

**PSYCHOSOCIAL SUPPORT SERVICES FOR LEARNERS WITH SOCIAL
EMOTIONAL DIFFICULTIES IN REFUGEE SETTLEMENTS IN UGANDA: THE
CASE OF BIDIBIDI SETTLEMENT, YUMBE DISTRICT**

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DECLARATION

I, **Twinamatsiko Alex**, do declare that the work herein is presented in its original form and has not been presented to any other University or Institution for any academic award whatsoever.

I also declare that all the citations made in this research study which do not belong to me have been duly acknowledged.

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APPROVAL

This is to certify that this work has been done under our supervision and submitted for examination with our approval

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DEDICATION

Whole heartedly, I dedicate this thesis to my dear wife Ninsiima Leah, my Grandmother Magret Kinuubi, Grandfather Mr. Peter Bagame, my sister Loice Akankwatsa and my beloved children Ainebyoona Lucky, Ampaire Success and Ahereza Achieve for their Monetary and non-monetary support to reach this epitome.

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Last but not least, an applause to all the respondents who took part in this study even when in a bad stint of global terror caused by covid-19. But you and I had our facemasks on to make this study happen.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CASEL	Collaborative for Academic, Social and Emotional Learning
CBT	Cognitive Behaviour Therapy
HIV	Human Immune Virus
IASC	Inter-Agency Standing Committee
INEE	Inter-Agency Network for Education in Emergency
LMICs	Low and Middle Income Countries
LSEDs	Learners with Social Emotional Difficulties
LWOSEDs	Learners Without Social Emotional Difficulties
SEDs	Social Emotional Difficulties
MHPSS	Mental Health and Psychosocial Support
NET	Narrative Exposure Therapy
NGOs	Non-Governmental Organisations
OPSIC	Operationalizing Psychosocial Support in Crisis
PFA	Psychosocial First Aid
PSS	Psychosocial Support Services
PTSD	Post-Traumatic Stress Disorders
RCT	Randomized Control Trial
SEL	Social Emotional Learning

UN	United Nations
UNESCO	United Nations Education Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children Emergency Funds
WHO	World Health Organisation
YRI	Youth Readiness Intervention

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ABSTRACT

The study examined the psychosocial support services provided to learners with social emotional difficulties in refugee camps in Uganda: The case of Bidibidi settlement, Yumbe district. The objectives of the study were to: assess the psychosocial support services that are provided, examine how the services are provided and establish the challenges experienced in the provision of the services to learners with social emotional difficulties. The study applied a case study design and a qualitative research approach. Respondents were head teachers, teachers, learners with social emotional difficulties and learners without social emotional difficulties. Semi- structured interview guides were used to obtain data from the above cited respondents. The findings revealed that psychosocial support services are provided to Learners with Social Emotional Difficulties although scanty and it is mainly done by Non-Governmental Organisations. These services are provided mainly through guidance and counselling, conducting group sessions, assigning the learners with responsibilities, engaging the learners in play activities and Music Dance Drama. Furthermore, the challenges experienced in provision of psychosocial support services include: lack of enough skills and knowledge by teachers, inadequate space where to establish child friendly spaces, inadequate funds to hire Psychosocial Social workers and purchase Psychosocial Support materials. And lastly, lack of interest of teachers. The study recommends that policies and guidelines on Psychosocial Support Service provision should be formulated and intervention of all the stakeholders should be enhanced.

CHAPTER ONE

INTRODUCTION

1.0: Introduction

Under Article 24 of the Convention on the Rights of Persons with Disabilities (CRPD) of 13th December (2006) states that, state parties recognise the right of persons with disabilities to education. With a view of realising this right without discrimination and on the basis of equal opportunities, states are expected to ensure an inclusive education system, lifelong learning and effective individualised support measures that should be provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

1.1: Background of the Study

Globally, there is increased recognition among the international community of the importance of supporting mental health of those who have experienced stress and trauma as a result of war and displacement, the reason being, it promotes psychological, emotional and social well-being. This enables individuals to make informed choices, cope with stress, relate to others so as to realise their full potential and make meaningful contributions to their communities' work productivity (National Alliance on Mental Illness,2019).

According to United Nation Education Scientific and Cultural Organisation (2016), currently about 265 million children and youth are out of school worldwide. The number includes 61 million children of primary school age,60 million of lower secondary school age, and 142 million of upper secondary school age. According to the data presented by UNESCO Institute for Statistics, older youth in every region face even greater barriers to education. According to the global average, youth ages 15 to 17 are four times more likely not to be in school than children between the ages 6 to 11. This is partly explained by the fact that primary and lower secondary education is compulsory in nearly every country, while upper secondary is not.

Furthermore, because these youths are often of legal working age, many have no choice but to work, while others attempt to combine going to school with having a job (UNESCO, 2016).

