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Goal Area 2

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Every child, including adolescents, learns and acquires skills for the future

Compendium of SBC Best Practices

Key social and behaviour change (SBC) strategies, achievements and lessons learned

Access the individual case studies by clicking on each item below:

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UNICEF Fiji Improves Parent Engagement for Children's Return to School after COVID-19

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

Dates of Activity
August 2016
to December 2020

Duration
3.5 years

Budget
US$2.5 million

UNICEF Fiji supported the Fiji Ministry of Education, Heritage and Arts to engage parents, teachers, and heads of schools to address concerns around school safety in the context of the COVID-19 pandemic. Between November 2021 and February 2022, a social listening system and a *RapidPro* survey (disseminated via an SMS blast to the general public) were used to understand parents' perceptions of the return to school once COVID-19 restrictions were lifted, and their level of confidence with school COVID-19 safety measures. UNICEF Fiji leveraged its various partnerships through the Risk Communication and Community Engagement (RCCE) coordination mechanism established for the pandemic response, to ensure that parents received correct information about the safety of

returning to school. A chatbot was developed to provide parents with answers to frequently asked questions about school COVID-19 safety measures. Communication materials were developed to emphasize the importance of in-person learning and generate excitement among parents/caregivers and children about the return to school; the materials provided information about school reopening guidelines, COVID-19 standard operating procedures in schools, and reminders and nudges to reinforce COVID-19 prevention behaviours, hygiene practices, and safety protocols for parents, students and teachers in the school environment. As a result of these combined efforts, parents and children were well-informed and prepared for the transition back to in-person learning.

Context

The Pacific island nation of Fiji is accustomed to emergencies in the form of natural disasters (e.g., cyclones, droughts, and earthquakes). The COVID-19 pandemic, however, presented a new type of emergency. Following the first case of COVID-19 in March 2020, the Government of Fiji closed its borders and implemented strict public health measures, including the closure of all 1,778 schools across its 332 islands, disrupting the education of more than 230,000 students. Since the start of the pandemic, education had been disrupted for nearly 1.6 years. In November 2021, Fiji staggered the reopening of all schools (with older children returning first) and issued comprehensive guidance on the safe operation of schools. By February 2022, all students were back in school.

Strategic approach

In May 2021, UNICEF worked alongside the Ministry of Health to develop a social listening system as part of the COVID-19 RCCE working group. Between November 2021 and February 2022, this system was used to understand parents' perceptions of the return to school once COVID-19 restrictions were lifted, and their level of confidence with school COVID-19 safety measures. The UNICEF-supported AI platform, *Talkwalker*, was used to monitor conversational data on social media about people's perceptions of the safety of returning to school. The listening activity also included feedback received from Vibe parent groups.[1] UNICEF disseminated a *RapidPro* survey via SMS blast to the general public, to which 8,780 parents with school aged children and 860 students responded. The UNICEF Social and Behaviour Change (SBC), Education, and Communications team visited schools to better understand and document school readiness with regard to COVID-19 safety measures.

Insights from social listening and rapid survey activities allowed SBC specialists in Fiji to better understand parents' perceptions and concerns about the return to school and the specific

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information gaps and needs of parents to assure them that it was safe for their children to return to school. The findings were used to develop communication materials including social media tiles, TV spots and radio ads to disseminate and amplify key messages about the safe return to in-person learning, and generate excitement among children, parents, and communities, while at the same time providing reassurance on COVID-19 safety measures.[2] Materials were developed for (1) students (e.g., posters, stickers and cards) to take home and use as a checklist for safety measures; (2) parents (e.g., booklets and flyers) with correct information on COVID-19; tips on how to communicate with their children about COVID-19 and ensure a supportive environment at home to prepare children for their return to school, and specifics about school reopening guidelines; (3) heads of schools, teachers and school staff (e.g., a user-friendly version of the Fiji School Reopening Guidelines and COVID-19 standard operating procedures, videos); and (4) reminders, checklists, and nudges to reinforce COVID-19 prevention behaviours, hygiene practices and safety protocols for students

and teachers in the school environment. Trust building and reassurance was further augmented by inviting parents to schools to see first-hand the safety measures that had been put into place, express any concerns, and ask questions. Parents that did not attend in-person sessions at schools could watch UNICEF-made videos that highlighted the safety measures being taken in schools posted on social media sites.

UNICEF created 'Guidance Notes' for schools to explain, for example, where to place posters and nudges, and that brochures should be sent home to parents with each student. In collaboration with the Ministry of Education, UNICEF engaged parents, teachers and heads of schools in dialogues and orientation sessions to reassure them about the safety of children returning to school. A chatbot was created to answer frequently asked questions about school re-openings. A link to the chatbot was provided on the Ministry of Education and Ministry of Health Facebook pages, and on other relevant official platforms.

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Key achievements

- As a result of these combined efforts, all schools were reopened by February 2022 as planned.

- Parents and children were well-informed and prepared for the transition back to in-person learning.

- Most children were back in school within a few weeks of opening.

- There were no outbreaks or increases in transmission of COVID in school settings

8,780 PARENTS WITH SCHOOL AGED CHILDREN

responded to the RapidPro survey via SMS blast to the general public

860 STUDENTS

responded to the RapidPro survey

All schools

were reopened by February 2022 as planned

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Lessons learned

1 Using a multi-sectoral approach early on in an emergency situation was critical to successfully mobilize UN agencies, government, and non-government partners to collaborate and pool resources and ensure that the school reopening process went smoothly.

2 Using social listening and rapid research played a critical role in generating data that could be translated into SBC interventions that responded to the intended population's needs.

3 Engaging parents in dialogues to understand their specific concerns helped to assuage their fears and provided information that helped to guide the social and behaviour change (SBC) messaging and approaches.

4 Creating a chatbot to respond to queries during an emergency is an efficient way to disseminate correct information in response to frequently asked questions.

Recommendations

1 Use existing coordination mechanisms to avoid creating parallel structures.

2 Continued coordination is key to ensuring the best use of resources and harmonious communications from the grassroots to the national level.

3 Continue to use social listening data to remain abreast of what people are thinking and feeling in real time, and to course correct the interventions that are in play.

4 Utilise Human Centred Design approaches to ensure people are at the centre of designing interventions that are relevant and appropriate to their needs.

5 Open and transparent communication is key to trust building and reassurance.

Endnotes

1   Viber is a free cross-platform voiceover IP and instant messaging system.

2   Sagan S, 'Engaging parents in the return to school', 2023.

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UNICEF Indonesia Supports Student-Led Bullying Prevention Programme

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

Roots Indonesia, a school-based bullying prevention programme, was introduced in South Sulawesi Province in 2017, to create child friendly, safe, and supportive learning environments. Adapted from the North American programme called Roots, this initiative aimed to improve peer relationships and reduce bullying and violence incidents among junior high school students in targeted schools. UNICEF supported the piloting of Roots in the South Sulawesi and Central Java provinces and the national government to evaluate the programme and develop scale-up plans based on results. In 2018, more than 10,000 students were reached through government-led replications of the 2017 Roots Indonesia programme; 4,421 were reached in 2019. The Ministry of Women's Empowerment and Child Protection adapted a model like Roots Indonesia in seven additional provinces, training 280 students as agents of change in 2019.

