re-enactment behaviours can cause the new adults in their lives to feel negative and hopeless about the child. Many of these behaviours are strategies that in the past may have helped the child survive in the presence of abusive or neglectful caregivers.

Another important concept, discussed at the RAN H&SC meeting on 'PTSD, trauma, stress and the risk of (re)turning to violence', held in Lisbon (Portugal) from 10-11 April 2018, is the **'window of tolerance'** ([5]). The more exposed to trauma, the less/smaller the window of tolerance will become. As a result, the child could rapidly become hyperaroused and engage in risk behaviour to obtain arousal. This mechanism makes children more vulnerable and the behaviours could even be misunderstood as signs of actual radicalisation.

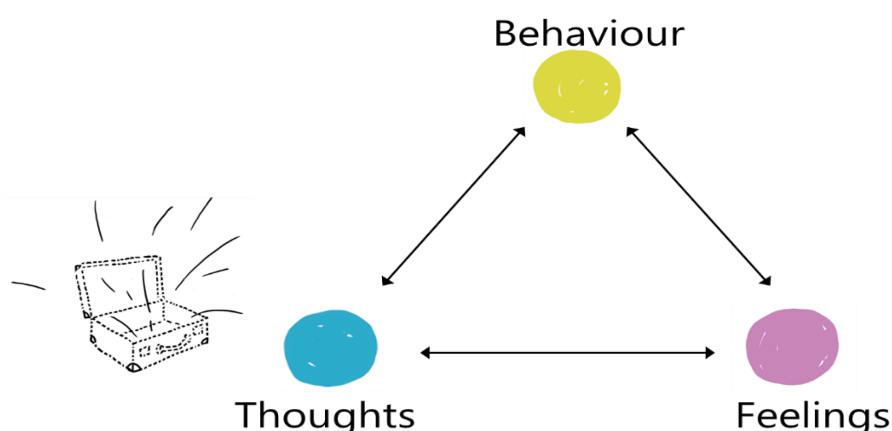
([4]) See: NCTSN: The invisible suitcase: Behavioral challenges of traumatized children.
([5]) See: van der Velden, M., & Krasenberg, J., PTSD, trauma, stress and the risk of (re)turning to violence, Ex Post Paper. Lisbon, Portugal: Radicalisation Awareness Network, 2018.

The Cognitive Triangle

The **'cognitive triangle'** could be employed as a useful tool to understand thoughts, feelings and behaviours of a traumatised child, but also to decide how to react and provide help and support to a child in need. A good knowledge of the past experiences of a child (especially traumatic) is crucial for understanding their thoughts, feelings and behaviour. The idea of changing a person's own thoughts, and consequently of altering their feelings and behaviours, is the basis of the cognitive triangle — presented at the meeting as an effective tool to understand and prevent the negative behaviour of traumatised children.

The next step is to encourage the child to learn how to generate **alternative thoughts** that will help to change negative feelings and behaviour. The final step in explaining the cognitive triangle is to help the child recognise the relationship among thoughts, feelings and behaviours, as well as the relationship between our behaviours and how other people act in response to us.

Picture 2: A cognitive triangle (Source: Leony Coppens' presentation)



A cognitive triangle for teachers or parents to respond properly to a child's behaviour could be similarly introduced. It is important to apply the same triangle to assess how they respond to a child's actions and behaviour to minimise the negative effects of the child's past thoughts, feelings and behaviours. Proper response of caregivers can help children to generate alternative, positive thoughts, as the caregiver's improved attunement to a child's emotional state can act to decrease the child's emotional and behavioural outbursts.

In consideration of the role of the parent(s), one must be aware of the **transgenerational transmission of trauma** and negative effects of PTSD. It means that children might also suffer in many ways from the mental health problems of their parent(s).

Transgenerational transmission of trauma

The importance of this subject has been recognised by many scientific studies describing the negative effects of parent(s') trauma on children. There are also progressively more reports of psychopathology in the "third generation" (i.e. grandchildren) ([6]).

In clinical practice, patients with parents suffering with PTSD often describe damaged, preoccupied parents who are emotionally limited. Symptoms in parents such as traumatic reliving, emotional numbing and dissociative phenomena do not help a child develop a reasonable sense of safety and predictability in the world. These parents are also less able to respond optimally during normal developmental crises and help make the world more comprehensible to the child. The parent suffering with PTSD also has difficulty modelling a healthy sense of identity and autonomy, appropriate self-soothing mechanisms and affect regulation, and maintaining a balanced perspective when life challenges arise. Instead, they can model catastrophic or inappropriately numbed and disassociated responses. Therefore, a parent's high levels of anxiety can significantly interfere with their child's developmental progress.