It is estimated that 80.8 million of the roughly 240 million pre-school age children living in Low and Middle Income Countries fail to attain core set of age appropriate skills that would allow them to maintain attention, understand and follow simple directions, communicate with others, get along with other children, control aggression, and solve progressively more complex problems. Early capabilities in these aspects are associated with a child's subsequent development and their mental and physical health as well as with better learning in school and more productive lives as adults (McCoy et al,2016). Educational failure arising from these aspects also jeopardize nations 'equitable economic growth and social cohesion, as they prevent many countries from reaping the potential benefits of their growing youth populations.

In addition, systematic review by Bangpan et al, (2017) conducted as part of the humanitarian evidence programme sought to synthesise the evidence on mental health and psychosocial support programmes for people affected by humanitarian crises in LMICs. The review identified 82 research papers relating to Psychosocial Support (PSS) interventions. Of these ,40 studies related to the impact of the PSS programme on children and young people but only two looked at any measures of educational or academic outcome. This has resulted in the widespread use of psychosocial support (PSS) programmes.

By the end of August 2017, Uganda hosted 1,012,475 refugees from South Sudan, 729,123 of whom had arrived in the country since 7th July 2016 when the new spate of fighting broke out in the country. It is estimated that 65% of the refugees from South Sudan are children who are in need of education, protection, psychosocial support and health services because they have social emotional difficulties (Nabanoba,2019). According to the information obtained from the sampled schools,2001learners have social emotional difficulties out of 6003 learners who are in those schools. Learners with social emotional difficulties are learners who are traumatized,

depressed, violent and they exhibit both internalizing and externalizing behaviours. In Uganda in general and in Bidibidi settlement in particular, learners with social emotional difficulties are prone to abuse, rejection, exclusion, punishments, others are expelled from schools and the rest eventually drop out of schools. Psychosocial support services are therefore necessary to enhance the learners' coping skills or resilience to the challenges and fosters clinical intervention for Traumatic and Post Traumatic Stress Disorders (UNHCR,2013).

1.1.1: Theoretical Background

Psychosocial support to prevent traumatic stress was originally developed for military personnel, this included early intervention approaches such as critical incident stress debriefing (Dyregrov, 1989).According to Dietjents, Moonens, van Praet, De Buck and Vandekerckhove (2014),psychosocial support became “widely popular also in civilian settings and was adopted by humanitarian agencies after the recognition of Post-Traumatic Stress Disorder as psychotic disorder in 1980” (2014,p.2).These brief and uniform single session interventions were later criticized for medicalising normal distress, assuming uniform and predictable patterns of trauma and not taking individual needs into account .

In a series of meta analyses and reviews between 1997 and 2009, they were proved to be ineffective and even harmful, and individualized screen and treat models were recommended to replace them Rose, Bisson, Churchill and Wessely et al (2002) as cited by O'Donnell et al (2012).The idea of early psychological interventions merged with a social approach, leading to the concept of psychosocial support Dietjents et al, (2014).The term Mental Health and Psychosocial Support (MHPSS) was coined in guidelines on Psychosocial Support in emergency settings , a joint effort by United Nations agencies, Non-Governmental Organisations (NGOS) and Universities to help “protect ,support and improve people's mental health and psychosocial wellbeing in the midst of an emergency”.

Inter-Agency Standing Committee (IASC), and the work of Hobfoll et al, (2007) showed that indirect evidence from a wide range of studies on crisis support points to five key principles to guide intervention in the immediate and mid-term aftermath of mass trauma. These principles were developed of which the most widely used is now Psychosocial First Aid (PFA) Brymer et al, (2006). In relation to the above, Bisson et al (2009) observe that PFA is recommended by the World Health Organization (WHO), (2012) and described as a “human, supportive response to a fellow human being who is suffering and who may need support which is not clinical or psychiatric intervention and different from psychological debriefing in that it does not necessarily involve discussion of the event that caused the distress” (P.3). PFA is evidence informed (not evidence based) and includes common sense elements such as listening, comforting, helping people to connect with others and providing information and practical support to address basic needs, which means that it can be successfully be delivered by lay people and professionals (Dieltjens et al, 2014).