Context

Three out of four children and adolescents that have experienced at least one type of violence in Indonesia reported that the perpetrators were their friends or peers. Overall, 41 per cent of students aged 15 years experienced bullying at least a few times per month.[1] Humiliating language, physical fights and harassment from other students are the most common factors students mention when characterizing their schools as unsafe.

Strategic approach

Roots Indonesia, a school-based bullying prevention programme, was introduced in South Sulawesi Province in 2017 to create child friendly, safe, and supportive learning environments. Adapted from the North American programme called Roots, this initiative aimed to improve peer relationships and reduce bullying and violence incidents among junior high school students in targeted schools. Specifically, the programme aimed to establish a more positive school climate through the participatory development of an anti-bullying policy; change social norms regarding bullying; and increase awareness and understanding among teachers of how bullying affects their students, as well as their ability to deal with bullying incidents through positive discipline.

Through the Roots Indonesia programme, 30—40 students in each target school were trained as change agents. They were identified using social network theory; this methodology guaranteed that the selected students would engage the entire student body. The change agents were taught to identify problems and initiate school anti-bullying activities. They participated in regular after-school sessions to identify problems in their schools and solutions to the problems. Students participated in every stage of the Roots programme, including design, implementation, monitoring, and evaluation. The change agents were supported by young facilitators from local children's organizations. The activities culminated in a school-wide declaration against bullying that was implemented with school staff input. The students created posters and dramas to communicate the school anti-bullying agreement.

Student-led anti bullying activities in school were implemented in collaboration with civil-society.

🏅 Key achievements

- UNICEF supported the piloting of Roots in South Sulawesi and Central Java provinces and supported provinces and the national government to evaluate the programme and to develop scale-up plans based on results.

- More than 10,000 students were reached in 2018 and 4,421 in 2019, through government-led replication of the bullying prevention model designed and piloted in 2017.

- The Ministry of Women's Empowerment and Child Protection adapted a model like Roots Indonesia in seven additional provinces, training 280 students as agents of change in 2019.

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MORE THAN
10,000
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280
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30—40
students in each target school were trained as change agents

Lessons learned

1 Building strong relationships with school staff and engaging staff and principals from the initial phase of the programme is crucial for success.

2 It is critical to build school staff capacity on social network theory and peer nomination for the selection of the agents of change, as this is not a commonly used method for selecting students to lead activities in schools.

Recommendations

1 Adapt and scale-up the Roots Indonesia programme and either add or combine it with a programme that has a teacher training component to strengthen teachers' knowledge and self-efficacy on positive discipline.

Endnotes

1   Nationally representative data on bullying in Indonesian schools from PISA (Programme for International Student Assessment) 2018.

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UNICEF Jordan Transforms the Lives of Vulnerable Children and Adolescents

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

Dates of Activity
2015 – present

Duration
9 years (ongoing)

Budget
US$20 million
(annually)

UNICEF Jordan's Makani ('My space' in Arabic) programme is an integrated set of interventions that aim to promote the well-being of the most vulnerable youth in Jordan, and support them in achieving their full physical, cognitive, social, and emotional potential. Children and adolescents benefit from the age-appropriate and gender-responsive integrated package of services, including learning readiness, learning support, community-based child protection services and skills building programmes (including digital skills). Parents can access early childhood development and parenting programmes tailored for different age groups. Makani facilitators can refer children and families to specialized services as needed. Children who attended Makani centres were 50 per cent more likely to be enrolled in school and showed better learning outcomes when compared to similar groups not attending Makani and demonstrated better results in relation to social connectedness, self-confidence, awareness of violence and well-being. These skills-building interventions have resulted in stronger social connections and overall better outcomes for youth participating in the Makani programme compared to those that do not participate.[1]

Context

Approximately 54 per cent of Jordan's population is under the age of 24 years. This population faces a series of challenges including poverty, lack of quality education, high unemployment rates, and inadequate child protection and social services. The Kingdom of Jordan hosts one of the largest refugee populations in the world per capita, with over 1.3 million Syrians (both registered and unregistered).[2] Of the 660,605 registered Syrian refugees (April 2023), almost half (49 per cent) are children.[3] In addition, more than two million registered Palestinian refugees live in Jordan, as well as smaller groups from Iraq, Yemen, Sudan, Somalia and other countries.[4]

Jordanian classrooms are generally overcrowded and leave schoolteachers with little time to provide individual attention to students that require help with their lessons. Non-Jordanian children have a higher out-of-school rate than Jordanian children. Syrian children account for the largest proportion of children that do not attend school.[5] Adolescent girls and those with disabilities are particularly vulnerable populations that face the risk of early-marriage, experience restricted mobility, and are most likely to drop out of school. In 2020, 57 per cent of vulnerable hard-to-reach communities (e.g., those living in informal tent settlements - ITS) reported that no child was attending formal education, either because they lacked the funds to afford related costs, did not have access to transportation to school, the family moved, or the child was working for money.[6]

The COVID-19 pandemic strained an already fragile economy in Jordan. It affected economic growth, heightened existing vulnerabilities, and increased unemployment and poverty rates. Extended pandemic-related school closures resulted in inequitable access to quality online learning. Varying levels of parental support for children's learning further exacerbated gendered inequalities among Jordanian youth.

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♞ Strategic approach

To address the needs of vulnerable children in Jordan, and in response to the Syrian crisis and the government's No Lost Generation (NLG) initiative, UNICEF Jordan developed the Makani programme in 2015. Makani is a comprehensive approach to the provision of gender equitable services to vulnerable refugee and Jordanian children that integrates learning support, community-based child protection services, early childhood development (ECD), parenting programmes, youth participation, and skills development programmes into one space. The programme's inclusive life-cycle approach makes it possible to address the complex needs of the most vulnerable and marginalized children (e.g., the Dom, ITS children), young people, and their caregivers.[7],[8]

The Makani programme's primary objective is to strengthen the resilience and social cohesion of vulnerable children, adolescents and youth in Jordan by improving their learning opportunities, social skills and psychosocial health. The goal is to enable Jordanian youth to realize their potential, transition to productive adulthood, and positively engage in community life. Child protection messages are integrated into all Makani activities, including community outreach awareness sessions. The Makani programme supports activities through a network of 136 centres in all of Jordan's governorates, Syrian refugee camps, and ITS. The activities include:

- **Learning support services:** Providing vulnerable children and youth with quality accelerated lessons in Arabic, mathematics, and reading recovery.

- **Skills building:** Providing sessions on digital literacy, financial literacy, communication, critical thinking, processing emotions, awareness about violence, gender equality, building resilience, and other transferable life-skills.

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- **Unstructured recreational time and sports activities.** The social time spent with peers at the Makani centres helps youth build social skills and facilitate developing positive relationships. By actively engaging in their communities through youth-led initiatives and meaningful volunteering opportunities, adolescents and youth acquire skills and information that help shape their personalities, develop their practical experiences, boost their confidence, enable their healthy adaptation to new situations, and increase their future employment opportunities.