([6]) See: Portney, C. (2003). Intergenerational transmission of trauma: An introduction for the clinician. *Psychiatric Times, 20*(4).

THE ROLE OF EDUCATION IN ACHIEVING RESILIENCE AND WELL-BEING OF REFUGEE CHILDREN

What is **resilience** in children and young people? Cahill (2008) defines it as "the capacity to cope, learn and thrive in the face of change, challenge or adversity" (p. 14). At the RAN EDU and RAN RVT joint meeting held in Madrid ([7]) on 24-25 May 2018, in the realm of preventing and countering violent extremism (P/CVE), resilience was considered a precautionary measure against radicalisation; suggesting that vulnerable youngsters can be taught to resist the pull of exploitative recruiters and agents of radicalisation, and to develop the ability to recover from a setback or a personal crisis or from a perceived injustice and grievances. Current research indicates that children have the capacity for resilience if we provide them with an environment for positive development (Bernard, 2004).

School engagement has been found to have a significant impact on positive youth development among culturally diverse populations, including children (Koller & Verma, 2017). Schools are often the first and the most important place of contact with members of local host communities and are playing an important role in establishing relationships supportive of integration. **Education** can bring about unique qualities in making sure that the **resilience** and general **well-being** of refugee children keeps them safe from the risk of being vulnerable to potential (future) radicalisation. It is therefore critical that educators understand how to create and sustain such a trauma-sensitive, safe and supportive environment and, as trusted and caring adults, play an important role in mentoring the child.

Being **physically** included in schools is very important for refugee children, but it is merely an initial step. The following step and yet another challenge is that refugee children must also be **socially** included to experience belonging and to establish a positive connection with peers. The respective literature on this topic suggests that although the abovementioned types of trauma present a growing concern among schools with refugee children, there is little information on how to provide the children with effective educational and overall development support. How can schools be helped to create trauma-sensitive environments? A good example is the creation of **trauma-sensitive schools** ([8]) and the implementation of **trauma-informed teaching** ([9]).

What is a trauma-sensitive school?

A trauma-sensitive school is one in which all students feel safe, welcomed and supported, and where addressing trauma's impact on learning on a school-wide basis is at the centre of its educational mission. (Cole et al., 2005). Creating trauma-sensitive schools requires everyone's voice — parents, students, educators, community members and policymakers.

Trauma-informed schools therefore promote:

- feelings of physical, social and emotional safety in students;
- a shared understanding among staff about the impact of trauma and adversity on students;
- positive and culturally responsive discipline policies and practices;
- access to comprehensive school mental and behavioural health services;
- effective community collaboration.

Promoting this approach has the greatest potential to positively influence all students, regardless of trauma history. In fact, when schools are trauma-informed, students cultivate lasting resilience, which leads to significant improvements in behaviour, fewer suspensions, fewer expulsions and considerable progress in academic achievement.

What is trauma-informed teaching?

([7]) See: Lenos, S., & Keijzer, F., Building resilience in the classroom using testimonials from victims and formers, Ex Post Paper. RAN Centre of Excellence, May 2018.
([8]) See: https://traumasensitiveschools.org
([9]) See: http://traumaawareschools.org/

Trauma-informed teaching is an intervention meant to improve school culture and provide a new approach to school discipline (Adams, 2013). Trauma-informed schools incorporate policy, procedure and curriculum into a holistic approach that supports every student's potential.

Implementing trauma-informed best practices in the classroom, shared at this meeting, includes:
- Awareness of the signs — notice physiological symptoms of trauma.
- Providing consistency and structure — classroom consistency, daily structures, clear expectations, and reliable warmth and love help stressed students feel safe.
- Getting serious about social-emotional training — ideally, pupils should receive counselling, but on the classroom level. Social-emotional learning can include meditation, breathing exercises, and mindfulness practices that provide students with time to pause and reflect on their emotional state.
- Use of restorative practices over zero-tolerance policies — students with traumatic backgrounds benefit from clear boundaries and limitations, coupled with a restorative approach to discipline, rather than a punitive one.
- Care and remediation to avoid secondary traumatic stress.