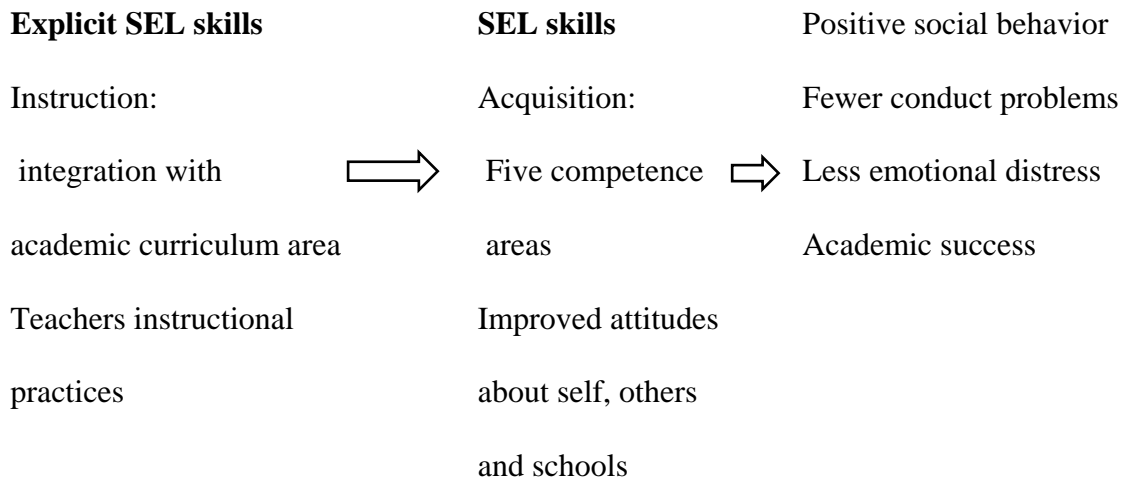
In their work, Juen et al (2013) assert that in 2015 the “Operationalizing Psychosocial Support in Crisis (OPSIC) project finalized the Comprehensive Guideline on Mental Health and Psychosocial Support in Disaster Settings, European Union project was developed by ten “carefully selected” partners from seven countries, including universities, field organizations and technological innovators, they reviewed existing guidelines and best practice studies in order to match methods and tools to all relevant target groups, types, and phases of emergencies” (P.8). This is the most set up-to-date and comprehensive framework for psychosocial crisis support and the needs of humanitarian staff and volunteers. In addition, social emotional learning interventions are more directly linked to education and learning environments than Psychosocial Support (PSS).

1.1.2: Theoretical Framework

Psychosocial support services are services which are offered to people who are experiencing excessive psychological and social behavioral problems aimed at enabling them achieve, self-awareness, self-management, social awareness and social relation skills. This particular study was guided by theory of change as advanced by Collaborative for Academic, Social and Emotional Learning (CASEL,2013). Additionally, CASEL (2013) observe that the theory on which Social Emotional Learning interventions are based suggests that the development of social and emotional skills is in fact related. Further research suggests that the development of social and emotional skills is best accomplished through integrated Social Emotional learning classroom activities, by engaging students in school structures and through parental and community involvement (Durlak et al, 2013).This theory highlights that explicit Social Emotional Learning skills which include: instructions when integrated with academic curriculum area, teachers' instructional practices can lead to acquisition of five competence areas, improved attitudes about self, others and schools. This can result into positive social behavior, fewer conduct problems, less emotional distress and academic success.

The theory of change illustration below, adapted from the Collaborative for Academic, Social and Emotional learning (CASEL,2013) illustrates how SEL approaches are linked to outcomes for children and youths, including education.

SEL intervention theory of change. Adapted from CASEL (2013)



Despite this more explicit link with education, evidence generated from crisis affected settings is sparse. There is still a need to understand both whether and how SEL works in crisis affected settings (Aber, 2016 b). One study, which claims to have been the first to make the link between SEL and learning outcomes in a conflict affected setting (Aber et al 2016 a, 2016 b) examines the effectiveness at the Learning to Read in a Healing Classroom (LRHC) intervention in the Democratic Republic of Congo (DRC). The LRHC is a school based program that uses teacher professional development to improve the academic skills and social emotional development of primary school children in conflict affected countries. This theory informed my research study on psychosocial support services provided to learners with social emotional difficulties. It therefore undoubtedly provided a basic background to support the study.

1.1.3: Contextual Framework

Many refugee children have been enrolled in schools in Bidibidi refugee settlement. According to UNICEF (2017) it is estimated that 65% of these children need psychosocial support and other educational services. In relation to the above, there are many non-governmental organizations coming up with all sorts of support in form of humanitarian aid to the refugee children in refugee schools in Bidibidi refugee settlement. This support ranges from material

to psychosocial support. However, there is no empirical evidence to show that the services provided are yielding success. Furthermore, UNICEF Uganda (2018) asserts that a number of children in humanitarian situations are benefiting from PSS. A similar observation has been made by United Nations High Commissioner for Refugees (2019) who indicates that 31,612 children received PSS services in the settlement.

In a bid to address the needs of learners with emotional difficulties as well as psychosocial problems, there is international consensus on the importance of needs and resource assessments to inform potential psychosocial support (PSS) interventions (United Nations High Commissioner for Refugees (UNHCR),2017).

1.2: Statement of the Problem

Psychosocial support interventions aim to protect or promote psychosocial wellbeing and/ or prevent or treat mental disorders. The Inter-Agency Network for Education in Emergency (2016:7) emphasizes the multidimensionality of the term psychosocial wellbeing which encompasses biological, emotional, spiritual, cultural, social mental and material aspect of experience. It is highlighted that PSS should enhance and not replace people's coping capacity and should build on their own skills and resilience in a contextually appropriate way. However, there is scanty empirical evidence in Uganda's context to explain the magnitude to which the psychosocial support services are provided.