- **Early Childhood Development (ECD) and better parenting sessions:** These sessions equip parents and caregivers with skills to support their children to achieve their full potential, including how to provide positive discipline, stimulate early learning, and increase parent-child bonding.

- **Community outreach:** Makani community committees, comprised of youth, women, community leaders and influencers, have been trained to identify and refer vulnerable youth to Makani Centres where the youth can receive appropriate assistance.

- **Climate Action Clubs:** In 2020, Makani Centers established Climate Action Clubs to raise awareness about climate change and its associated risks, to encourage youth-led environmental initiatives in the communities. Makani also invested in equipping 48 Makani Centres with solar panels to generate electricity, promote sustainable infrastructure, and reduce emissions.

- **Cash transfers:** In 2020, the Makani programme leveraged strategic linkages with Jordan's social protection system in collaboration with the Ministry of Social Development (MOSD) and the National Aid Fund (NAF), through the Cash Plus initiative, which complements financial aid with Makani's integrated services in line with UNICEF's global Cash Plus initiatives and global best practices.

During the COVID-19 pandemic, the Makani

programme leveraged their network of families and communities to rapidly respond to the crisis by shifting all centre activities to online platforms. To address the digital divide, Makani centres provided vulnerable children tablets and internet connectivity. In the aftermath of the pandemic, the Makani centres adapted the programme content and material to help youth make up for any learning loss.

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The programme continues to benefit from its robust near-real-time monitoring system, called Bayanati ('My Data' in Arabic). The quality data provided by this system supports evidence-based performance monitoring, adaptive programming and allows for the adjustment of the programme design to better serve the most vulnerable children.

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Key achievements

Since its inception, the Makani programme has continued to evolve. It has increased collaboration between organizations working in short-term humanitarian aid and long-term international development, and expanded its vulnerability-based targeting approach to include all vulnerable communities in Jordan, with a particular focus on girls and women, children with disabilities, and marginalized groups. In 2022, the Makani programme reached over 146,000 individuals in need, including 114,068 children (55 per cent girls; 19 per cent in refugee camps; two per cent children with disabilities). Specific achievements include:[9],[10]

- Children who attended Makani centres were 50 per cent more likely to be enrolled in school and showed better learning outcomes when compared to similar groups not attending Makani.

- Eighty-nine per cent of children who attended Makani centres demonstrated a positive increase in post-test scores compared to pre-test scores in Arabic and Math.

- Children attending Makani centres demonstrated better results in relation to social connectedness, self-confidence, awareness of violence and well-being.

- Adolescents and youth participating in Makani were 38 per cent more likely to hold a leadership position in school. Forty-one per cent were more likely to control their own finances and were twice as likely to play a sport than those not enrolled in Makani.

- Girls who participated in Makani activities reported improved learning and understanding of what constitutes violence and how child marriage can be harmful. Thirty per cent of Makani girls were more likely to know where to seek support if they experienced violence, and more likely to have a trusted friend.

- Adolescents who participate in Makani were 70 per cent more likely to have worked with others to solve a community problem through volunteer initiatives than non-Makani participants. Seventy per cent volunteer on a regular basis in the community and 81 per cent believe in their ability to contribute to the development of their community.

- Ninety-two per cent of adolescents felt more secure in their community as a result of attending Makani centres.

- Ninety-seven per cent of parents and caregivers demonstrated better awareness of how to discipline their children after attending the better parenting sessions offered at the Makani centres.

- About 95 per cent of parents felt that the programme helped their children feel more connected to their community.

> " At Makani they teach us how to use the computer to create projects and things related to real life. "
>
> *– 17 year old Jordanian Girl*

146,000
individuals in need, including

114,068
children reached in 2022

95%
OF PARENTS
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Lesson learned

1. Leveraging synergies with other UNICEF, government, and partner programmes enabled greater reach and impact.

2. Strengthening the national capacities of the implementing partners (e.g., the Ministry of Social Development) enhanced the quality, ownership and accountability of the Makani interventions, which is critical to sustaining and institutionalizing the programme.

3. Efforts to reach specific vulnerable groups (e.g., children with disabilities) were critical to ensuring that all youth in Jordan succeed in school and achieve their potential throughout their lifespan.

4. Integrating gender equality into programme activities raised awareness, supported access to education, and has the potential to transform societies.

5. Maintaining an evidence-based approach to assessing Makani activities' relevance, consistency, efficacy, efficiency, impact, and viability, is critical for refining the overall programme.

Recommendations

1. **Strengthen referral mechanisms for youth:** Strengthen the referral mechanisms that link youth to post-programme opportunities that include education and career guidance tailored to local realities, and that help vulnerable youth generate income, which the Makani programme is teaching them how to use more efficiently (e.g., Technical and Vocational Education and Training).

2. **Systematically embed gender awareness into all activities:** Integrate learning about discriminatory gender norms into the broader Makani curriculum so that girls' and boys' exposure to gender equal ideas and practices is not dependent on the interests of individual facilitators or limited to particular days (such as Women's Day).

3. **Increase support for youth in the most vulnerable and marginalized communities:** Foster Arabic language skills in the early grades and build parents' and children's educational aspirations. Where secondary schools are not easily accessible, provide transportation vouchers to ensure uptake of education services.

4. **Continue supporting and expanding Cash Plus initiatives.** Provide transfers to more adolescents and guarantee support through to the end of secondary school.

5. **Continue institutionalization efforts for programme sustainability:** Expand national capacity building activities to empower governmental and non-governmental partners to sustain the Makani approach in the longer term, with the aim of assuming responsibility for the programme implementation.

Endnotes

1   Presler-Marshall, E., Jones, N., Małachowska, A., Oakley, E., *UNICEF Jordan's Makani Programme: supporting students, building resilience'. Policy brief. London: Gender and Adolescence: Global Evidence*, 2022.

2   The Brookings Institution, 'Syrian refugees in Jordan: A decade and counting', Brookings, 2022, <https://www.brookings.edu/articles/syrian-refugees-in-jordan-a-decade-and-counting/>.

3   United Nations High Commissioner for Refugees, 'Situational Syria Regional Response', UNHCR, April 2022, <https://data2.unhcr.org/en/situations/syria/location/3>.

4   United Nations Relief and Works Agency for Palestine Refugees, 'Where we work', UNRWA, April 8, 2023, <www.unrwa.org/where-we-work/jordan>.

5   United Nations Children's Fund, *Jordan Country report on out-of-school children*, UNICEF, 2020, <www.unicef.org/jordan/media/5501/file/OSC-Report-EN.pd>.

6   United Nations Chidlren's Fund, *Final report: Summative Impact Evaluation of the UNICEF Jordan Makani Programme*, UNICEF Jordan, 5 May 2022, <https://www.unicef.org/jordan/media/11671/file/Makani%20summative%20impact%20evaluation_English.pdf>.

7   The word Dom is used to describe a specific ethnic group from Middle East, North Africa and Eastern Anatolia Region/Turkey. This group is a marginalized minority in Jordan.