Triggers

Triggers are events or experiences that could activate past trauma, bring back strong memories and compel a child to 'relive' a traumatic event. Some triggers are predictable. They can include sights, sounds, smells or thoughts that a child associates with the traumatic event in some way. It is impossible to predict or avoid all triggers, since many are unique to a child's situation.

To be able to provide proper care to traumatised children and to be a good co-regulator of their behaviour, it is important to know how to deal with triggers. When triggers hit, they are usually unexpected and beyond a caregiver's control. The following recommendations were given by the educators at this meeting on how to avoid or prepare themselves for triggers:

- collect as much information as you can about the background of a child;
- watch for triggers that lead to withdrawment and overadjustment;
- avoid triggers from the beginning;
- make a support plan — together with the child — for triggers that can't be avoided;
- rehearse (use a safe place in a quiet moment);
- offer children choices on how to deal with triggers;
- make new neutral pathways.

When experiences are traumatic, pathways are created in response to trauma. This reduces the formation of other pathways needed for adaptive behaviour. Trauma in early childhood can result in disrupted attachment, cognitive delays and impaired emotional regulation. Also, the overdevelopment of certain pathways and the underdevelopment of others can lead to impairment later in life (Perry et al., 1995). Therefore, creating **new neural pathways** will help the child to create responses based on new positive experiences.

BASIC PRINCIPLES AND GUIDELINES FOR TRAUMA-SENSITIVE TEACHING

First, schools need to be psychologically informed by staff trained in understanding and addressing trauma, stress and distress, and to have life lessons included in their curricula.

Therefore, one of the goals of this meeting was to set out **practical guidelines** and present **inspiring examples** on how to create and implement "teaching approaches that help to build resilience to extremism among young people" (Bonnell et al., 2011, p. 1), primarily how to:

- make a connection through effective design and a young person-centred approach (through enjoyable and encouraging collaboration);
- facilitate a "safe space" for dialogue and positive interaction;
- equip young people with the appropriate capabilities.

Trauma-sensitive schools and teaching are based on six key elements (Cole et al., 2005):

1) school-wide infrastructure and culture,
2) staff training,
3) linking with mental health professionals,
4) academic instruction for traumatised children,
5) non-academic strategies, and
6) school policies, procedures and protocols.

This framework helps schools establish an environment to help traumatised children with relationships, regulate emotions and behaviours, and achieve high levels of academic success.

Picture 3: Trauma-sensitive education & resilience restoring

(Source: Leony Coppens' presentation)

The key messages for teachers and schools on how to create trauma-sensitive education and support the child in regaining and restoring resilience included:

- teachers and schools can offer refugee children the essential feelings of safety and sense of belonging;
- teachers and schools need to have some degree of understanding on how trauma can influence children's behaviour and safeguard them in the classroom by addressing trauma and grievance;
- schools need to raise awareness about the impact of trauma on the pupils' behaviour;
- teachers and other school staff need to be trained in trauma awareness and trauma-sensitive teaching.

What can be done to support a pupil with complex trauma? It is important to:

- create safe, nurturing and responsive learning environments;
- address emerging and sensitive topics;
- enhance the pupil's capabilities to engage in difficult conversations reflecting on their own prejudices, offering alternatives and paying attention to those who feel left out;
- involve pupils in prevention alternatives;
- organise activities that encourage critical thinking and promote dialogue;
- bridge the gap with other students in the classroom on cultural differences;
- learn how to approach families or students with different cultural backgrounds;
- raise awareness about trauma with the family, discussing difficult topics (e.g. gender or homosexuality).

Are teachers and schools properly **equipped** and **trained** to deal with this adequately? Current experiences from many countries show that they are **not**, since they are confronted with expressions and sentiments on a scale they never anticipated.

WHAT IS NEEDED TO GET SCHOOLS AND TEACHERS READY?

A review of early childhood care and education facilities for refugees in the EU found that, although many programmes recognised the importance of providing **trauma-informed care**, training and resources for teachers were “almost universally lacking”. Working with traumatised refugee children requires the development of tailor-made skills that focus on crisis, trauma and cultural awareness. Cole et al. (2005), among others, suggest that learning be **continuous** for all educators and students.