Much as there are some PSS service interventions being provided to children in refugee schools in Bidibidi as stipulated by UNICEF (2017), out of 729,123 refugee children only 95,740 boys and 63,028 girls are receiving psychosocial support services. Furthermore, learners with social emotional difficulties in these refugee schools continue to be violent, emotionally stressed, and distressed. This has rendered most of them to be punished, expelled from schools and some have dropped out of schools. If this is not addressed, it is likely to impede the achievement of Goal 4 of Sustainable Development Goals which advocates for quality inclusive education and

promotion of lifelong learning opportunities for All by 2030 globally. It is against this background that the study sought to examine Psychosocial support services provided to learners with social emotional difficulties in refugee camps in Uganda: The case of Bidibidi settlement, Yumbe district.

1.3: Purpose of the Study

The study examined psychosocial support services provided to learners with social emotional difficulties in refugee camps in Uganda: The case of Bidibidi settlement, Yumbe district

1.4: Specific objectives of the Study

The objectives of the study were:

1. To assess the psychosocial support services that are provided to learners with social emotional difficulties in refugee camps.
2. To examine how psychosocial support services are provided to learners with social emotional difficulties in refugee camps.
3. To establish the challenges experienced in the provision of psychosocial support services to learners with social emotional difficulties in refugee camps.

1.5: Research Questions

The following were the research questions formulated for the study

1. What psychosocial support services are provided to learners with social emotional difficulties in refugee camps?
2. How are psychosocial support services provided to learners with social emotional difficulties in refugee camps?
3. What challenges are experienced in the provision of psychosocial support services to learners with social emotional difficulties in refugee camps?

1.6: Study Scope

1.6.1: Content Scope

The focus of this study was on psychosocial support services provided to learners with social emotional difficulties in refugee camps, how those services are provided and challenges experienced in the provision of such services for learners with social emotional difficulties.

1.6.2: Geographical scope.

The study was conducted in four schools in Bidibidi refugee settlement in Yumbe district located in West Nile, north western Uganda.

1.6.3 Time scope

The study was conducted from September 2019 to December 2020.

1.7 Significance of the Study

The findings of this study may help in various ways; First, the study findings may serve as a basis for future researchers and other research users who may venture into similar area of study and it is expected to make contribution of new knowledge to the existing one in the field of both health and education especially in provision of Mental Health and Psychosocial Support services for the learners with social emotional difficulties.

The study may also be utilized by policy makers and social workers as a basis for policy formulation which could influence the improvement of service delivery in different spheres of life. Lastly it may shed light on how best to provide psychosocial support services to the learners with social emotional difficulties in refugee camps in Uganda.