8   United Nations Children's Fund, *Jordan Country report on out-of-school children*, UNICEF, 2020, <www.unicef.org/jordan/media/5501/file/OSC-Report-EN.pd>.

9   Jones N., Baird S., Presler-Marshall E., Małachowska A., Kilburn K., Abu Hamad B., et al., 'Adolescent well-being in Jordan: exploring gendered capabilities, contexts, and change strategies: A synthesis report on GAGE Jordan baseline findings', Gender and Adolescence: Global Evidence, October 2019, <www.gage.odi.org/wp-content/uploads/2019/10/Adolescent-Well-Being-In-Jordan-Exploring-Gendered-Capabilities-Contexts-And-Change-Strategies.pdf>.

10   United Nations Children's Fund, *Final report: Summative Impact Evaluation of the UNICEF Jordan Makani Programme*, UNICEFR Jordan, 5 May 2022, <https://www.unicef.org/jordan/media/11671/file/Makani%20summative%20impact%20evaluation_English.pdf>.

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UNICEF Croatia and Serbia Support Family-Centred Services for Early Childhood Education[1]

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

UNICEF Croatia and Serbia are working to build contemporary and sustainable early childhood intervention (ECI) services grounded in the social model of disability. ECI services in each country provide support for families with children from birth up to age of six who are at risk of or have developmental delays, disabilities and/or behavioural or mental health needs. In Croatia, the ECI programme significantly improved outcomes for participating families, enabling parents to gain a better understanding of

their child's strengths, abilities and needs. The experience also helped increase families' access to desired services, programmes and activities in their community. Serbian parents reported that they highly valued the availability of the ECI teams; found the programme to be effective in providing information regarding their rights and support when they had questions or concerns; and felt more competent and empowered to support their child's development.

Context

ECI is a social model that integrates elements related to education, health, therapies, nutrition, social protection, child and parental rights and welfare, and requires coordinated support from these major social sectors. It focuses on the comprehensive and holistic development of the child and the family. It does not seek to "cure the child" but rather helps children with differing abilities fulfil their potential. Parents are key actors, deciding on the goals for their child, participating in the development of individualized plans and delivering ECI services in home settings, supported and coached by professionals in responding to their child's and their own needs.

To ensure that children attain their full developmental potential, those requiring support should be identified as early as possible, ideally through neonatal screening or later through developmental screening, monitoring and medical diagnosis. In reality, many children with developmental difficulties in Europe and Central Asia are not identified until they enter school, when families often become more aware of concerns regarding their child's development. There is a lack of quality ECI services for children in need and their families in both Croatia and Serbia.

Croatia

In 2019, among Croatia's 230,188 children aged 0–5 years, at least 24,169 (10.5 per cent) had developmental delays or disabilities and were potentially eligible for ECI services. As of 2019, the country had just 47 ECI programmes, serving approximately 2,900 children; only one in eight children who could potentially benefit from ECI were participating in these services. Standardized screening instruments were not used across Croatia's health and social care systems, which made it difficult to systematically identify children at risk of developmental delay; more than half of Croatian children served in ECI programmes

were 3–6 years old. About 25 per cent of families that received ECI services in Croatia lived in poverty. Only a few ECI programmes served remote rural areas, island populations and Roma communities. A majority (85 per cent) of families that required ECI services reported that the services were located too far from their homes. Community outreach was urgently needed, along with universal developmental screening and rapid referrals to ECI services, especially for the excluded and children at risk.[2]

Serbia

At least 60,000 Serbian children aged 0–5 years had developmental delays or disabilities in 2019. Among the children in this age group with developmental delays, up to 13 per cent required continuous monitoring and an additional five per cent required more intensive support. The majority of developmental delays were recognized too late, partly because paediatricians did not use standardized tools to monitor and assess child development. Challenges to timely detection were also due to delays or inconsistent use of screening tools. Without accurate and effective developmental screening, up to 60 per cent of children with developmental delays and up to 80 per cent of toddlers with social and emotional difficulties were at risk of not being identified.[3]

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Strategic approach

Croatia

In 2019, UNICEF Croatia conducted a situation analysis to identify strengths and weaknesses of existing ECI services, and map the resources at all levels and regions of the country, including professional and institutional capacities, training and financing. Findings from the situation provided a baseline of data and knowledge, and were used to support the phased development, improvement and expansion of the national ECI system with the aim of meeting the prevailing needs of families with children in at-risk situations, including children with developmental delays, disabilities, and behavioural or mental health needs.

In 2020, the Government of the Republic of Croatia established the *Commission for Early Childhood Intervention and the Executive Working Group* to draft the *National Strategic Plan for ECI* for a period of five years.[4] The Commission coordinated multiple partners and stakeholders in drafting the plan and strategies and is monitoring its implementation. The *ECI Strategic Plan* is the basis for developing professional guidelines, standards and procedures for early intervention programmes.[5] In collaboration with Croatian experts, the *Croatian Association on Early Childhood Intervention* developed online training on Fundamentals of Early Childhood Intervention to generate a joint vision that transcends a single profession, institution or sector. The goal is to offer optimum services in response to the complex needs of children with disabilities or developmental risks (biological and environmental) and their families. The online training consists of seven interactive self-paced modules on ECI principles: service delivery components, coordination and integration of services and resources, advancing early childhood development, the role of the family in early intervention, teamwork, and the transition process. The aim is to integrate this resource as an in-service mandatory training for all practitioners in Croatia who are engaged in ECI services or who work with young children and their families (e.g., paediatricians, general practitioners, patronage nurses, speech-language pathologists, educational rehabilitators, psychologists, social workers and occupational therapists).

In addition to the family-centred, child-focused approach to assessments, home visits and the development of individual family support plans, a set of parenting workshops called *Growing Up Together* was offered to parents raising children in difficult and resource-constrained circumstances,

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and adapted for families of children with disabilities or developmental delays and Roma national minority families that have unique challenges. The workshops consist of three parts: a session for parents, one for children, and one for parents to play together with their children.

Strengthening community outreach for ECI is one of the elements of the model piloted in Croatia as part of the *European Child Guarantee* initiative. With a focus on low-income and hard-to-reach communities, UNICEF's partner *Médecins du Monde* (Doctors of the World) identifies children in communities by going house to house, engaging with families, and using the Ages & Stages Questionnaire to provide initial screening for children. Identified children are referred to the *Međimurje* Association for Early Childhood Intervention (MURID), where they are provided with such ECI services as comprehensive child and family assessments; individualized family and child plans that encompass options for home-, community- and centre-based services; and support in the child's transition to early childhood education and care. The two-year pilot from 2021 to 2022 reached 270 children aged 0–7 who have or are at risk for developmental delays or disabilities and reached 400 parents and other caregivers directly. The pilot also indirectly reached an additional 500 children and 600 parents/caregivers. The results from this pilot outreach and community-based model of ECI services informed the development of an *ECI Action Plan for Međimurje County* and the national strategy for building an ECI system through a cross-sectoral committee under the auspices of Croatia's Ministry of Health.