Examples of existing good practice for supporting teachers:

> *Leony Coppens’ programmes for teachers working with traumatised children for education and healthcare professionals, the Netherlands*
>
> The training shows teachers what the influence of trauma can be on the development and behaviour of children. It provides a better understanding of the child’s behaviour and tools to support the child optimally. It offers teachers and other education professionals the knowledge and tools needed to break through the negative spiral, so that traumatised children can develop optimally. Teachers can make a big difference in the lives of traumatised children, while at the same time experiencing less exhaustion themselves. The training for healthcare professionals is intended to provide knowledge on what the effects of chronic trauma can be on the development and behaviour of children. (To read more about Leony Coppens’ programmes, see: http://leonycoppens.nl)

‘Teaching traumatised children. A practical handbook for primary education’ ([10]) **(2016)**

By Leony Coppens, Marthe Schneijderberg and Carina van Kregten

A book about trauma-sensitive teaching. It provides practical knowledge and skills to deal well with the behaviour of traumatised children.

Simply good teaching is not enough

Despite its importance, “simply teaching well in itself is NOT sufficient to build resilience” (Bonnell et al., 2011, p. 2).

Teachers face many challenges when dealing with traumatised children. The following key aspects in safeguarding children were shared among practitioners at the meeting:

- Build a relationship and trust. Some teachers are afraid to do so. They feel unequipped and don’t know what to do.
- At the same time, it is important to keep some distance to protect yourself.

([10]) Translation of the Dutch title.

- Don't force an opening, give the pupils a feeling of control.
- Provide structure to children. Keep the rules concise where you can. This gives them a sense of security.
- Be patient and understanding about different views. Children might have been told the opposite for a long time.

Teachers need support systems in schools (network, specialists, supervision, etc.) and continuous training, to ensure basic knowledge on trauma and radicalisation.

Pedagogical coalition of educators, care professionals and parents

The school only plays a partial role in the process of providing care for refugee children. To achieve high levels of resilience among pupils, extracurricular activities should be included. This requires the creation of a **pedagogical coalition of educators, care professionals and parents**. The involvement of childcare services (primarily social workers, paediatricians or school nurses, healthcare providers, etc.) and parents or caregivers is essential for establishing a long-term holistic childcare and support system.

How can the pedagogical coalition be improved? Practitioners at this meeting have provided the following recommendations:

- It is not about the child being successful but about the community being successful (if the community is doing better, the child will feel safer).
- Teachers feel like they have to find solutions for all problems — partnering up might help.
- Use a trauma lens for the parent(s) (as well).
- Schools can have advocacy roles for parents (e.g. to help parents find financial assistance).
- Local-level and government support is crucial (they can help to find partners).
- Find ways to inform local government about trauma and trauma-sensitive care for refugee children.

HOW CAN EDUCATION AND CARE PROFESSIONALS COOPERATE AND SUPPORT EACH OTHER?

Multi-agency working (MAW) and cooperation among experts in different fields, primarily in education and healthcare, is crucial for providing proper care and treatment to traumatised refugee children. The RAN H&SC Issue Paper on 'Multi-agency working and preventing violent extremism I' explores the role of MAW in the prevention of, and response to, violent radicalisation. As a RAN H&SC Working Group paper, the role of health workers within MAW is the focus. However, the paper is relevant to all who contribute to such systems, including social workers, community workers, police officers and educators.

Challenges to MAW in providing care to traumatised refugee children were discussed at this meeting. The following recommendations were provided:

- When referring to collaboration among different services, discuss the resources they can provide for the child or family and, if possible, facilitate the family's contracting the referral.
- **Health professionals**, in collaboration with **social** and **youth care workers**, must identify potential problems early and work with schools to support vulnerable children throughout their educational and social transitions.
- **School nurses** are responsible for the promotion of health and the prevention of future physical and psychological issues.
- Strong and collaborative **school and parental partnerships** ensure that pupils have a reliable network of support for their academic and social needs.
- It is crucial to **share important information** in the interest of children between **parents**, **educators**, and **health** and **social care providers**.
- Sharing information under the GDPR is very difficult. It needs students' or parents' permission, which can sometimes be problematic.
- **It is key to ask!** People are sometimes afraid to ask other professionals or parents for information related to a child. Asking and convincing is the way to go.
- **Partnering up** and building a support system that includes agreements on information sharing should be pursued.
- **Continuity of care** is crucial in safeguarding refugee children. It is just as important as good treatment. Trust is built over time and is hard to re-establish with new professionals.

Given that some problems become apparent only after time in mainstream schooling (and the dynamic nature of risk and resource factors), **longitudinal care** is important. Therefore, it is highly recommended to revisit serial screening for school-related problems is highly recommended as children and families move through their social and developmental transitions.

SUGGESTIONS FOR FURTHER READING

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