1.8 Conceptual Framework

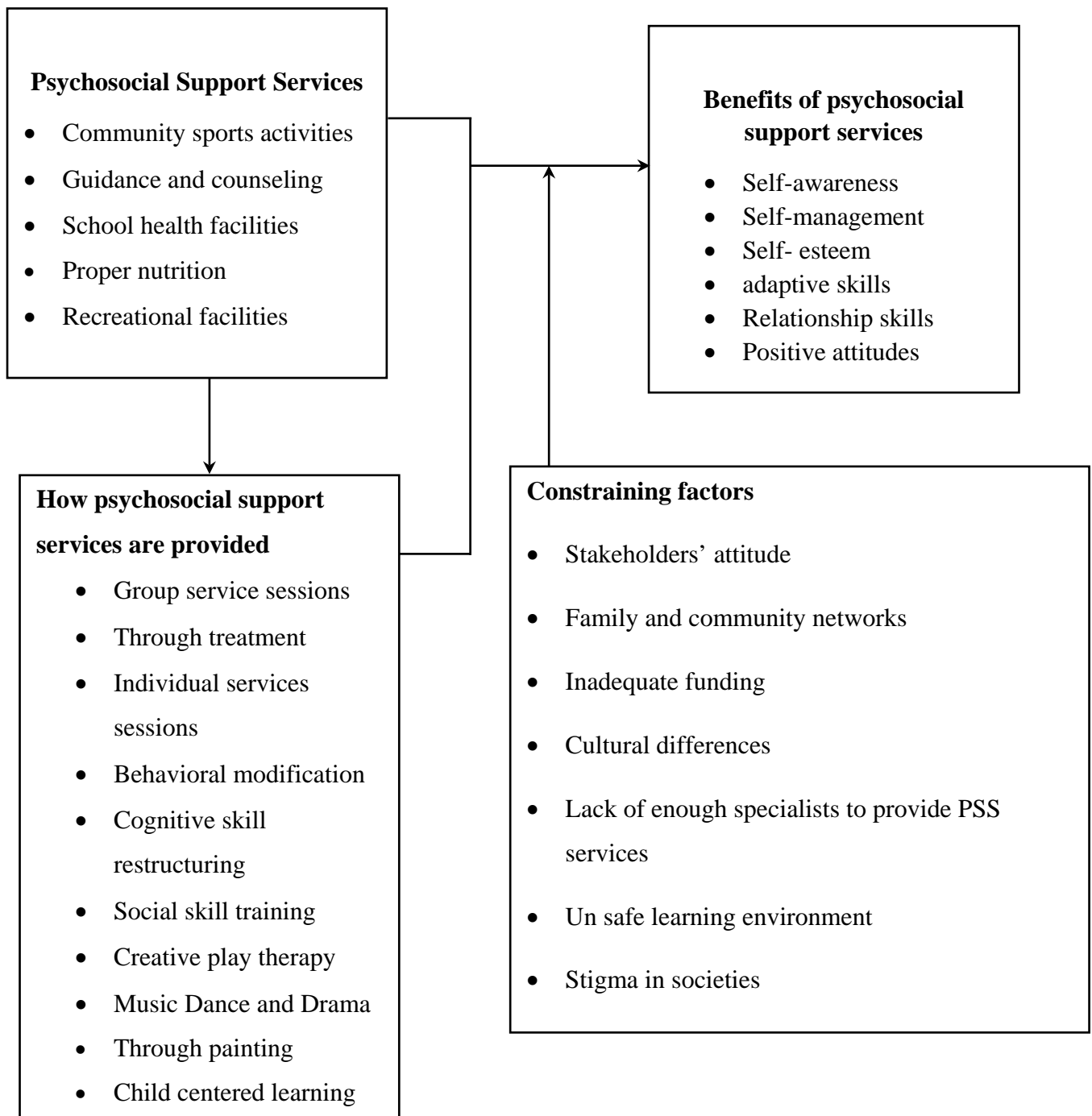


Figure 1 The Conceptual Framework adapted by the researcher 2020.

Source: Psychosocial Support for Children in Emergences (UNICEF,2009)

Figure 1, indicates the theoretical relationships between the studied variables. It revealed that psychosocial support services can influence social emotional wellbeing of learners with social emotional difficulties, either directly or indirectly. From the first perspective, the model shows that through psychosocial support services such as community sports activities, guidance and counseling, school health facilities, proper nutrition and recreational facilities, social emotional wellbeing is realized. In another perspective, the model further highlights that the way how psychosocial support services are provided in terms of group service sessions, treatment, individual service sessions, behavioral modification, cognitive skill restructuring, social skill training, creative play therapy, Music Dance and Drama as well through painting subsequently determine the benefits and psychosocial wellbeing of learners with social emotional difficulties. These benefits include: self-awareness, self-management, self-esteem, adaptive skills and relationship skills.

On the other hand, however, there are constraining factors which may affect the psychosocial support services provided for learners with social emotional difficulties. These factors may affect the benefits and social emotional wellbeing either negatively or positively. These factors include; stakeholders' attitude, family and community networks, inadequate funding, cultural differences, lack of enough specialists to provide PSS support services, unsafe learning environment and stigma in societies. According to model and relationship illustrated above, it is believed that the psychosocial support services and how they are provided have the significant impact on the benefits and social emotional wellbeing of learners with social emotional difficulties and henceforth the relationship exists.

1.9 Conceptual review /Explanation of Concepts

Psychosocial support is the process of facilitating resilience within individuals, families and communities and allowing them to return normalcy after being involved in a crisis situation INEE, (2016) as cited by Bangpan, et al, and 2017. In addition, the term ‘psychosocial’ refers

to the dynamic relationship between psychological aspects of our experience (that is our thoughts, emotions, and behaviors) and our wide social experience (that is our relationships, family and community networks, social values and cultural practices), where one influences the other, (Psychosocial working group 2005 as cited by Reference Centre for Psychosocial Support, 2014). Psychosocial wellbeing is based on an inseparable combination of biological emotional, spiritual, cultural, social, mental and material aspects of experience. Instead of focusing exclusively on the physical or psychological aspect of health and wellbeing, psychosocial programs emphasize the totality of people's experience and underline the need to review these issues with the context of the wider family and community networks in which they occur (INEE, 2016).

The overall focus of both psychosocial support and SEL interventions is on building resilience in order to foster positive adjustment following trauma. Social and emotional learning is a process of acquiring social and emotional values, attitudes, competences, knowledge and skills that are essential for learning, being effective, wellbeing, and success in life (United Nations International Children Emergency Fund,2015a). A more comprehensive definition would describe SEL as the process of acquiring core competences to recognize and manage emotions, set and achieve goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions and handle inter personal situations constructively (Elias et al 1997).

The qualities described above include self-awareness, motivation, emotional literacy, resilience, persistence, empathy, social and relationship skills, effective communication, self-esteem, self-confidence, respect and self-regulation.

Social emotional difficulties are conditions in which behavior or emotional responses of an individual are so different from generally accepted norms, that they adversely affect the child's performance (Norwich &Eaton 2014). These behavioral problems may include: aggressive,

tantrum, anti-social behavior, inattentiveness, distractibility, impulsiveness and impaired social interactions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Research does not exist in isolation and each research study is part of an existing body of knowledge building on the foundation of previous research and expanding that foundation for the future of research (Gravetter and Forzano, 2015). Thus, it suffices to note that some works have already been done on psychosocial support services for learners with social emotional difficulties before. This chapter provides a review of the literature accessed by the researcher. This is done based on the study objectives formulated in chapter one. For the purpose of easy identification by the reader, the same study objectives are reproduced here as follows: To assess the psychosocial support services that are provided to learners with social emotional difficulties. To assess how psychosocial support services are provided to learners with social emotional difficulties and to examine challenges experienced in the provision of psychosocial support services.