Serbia

A 2017 situation analysis conducted in Serbia found that policies and services, which require multiple sectors to respond to the complex needs of young children with developmental difficulties and their families, were not integrated and coordinated. It also revealed that ECI services were scarce and that professionals lacked the capacity to provide these services that used new evidence and innovative approaches that place families at the centre of interventions. The medical approach aiming to correct 'defects' and 'cure' the child based on medical protocols or treatment/rehabilitation prevailed. The wider environment was characterized by persisting prejudice, stigma and discrimination, child abandonment and institutionalization due to disability. This situation analysis established a baseline and helped to identify pilot locations where ECI models would be implemented.

The ECI pilot in Serbia focused on replacing the traditional, medically oriented practices with the family-centred model that engages parents as equal partners in planning and delivering early childhood interventions. The emphasis was on providing services in the home environment which was determined to be the best setting for a child to learn, develop and grow, supported by parents who are empowered to maintain routines for stimulating the development of functional skills. To address the inefficient practice in which parents were going from one professional to another without receiving dedicated and complementary guidance and support, the integrated model for teamwork was introduced. This model includes one primary service provider who works with the family and is supported by an interdisciplinary team of professionals. Initially, it was difficult for professionals to go beyond their narrow professional roles to rely on and learn from other practitioners' expertise, but it soon became an enriching experience for all practitioners and very empowering for parents. Teamwork and a cross-sectoral partnership were reinforced to achieve the best results, and an ongoing capacity-development programme was offered to selected professionals from the pilot locations in Serbia. Partnership between parents and professionals proved to be one of the most significant gains from Serbia's new ECI model. The participants emphasized that the model engages parents more than in the traditional medical model, so parents are able to support their child's development more successfully.

🎖️ Key achievements

- In Croatia, the ECI programme significantly improved outcomes for participating families, enabling parents to gain a better understanding of their child's strengths, abilities and needs. The experience also helped increase families' access to desired services, programmes and activities in their community.[6]

- Serbian parents reported that they highly valued the availability of the ECI teams; found the programme to be effective in providing information regarding their rights and support when they had questions or concerns; and felt more competent and empowered to support their child's development.[7]

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The pilot indirectly reached an additional 500 children and 600 parents/caregivers in Croatia

The two-year pilot from 2021 to 2022 reached

270 CHILDREN

aged 0–7 in Croatia

Serbian parents reported that they highly valued the availability of the ECI teams

Lessons learned & Recommendations

1   Partnerships and the active involvement of many stakeholders – from children and their families to the professionals who support them, as well as national through local-level government, civil society organizations, intergovernmental organizations such as the European Union, and multiple United Nations agencies – are vital to the advancement of effective and sustainable programmes for early childhood intervention.

2   During the phased roll-out of ECI services, it is fundamental that they embrace the following key activities: Systematic monitoring of child development as a part of routine health-care services; outreach, screening and referral; early and comprehensive assessment; individualized planning; service delivery; transition planning to support entry into inclusive education; continuous monitoring and evaluation of the interventions; continuous assessment and analysis of programme results.

Endnotes

1   United Nations Children's Fund, 'Family-centered services for early childhood intervention: Highlighting initiatives in Croatia and Serbia', UNICEF, 2022.

2   United Nations Children's Fund, 'Family-centered services for early childhood intervention: Highlighting initiatives in Croatia and Serbia', UNICEF, 2022.

3   UNICEF Serbia, 'Situational Analysis of Services for Babies and Young Children with Disabilities in Serbia: Development of services for early childhood interventions – Opportunities and challenges', United Nations Children's Fund, 19 February 2020, <www.unicef.org/serbia/en/situational-analysis-services-babies-and-young-children-disabilities-serbia

4   UNICEF Europe and Central Asia, 'Support and Services for Children with Disabilities in Croatia: Situation analysis and recommendations', 9 November 2020, <www.unicef.org/eca/press-releases/support-and-services-children-disabilities-croatia-situation-analysis-and>

5   Croatia is also serving as a pilot country for the *European Child Guarantee,* modeling a package of ECI services. The European Child Guarantee aims to prevent and combat social exclusion by guaranteeing effective access of children in need to a set of key services: free early childhood education and care, free education (including school-based activities and at least one healthy meal each school day), and free healthcare.

6   UNICEF Croatia, 'Theory of Change: ECI' (Final Draft), 2021.

7   Institute of Psychology, 'Monitoring and Evaluation of the Pilot Implementation of the Early Childhood Intervention Model in Serbia', 2020.

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UNICEF Oman Develops Social and Behaviour Change Strategy to Address Early Childhood Development, Inclusion of Children with Disabilities and Violence Against Children

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

Dates of Activity
2020 to 2021

Duration
18 Months

Budget
Unknown

UNICEF Oman, in collaboration with the Sultanate of Oman Ministries of Education, Health, and Social Development, supported formative research to inform the development of a social and behaviour change (SBC) communication strategy for three programme areas: Integrated early childhood development (ECD), inclusion of children with disabilities (CWD), and violence against children (VAC). A comprehensive desk review was conducted to provide information on what is already known about these areas in the Omani context.

Qualitative studies were conducted to identify perceptions and attitudes on ECD, CWD, and VAC prior to developing the strategy. UNICEF Oman delivered a joint cross-sectoral SBC strategy for the Government of Oman and formed an SBC Taskforce to oversee and achieve the SBC activities in the strategy workplan. Social and behaviour change indicators were embedded into administrative data systems in three government ministries. UNICEF Oman also supported the launch of mass campaigns with Government of Oman.

Context

Early childhood development programmes are one of the most cost-effective ways to set the right foundation for children's health and education to increase skills, abilities and productivity of children. Integrated Early Childhood Development (IECD) is essential for all children to achieve their full potential. Children who do not receive adequate "nurturing care' (e.g., health, nutrition, early development, learning opportunities, care and protection) tend to have lowered cognitive, language and psychosocial outcomes which translates to lowered academic achievement in primary school. The 2014 Oman Multiple Indicator Cluster Survey (MICS) showed that only 25 per cent of children under-five have three or more children's books. The percentage of children ages 36—59 months who are developmentally on track in at least three of the four domains (literacy-numeracy, physical, social-emotional, and learning) is 68 per cent.[1] While early childhood education services in Oman have expanded rapidly in recent years, participation in early childhood development programmes, particularly in nurseries and day care, is still relatively low, despite strong public commitment and widespread acknowledgement of the importance of a good start in life for social and economic development. Early childhood development services, such as kindergartens and nurseries, are mostly provided through the private sector and tend to be limited in remote areas. Enrolment in ECE for 3—5 year-olds was reported at 50 per cent during the 2017/18 school year.[2]

Inclusion of children with disabilities in preschools is limited.[3] According to a formative research study conducted in 2019 on perceptions around inclusion, parents of children with disabilities were concerned about the well-being of their children in school, given the stigma and discrimination that their children might face. Parents of children without disabilities and young people themselves expressed reservations on the benefits of inclusion and described their interaction with CWD as evoking pity or discomfort, with some even saying that CWD are "not normal." Some parents refused to have their children in inclusive classes with CWD.[4]

Violence against children is outlawed in all settings, including schools, by the Child Law of 2014. Yet, a significant proportion of children and young people are exposed to violence in schools, communities and families. Limited availability of recent prevalence data makes it difficult to gain a more complete understanding of the many dimensions and extent of this issue.