2.1: Psychosocial support services that are provided to learners with social emotional difficulties

According to Nabanoba (2019), Yengani is one of 31 child friendly spaces that Save the children has established and it is in Bidibidi refugee settlement. UNICEF (2017) defines a child-friendly space as a place where children affected by natural calamities or armed conflict can be supported with a safe environment and where integrated programming such as play, recreation, education, health and psychosocial support can be offered.

Atimango (2017) affirms that a child friendly space is a proven approach for supporting such children regain a sense of normality. The authors mentioned above seem to emphasize that Child Friendly Spaces are very indispensable and they play a pivotal role in elimination of both emotional and traumatic stress in people who have experienced crisis and other upheavals. This

can be realized through numerous play materials found at Child Friendly Spaces which are utilized in diverse plays during play activities.

Although there is meagre evidence base from low and middle income countries relating to SEL interventions, there is a much more considerable body of research relating SEL interventions to educational attainment outcomes in high income countries. Most of these are United States based studies of universal SEL interventions (i.e. delivered to the general school population, rather than to groups of people who have experienced traumatic event). Several such studies have found robust proof that promoting SEL can ensure emotional wellbeing and reduction of aggression and that this overall improvement of psychosocial wellbeing is related to improved academic out comes (Burde et al, (2015) as cited by Bangpan et al,2016). In addition, IRC (2004) proposes that resiliency to conditions of conflict depends on a number of factors including the temperament of the child, the aid a child has around him or her and the severity of the experience.

The authors seem to emphasise the importance of social emotional learning Interventions since they enhance emotional wellbeing, educational achievement and reduces aggression which fosters improved academic out comes of learners who have experienced turmoil of any sort. In the Ugandan context, this could however depend on the availability of enabling factors such as positive attitude of the teachers, parental involvement and funding that may be necessary to provide such services.

Kaufmann (2016) found that the provision of a structured and protective environment for children through child friendly or safe spaces are frequently the first psychosocial support intervention in emergency. She highlights that the concept is simple and replicable and the wide scale play and recreation activities should be offered as soon as possible. This is reinforced by modules developed by the Action on the Rights of Children (ARC) which suggest structured play including community sports activities, recreational facilities and opportunities

help to normalize children's behavior when they need it most and advocate for safe space programs to provide psychosocial support as well as structures to monitor daily protection concerns. Furthermore, Kaufmann indicates these programs are readily scalable and that by using community resources such as school health facilities and proper nutritional services. A large number of children can be brought into these programs in a short period of time. Robust evidence from a US based meta- analysis specifically links play therapy programs in schools with improvements in academic outcomes, (Ray, Armstrong, Balkin and Jayne, (2015) as cited by Burde et al, 2015).

Child-friendly youth activities and children's clubs are commended to encourage the enhancement of children's pro-social behaviors, including but not limited to improved self – esteem, hope and a sense of self efficacy and increased protection of children Global Education Cluster (2012).

All the above authors unanimously support and acknowledge the role played by child friendly spaces which act as psychosocial therapy that inculcates resilience, emotional wellbeing to children with social emotional difficulties as a result of crisis.

According to UNICEF (2009) effective child-centered learning helps in inculcating the psychosocial well-being of both learners and teachers. Evidence illustrates that students' relationships with teachers are key forecasters for academic performance and positive health and social behaviours. This can be best realized through provision of guidance and counselling services. Numerous meta-studies revealed perceptions of teacher fairness and teacher respect for students as important providers to resilience and psychosocial wellbeing Tol et al, (2013); Noltemeyer & Bush (2013); World Bank, (2014) as cited by Joynes (2016).

The authors explain that, this is in line with previous research suggesting that child-centered learning enhances relationship between the teacher and learner which is not only therapeutic to

the learners with social emotional difficulties but also boosts their academic achievement most especially during teaching and learning process.

2.2: How psychosocial support services are provided to learners with social emotional difficulties

According to INEE, the psychosocial support approach has specific core principles, a matrix of interventions and a multi layered response system within which fall on a wide array of programs, including SEL program hence, SEL represents a specific line of programming that falls under the PSS umbrella INEE, (2016, p.4). In a similar observation, INEE (2016) contends that PSS is more responsive short-term approach which attempts to address a limited set issue. It is often put in place during the immediate aftermath of a crisis or in the initial stage of a crisis response. This initial response therefore lays the foundations for more focused and planned SEL interventions. However, they note that PSS and SEL are not necessarily sequential, and often the two run a long side each other.

MHPSS programs are not only wide in their purpose, but in their approaches and delivery modes. Through, a 2016 systematic review of MHPSS programs and their effect on wellbeing Jordans, et al (2016) established that the most often cited delivery approaches included the following:

- i. Creative expressive activities: make use of interactive activities comprising drama, music, role-play, creative play therapy and drawing or painting.
- ii. Psycho-educational activities: enables beneficiaries to cultivate strategies for resilience, stress management, and conflict resolution.
- iii. Cognitive behavioral strategies: usually target at a specific problem and make use of psychotherapies including trauma-focused cognitive behavioral therapy (CBT), interpersonal and traumatic grief psychotherapy.

- iv. Psychosocial support services can also be offered through: Group service sessions, treatment, individual service sessions, behavioral modification and social skill training.

One study which was not included in the Bangpan et al (2017) review has a 2011 study of the Psychosocial Structured Activities (PSSA) program executed in Northern Uganda. The study established a connection between the PSSA intervention and learning outcomes. PSSA is a school-based approach based on techniques employed in crisis affected locations across several other countries, such as Palestine and Srilanka. Nevertheless, few other studies of the intervention exist, those which focus on learning outcomes do not exist.

The PSSA aims at using children's natural resilience to enable them get healed from trauma and is provided across 15 progressively structured sessions leading from themes of self-awareness, self-esteem personal narratives, coping skills and future planning. The program integrates play therapy, drama, art and movement and is offered within schools. This eventually fosters self-awareness, self-management, self-esteem, adaptive skills, relationship skills, positive attitudes and good behaviours among learners with social emotional difficulties. Even though majority of people will be able to adjust to their new situation, a few may be severely affected and require mental health therapy. There also will be individuals who had psychological or psychiatric illness before the crisis whose care may have been interrupted. It is paramount to discuss referral mechanisms with medical and mental –health –care workers before implementing a program and to train staff to detect the most serious cases and their possible referrals(Artson and Knudsen,2004 as cited by International committee of the Red cross, (2011).Basing on the assertion of the above authors, the researcher agrees that both Psychosocial Support Services and Social Emotional learning are usually provided immediately after the crisis to enable the crisis victims obtain traumatic healing, relief of stress, resilience and the sense of normalcy. Furthermore, majority of authors cherish the role played

by the various activities including drama, music, drawing, role-play and painting in combating social emotional problems and other related conditions.

In their training guide to psychosocial programs, the IRC (2004) recommend that opportunity to take part in structured, meaningful activities comprising education, recreation, interaction with peers are “essential for all children and will provide the majority with sufficient support to recover whilst a smaller number may need some additional support and even smaller number may need referral to specialized support”.

Further, a Child’s sense of control over his or her environment, such as represented by the opportunities for mastery over tasks in reading, drawing, assisting with chores in school or at home are also important contributing factor to inculcating resiliency, and coping. For elder, youth, actively learning, discussing and sharing information with peers and family members about the conflict situation can be critical in fostering their recovery and increase resiliency.

Burde et al (2015) established that creative arts are progressively employed in psychosocial interventions focusing on children affected by conflicts and crisis. They mention programs that includes; music therapy, creative play therapy, dance, drama, painting and drawing as strategies that are increasingly endorsed by neuroscientists to facilitate processing of traumatic experiences. The close link between psychosocial activities and education is stressed by Nicolai et al, (2003) who commend that for many children in conflict affected zone, schooling, whether formal or non-formal, is the main means through which support can be delivered. This has critical implications for teacher training to develop classroom management skills, basic knowledge of child-friendly pedagogic techniques, as well as offering children time and space for recreational and expressive activities.

A qualitative evaluation of the “Our community,” our school’s intervention in Palestine indicated a positive relationship between community aided school-based interventions, students’ psychosocial functioning and learning outcomes (Shah,2014). The interventions

sought to address immediate communities' needs by engaging parents and communities around school operations and education activities, and inculcating inclusive student-centered teaching. Communities can be mobilized as a main resource for a variety of psycho- social interventions for children, comprising training of volunteers to form activities and the promotion of education.

The views of all above authors explicitly support engaging children with social emotional difficulties in structured, meaningful activities including education, recreational and expressive activities. In a similar observation, they assert that such activities are very critical as well as healing and for those whose conditions are very severe, may need referrals for specialized support services. In as far as Ugandan education system, this could be well answered by the nature of curriculum in a bid to support the notion of provision of structured, meaningful activities as an integral part of curriculum aiming at addressing psychosocial needs to learners who have encountered calamities.

The INEE (2016) promotes learning environment (both schools and non-formal spaces), as an unparalleled setting in which to support children as they offer a distinctive chance for trained adults to conduct assessments, offer counselling, make referrals and follow up with children as required by incorporating psychosocial services into prevailing system that caters for children and their families, learning spaces and mainly schools with their existing curricula structures, policies and resources, provide promising settings where interventions can be sustained. With regard to the above, INEE observe that both formal and non-formal settings are paramount due to the fact that they provide a conducive atmosphere for psychosocial support service provision.