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Strategic approach

UNICEF Oman worked with the Programme Management Group (PMG) and the Social and Behavioural Change Communication (SBCC) Task Force, comprised of officials from the ministries of information, education, health, social development as well as the National Centre for Statistics and Information, on the development of a strategy to address ECD, inclusion of CWD and VAC. A formative research study was conducted to inform and guide the design and delivery of the strategy, beginning with a comprehensive desk review to provide information on what is already known about these areas in the Omani context. The review highlighted additional areas where information was missing, and these gaps also informed and guided the research inquiry and development of a qualitative study research protocol that focused on:

1. Obtaining a deeper understanding of knowledge and practices related to ECD/ECE, inclusion of children with disabilities, and violence against children and identifying any myths and cultural beliefs that influence caregiver behaviours.

2. Identifying common practices associated with child development, upbringing, and care in early years and exploring reasons behind low exclusive breastfeeding rates and early initiation of complementary feeding, and factors that contribute to resistance to exclusive breastfeeding.

3. Exploring the perceptions of the community on ECD and obtaining a better understanding of early schooling perceptions.

4. Exploring infrastructural, social, and cultural challenges to inclusion of children with disabilities.

Exploring knowledge and attitudes on positive disciplinary measures, identifying potential entry points and platforms for implementing a positive parenting programme, and exploring credible sources of information ECD/ECE, inclusion, and positive discipline.[5]

A strategy document was developed based on findings from the formative research. The overall communication goals of the strategy were to:

1. Contribute to the scaling up and strengthening of Oman's IECD and positive parenting interventions.

2. Contribute to the acceptance, scaling up and strengthening of inclusion of children with disabilities in the education system.

3. Contribute to improving awareness of parents/caregivers, teachers, communities and to foster an environment that will eliminate and stop violence against children in households and schools.

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Strategic approach

Activities were planned on three levels: policy, service delivery and interpersonal. At the policy level, advocacy and high-level engagement activities were planned with senior officials, decision makers and media. At the service delivery level, activities aimed to enhance the capacity of health providers and educators on IECD, inter-personal communication (IPC), nutrition, ECE and early stimulation. A wide range of interpersonal level activities were planned, including:

- A national communication campaign on IECD targeting caretakers of children between 0—8 years, EVAC, and inclusion of CWD targeting caregivers between 0—18 years and influencers.

- Social mobilization activities in priority zones through identification and capacity building of local partners and NGOs.

- Awareness raising activities at pre-schools and schools.

- Celebrating International days in relation to IECD, EVAC, and CWDs.

- Engaging religious institutions to promote IECD, Nutrition, and preschool education.

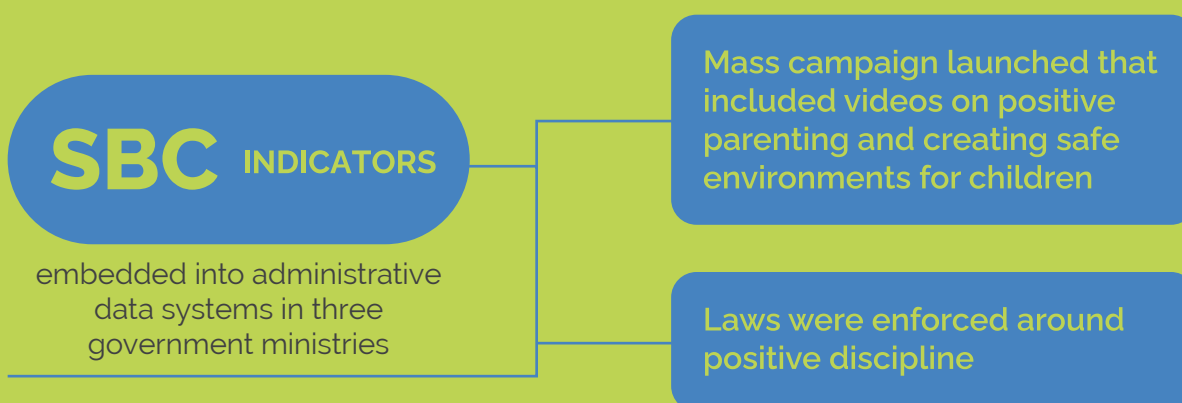- Research, monitoring and evaluation.

- Management and coordination.

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Key achievements

- UNICEF Oman delivered a joint cross-sectoral SBC strategy for the Government of Oman.

- UNICEF Oman formed an SBC Taskforce to oversee and achieve the SBC activities in the strategy workplan.

- Social and behaviour change indicators were embedded into administrative data systems in three government ministries.

- UNICEF Oman developed a training-of-trainers curriculum on how to counsel caregivers on IECD and nutrition and developed job aides and digital tools for health providers.

- UNICEF Oman supported the launch of a mass campaign (*Our Children, Our Priority)* with the Government of Oman, including videos on positive parenting and creating safe environments for children.

- Nutrition protocols and child feeding practices were developed and/or updated.

- Manuals for handling reported cases of violence, bullying and cyberbullying were updated.

- Advocacy was conducted for ensuring the opening of additional inclusive preschools and ensuring quality preschool education.

- Laws were enforced around positive discipline.

- Training for media personnel was conducted to highlight the importance of IECD and positive discipline for the future of Omani children.

- Capacity building sessions were conducted to train Health, Education, and Social Development focal points at the ministry level to communicate with the media about IECD, EVAC and inclusion.

SBC INDICATORS
embedded into administrative data systems in three government ministries

Mass campaign launched that included videos on positive parenting and creating safe environments for children

Laws were enforced around positive discipline

Lessons learned

1 A key challenge was getting the SBC Taskforce to implement SBC strategy activities. It may be necessary to create a higher-level governing structure to strengthen the implementation mechanism.

Recommendations

1 Generate more data to serve as evidence to improve the strategy.

2 Advocate for various ministry sectors to include more social indicators into their administrative data systems.

3 Add community engagement and community mobilization components to round out the strategy (it was missing from the initial strategy).

Endnotes

1   M&D Consulting, *Oman Social and Behaviour Change Communication Strategy 2021-2024,* UNICEF Oman, 2021.

2   Ibid.

3   Ibid.

4   M&D Consulting, 'Formative Research to Support Development of a C4D Programme with the Aim of Enhancing Practices in IIECD, Protection from Violence and Inclusion of Children with Disabilities', 2019.

5   Ibid.

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UNICEF Montenegro Uses Behavioural Insights to Develop Social and Behaviour Change Messages for Parents Receiving Government Child Allowances

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary
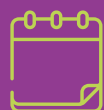
Dates of Activity
2021 - 2023

Duration
3. years

Budget
USD$75,000

UNICEF Montenegro conducted behavioural insights research to determine how best to deliver social and behaviour change messages to parents about using government cash allowances to enrol their children in preschool and improve their children's diets. Research was conducted to understand how parents were currently using their cash allowances. The findings were used to develop brochures and posters to raise awareness about the benefits of enrolling children in preschool, about how to improved children's nutrition, and to nudge parents to act. The materials were pretested and revised according to feedback from parents. In the current and final phase of the project, UNICEF Montenegro is testing selected interventions in municipalities with the lowest pre-school enrolment rates.

Context

Up to a third of Montenegrin children face significant monetary poverty, making them one of the most deprived population groups in the country.[1] About 46 percent of children (0-17 years old) live at risk of poverty or social exclusion.[2] Poverty is particularly widespread and concerning among such vulnerable populations as Roma and Egyptian children. To address this issue, the Commission for Child Rights of the Montenegro. National Government, with support from UNICEF, proposed implementing child allowances, namely:

- A universal (unconditional) child allowance first for age groups 0-6 years and then expanded (in 2022) for all underaged (<18) children; and

- A Family Material Support (FMS) based child allowance for vulnerable children (conditional on school attendance).

UNICEF Montenegro initiated a behavioural insights (BI) approach to determine the best use of the child allowances by parents and caregivers to promote early childhood development (ECD) and early childhood education (ECE) outcomes.

♞ Strategic approach

The behavioural insights project began with data and evidence gathering initiatives, including an Expenditure Survey and Beneficiary Assessment. The aim of the assessment was to explore and understand how child allowances are currently used by Montenegro families. The data suggested that government funds were not necessarily being used by parents in a way the best served the child. Specific desirable behaviours were identified, for example, enrolling the child in kindergarten, utilizing child allowance funds for child nutrition, enrolling the child in extra-curricular activities, and saving child allowance money for the child's future. The project team documented the findings and wrote a case study based on key findings from the initial phases of the project. The findings were used to develop a behavioural map and identify potential social and behaviour change (SBC) approaches.

SBC was a new concept for the UNICEF Montenegro country office. In order to familiarize the staff with SBC, a series of internal meetings were held, and external meetings and a day-long workshop were conducted with all relevant social and child protection stakeholders (including representatives from the Ministry of Labour and Social Welfare and Ministry of Education) and educational institutions. The workshop introduced the BI process to participants and presented the two proposed interventions: (1) Using social norms to encourage parents to spend child allowances for the well-being of their child in ways that are consistent with their community (in-group); and (2) sending time-based messages to parents encourage the use the child allowances for child-specific needs. Workshop participants identified a need for diverse communication channels to reach both general and vulnerable populations. The UNICEF team held focus group discussions with social workers, beneficiaries (parents receiving child allowance) and preschools, as well as individual meetings with

stakeholders (e.g., Ministry for Labor and Social Welfare Director, Head of the Center for Social Work) to gather feedback on the proposed interventions, especially on messages about increasing awareness about early childhood development goals.

In the second phase of the project, a communication strategy was developed, and SBC interventions were tested. A brochure and posters with messages for parents about the benefits of enrolling their children in preschool using the government cash allowance and improving child nutrition were pretested through two online focus group discussions with parents. Changes to the SBC materials were made based on the feedback from parents. All the project documents included recommendations for future policy and programme design in the area of social policy and poverty reduction, and for how to implement a nation-wide scale-up of evidence-based SBC interventions to ensure positive outcomes for children.

In the current and final phase of the project, UNICEF Montenegro is testing selected interventions in municipalities with the lowest pre-school enrolment rates. The interventions focus on nudging parents to use their child allowance as the main funding source for preschool education for their children.

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Key achievements

- UNICEF Montenegro implemented several rounds of expenditure surveys to create an evidence-base for developing behavioural interventions to improve early childhood development.

- UNICEF Montenegro improved cross-sectoral communication about the Government of Montenegro's child allowance programme by including Government line ministries and social and protection institutions in the identification of SBC interventions.

- The BI project served as an SBC capacity-building intervention for the UNICEF country office, that is, it helped to orient office staff on SBC and positioned SBC as an integrated approach that can unite various sectors.

" As for kindergarten, I have a wonderful experience! Both my sons started at one year old. That first period was a bit of screaming, and banging, like with the others... and after 2 - 3 years, you can really see the difference between children attending kindergarten and those who are looked after by grandparents. The first ones are more independent and more self-confident. A 5-year-old child will come to the playground and say "Let's play" without any hesitation. "

Lessons Learned

1 High qualitative and quantitative data collection and analysis, using data collected through stakeholder interviews and beneficiary assessment and expenditure surveys, were instrumental in informing behavioural insights (BI) interventions to promote the optimal use of child allowances.

2 The evidence showed that cash transfers to parents and families alone do not alter parenting practices or improve early childhood development, and suggested that application of SBC approaches is recommended.

Recommendations

1 During the final phase of this BI project, randomized groups of parents have been created for comparison purposes. One group of parents will receive a child allowance and SBC messages to guide them on how best to use the money for their children; the second group will receive the allowance without the messaging. The primary outcome of interest will be the use of allowance money for enrolling the children in preschool.

2 Additional research and investments are needed to better understand complementarities between cash allowances, demand-side behavioural change interventions, and supply-side interventions improving the quality-of-service provision or various direct interventions targeting children or parents.

Endnotes

1   Carraro A, Gavrilovic M, Novkovic M, Stanisic S, Smolovic D, (2020). Multidimensional Child Poverty in Montenegro – Understanding the complex realities of children in poverty using a mixed-methods approach. UNICEF Office of Research – Innocenti and UNICEF Montenegro.

2   Monstat (2022). Survey on income and living conditions (EU-SILC) – preliminary data: https://www.monstat.org/uploads/files/SILC/2021/RELEASE_Survey_on_Income_and_Living_Conditions_EU-SILC_2021.pdf

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UNICEF Jamaica Supports School-Wide Positive Behaviour Intervention System

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

Between 2014 and 2020, UNICEF Jamaica supported piloting the School Wide Positive Behaviour Intervention and Support framework (SWPBIS). SWPBIS supports the development of prosocial skills and problem-solving techniques and promotes non-violent and positive discipline to reduce violence and misconduct in schools. It is comprised of three tiers of action, including school/classroom-wide actions focusing on all students and activities for specific smaller groups of students who need closer support. SWPBIS was piloted in 56 Jamaican primary and secondary schools with financial and technical support from UNICEF Jamaica and evaluated in collaboration with the Ministry of Education and Youth (MoEY). Findings from the evaluation of the school-based programme showed that because of SWPBIS, students were more respectful of parents and teachers.

Context

The UNICEF-funded national study *Investigating the Prevalence and Impact of Peer Abuse (bullying) on the Development of Jamaica's Children*[1] highlighted that 65 per cent of students have been bullied at some point, particularly children from the lowest grade levels. At least 80 per cent of school staff knew about children being bullied in their schools. Children in schools also face gang culture, online violence, harassment and suffer the consequences of the presence of drugs and weapons in school premises. Jamaica has endorsed the Safe to Learn Call to Action and is a Pathfinding country for the elimination of violence against children (EVAC). It has a National Plan of Action for Children and Violence (2018—2023), reviewed in 2018 with UNICEF support, which includes violence in schools. UNICEF is supporting the implementation of the Action Plan in collaboration with the Ministry of Education and Youth (MoEY) and civil society organizations, to ensure safe schools. UNICEF Jamaica is also providing technical assistance to the National Violence Prevention Commission, established by the Prime Minister.

One of the key initiatives supported by UNICEF is the School Wide Positive Behaviour Intervention and Support framework (SWPBIS), which was piloted between 2015 and 2019 and is currently being scaled-up. SWPBIS supports the development of prosocial skills and problem-solving techniques and promotes non-violent and positive discipline to reduce violence and misconduct in schools. It is comprised of three tiers of action, including school/classroom-wide actions targeting all students and activities for specific smaller groups of students who need closer support.

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Strategic approach

SWPBIS is a student-centred, psychosocial support intervention that aims to bring together school communities to improve social, emotional, behavioural and academic outcomes for children and adolescents. It is a collection of practices, interventions and systems that enhance learning outcomes and promote positive and respectful relationships among peers and teachers. SWPBIS functions at three levels:

- Tier One School-wide (Mild) – disseminating information and lessons on positive behaviour to all students.

- Tier Two Targeted (Moderate) – providing specific support to at-risk children to better understand the challenges they face and provide preliminary support.

- Tier Three Intensive (Severe) – deals with children whose behaviour repeatedly falls short of school standards and can involve referrals to child counsellors or health and social services where appropriate and when available.

At the school level, the implementers involved students in identifying and understanding the culture of misconduct, violence and peer influence, and conducted capacity building sessions that focused on psychological well-being of teachers, students and parents. SWPBIS was piloted in 56 Jamaican primary and secondary schools with UNICEF financial and technical support. It comprised three tiers of action, including school/classroom-wide focusing on targeting all students and activities for specific smaller groups of students who need closer support. In 2021, a new free-to-access online programme and resources on 'Leadership for Safer Schools' was made available to school leaders as part of the EU-funded 'Spotlight Initiative to Eliminate Violence against Women and Girls', in partnership with the National College for Educational Leadership. It is now in its third cohort.
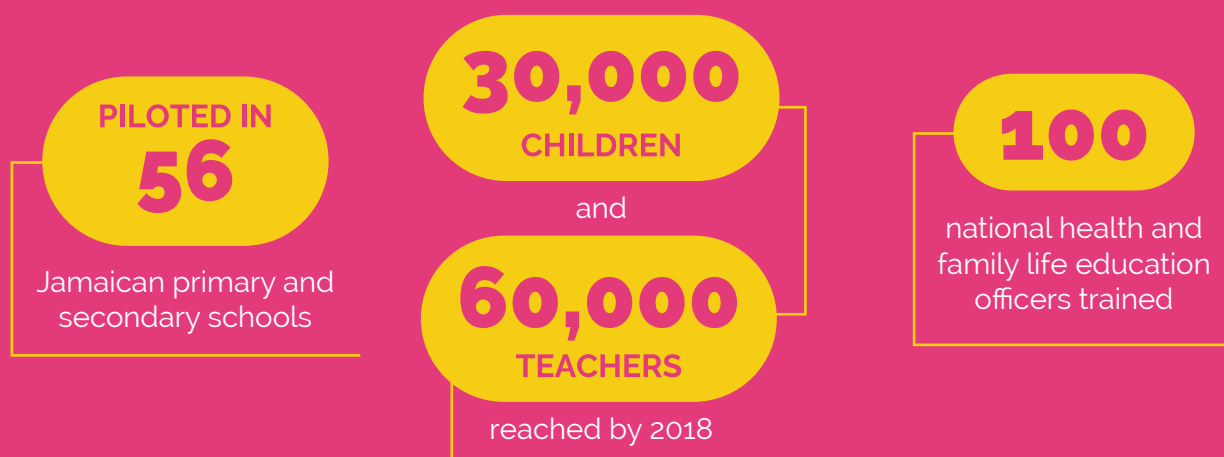
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Key achievements

The SWPBIS activity was evaluated in collaboration with the MoEYI. By 2018, 30,000 children and 6,000 teachers in the 56 schools were reached. Additionally, 100 national health and family life education officers were trained in the methodology. In 2019, the U.S. Agency for International Development supported another 217 schools to reach close to 30 per cent of schools in Jamaica. Schools successfully implementing SWPBIS reported improvements in attendance, behaviour and academic achievement. For example, simple initiatives such as introducing attendance cards helped Chester Castle All-Age School in Hanover raise attendance by 20 per cent. Between 2019 and 2020, a UNICEF-funded evaluation of the pilot phase was completed and is being used to guide the national scale-up of the SWPBIS framework.

Findings from the evaluation showed notable changes in behaviour in schools where there was a good buy-in from principals and staff. Children who took part in the evaluation reported that as a result of SWPBIS, they were more respectful of parents and teachers. In all but one region, teachers were viewed as the most supportive of good behaviour. The evaluation findings also indicated that many teachers were unwilling to take on the perceived added responsibilities of SWPBIS, as they felt overwhelmed by their current workload. The evaluation recommended a deeper focus on the underlying issues of challenging behaviour by students and addressing the psychological needs of teachers and parents, as well as the challenges children face in their community.

The evaluation results are now guiding UNICEF support for the SWPBIS scale-up across the country, which includes the updating and finalization of a Safe Schools Policy and the creation of Communities of Care staffed by guidance counselors, libraries and retired teachers to support psychological first aid efforts as needed in schools. A website on school safety initiatives in the country is also under development, to showcase good practices and serve as a reference and training resource to generate system-wide buy-in.

PILOTED IN
56
Jamaican primary and secondary schools

30,000
CHILDREN
and
60,000
TEACHERS
reached by 2018

100
national health and family life education officers trained

Lessons learned

1. Support from senior school leaders is an important driver of successful school-wide implementation.

2. The SWPBIS team should use the SWPBIS framework and examples of best practices to design a school's unique set of practices and tailor appropriate procedures to benefit the most boys and girls.

3. There needs to be a clear line of support from the senior policy level to minimize government bureaucracy and help generate system-wide buy-in.

4. The regular collection and analysis of data as well as the sharing of best practices within the education sector is critical to generating and sustaining successful implementation of the SWPBIS framework.

Recommendations

1. Establish a national, high level SWPBIS Task Force to guide all activities related to SWPBIS monitoring, evaluation and scale-up.

2. Each additional school should be supported to conduct an in-depth situational analysis to determine relevant, context-specific preconditions and the school's system readiness for the framework.

3. Standardize SWPBIS trainings to make them widely accessible.

4. Include monitoring and evaluation when planning for SWPBIS to better support advocacy, planning and reporting.

5. Standardize referrals to the health and social sectors as needed.

6. Share stories about the effects of SWPBIS schools so that additional schools are excited to join the "SWPBIS" movement.

Endnotes

1   United Nations Children's Fund, Investigating the prevalence and impact of peer abuse (bullying) on the development of Jamaica's children, UNICEF, July 2015, <www.unicef.org/jamaica/reports/investigating-prevalence-and-impact-peer-abuse-development-jamaicas-children>.

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