2.3 Challenges experienced in the provision of psychosocial support to learners with social emotional difficulties

An understanding of the culture within the affected country is of great importance in designing psychosocial support programs. There is an increasing acknowledgement by numerous studies

that the application of Western individualized methodologies to counselling, therapy and the use of clinical labels does not readily work in some cultures and that in various countries these professionals may not be accessible. Burde et al (2015) similarly assert the limitations of applying concepts of Western psychology in non-Western contexts. They mention a study by Wessells (2009) which indicates that interventions had inadvertently risky effects if they did not put local norms and customs into consideration. They commend that contextually pertinent program design ought to be utilised as a guiding principle for crisis interventions that promote children's wellbeing.

In relation to the above, many authors support the notion that cultural differences, norms and values should be put into account. In other words, psychosocial services should be contextualized basing on cultural practices of given people of a particular area in a bid to suitably address their apparent needs. In addition, cultural differences could cause variations and differing perception as well as perspectives in psychosocial support provision among the people of different cultures.

The importance of considering the needs of the most marginalized groups is mentioned by Burde et al (2015), who established that some interventions meant for promoting psychosocial wellbeing did not reach all groups. They recommend the importance of specific and targeted support programs mainly for traditional marginalized groups, but these will differ by context. Equally, numerous studies within a diversity of populations displayed mixed, weak, or even negative effects of psychosocial interventions for girls (Punamaki et al (2014) in Burde,2015).

In relation to the above, some authors seem to illustrate that, learners with social emotional difficulties are quite often neglected in regard to addressing their needs. This occurs as a result of marginalization which is imposed against them and this accelerates their vulnerability as well as make them prone to numerous challenges in life.

Fazel et al (2012), state that, it should be noted, however, that un safe learning settings can negatively impact the wellbeing of children with social emotional difficulties by infringing on their rights. This usually demotivates caregivers from enrolling children with social emotional difficulties in school and is a reason for school dropout. Jordan et al (2010) propose that, in offering a layered approach to interventions it may require extensive awareness raising within the community to lessen stigma and clarify mental health and psycho-social care, the related snags and their geneses.

Following the assertion above, the authors explicitly state that un safe learning environment mostly social environment can greatly affect the learning of learners with social emotional difficulties since it is full of stigma and violation of their rights. In order to do away with that, awareness raising can be a strong weapon.

In the context of the Syrian conflict, the invasion of Syrian children has strained educational and financial resources in Lebanon, Jordan, and Turkey, and the pressing concern is that, in addition to the scarcity of material resources in these contexts, majority of the teachers have not been skilled in catering for the needs of traumatized children, some of whom may display difficult behaviours (Shuayb, Makkouk, & Tuttunj (2014) in Sirin & Rogers-Sirin (2015). Kalksma-Van Lith,2017) affirms that a pre-existing regional shortage of mental health professionals implies that the few existing ones have been placed under extreme pressure and even where such professionals are available are not trained with the required therapeutic skills. Besides, it has been challenging to pinpoint and describe who school counsellors are in the Syria and neighbouring country contexts. Furthermore, there is inadequate experience of specialists, volunteers, newly/partially trained professionals. As such, the existing literature showed no final identification or explanation of who teachers and staff are. Nonetheless, in most circumstances, apart from the Jordanian context, the existing literature submits that school

counsellors are qualified and skilled teachers who are proficient in psychosocial support and deployed by different donor supported programs (Save the Children,2014).

According to the literature, the majority of the authors assert that, one of the striking challenges is that, schools lack specialized and trained personnel who can ably provide Psychosocial support services. There is however a lack of rigorous and robust evidence available on the levels of psychosocial support within the education sector for individuals and communities during and after conflict. These findings are supported by a number of recent literature reviews covering this field. For instance, Burde et al (2015) identified a total of only 13 experimental or quasi-experimental studies made in countries affected by emergency. Of these, only 10 evaluate the effects of education area interventions on wellbeing, and only six consider the specific context of disaster or conflict as part of the research design. In all circumstances, the prime focus is on children's wellbeing, rather than on the wellbeing of teachers, school counsellors, educational staff and family and community networks.

Nicolai & Hine (2015) reveal that available analyses generally cover several countries rather than in depth study of the condition in one country or region.

This suggests that there is no enough evidence to verify the extent to which psychosocial support services are provided in education sector. This could however depend on availability of professionals recruited to provide psychosocial support services and documented cases of learners supported with psychosocial services.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter addresses itself to the empirical study which, in essence, is meant to get practical solutions to the research topic presented. Furthermore, this chapter details the design that guided the study with a focus on the approach, the study population, sample size, and procedure of sample selection that was applied during the research study. It also addresses data collection methods and instruments, explaining the ethical considerations as well as data quality control measures and a description of data processing and analysis procedure.

3.1 Study Design

The researcher used a case study design in order to examine psychosocial support services for learners with social emotional difficulties in the refugee settlement community of Bidibidi. According to Creswell (2014), a case study involves an exploration and description of an event, people or individuals. Learners with social emotional difficulties are peculiar people who are in a special condition and environment. A case study was chosen because of its strengths of enabling the researcher to intensively gathering data which is rich with detailed descriptions of the situation under study. As such, case studies emphasise the richness of data from the real-life experiences of participants (Yin,2011 in Creswell,2014). The manner in which psychosocial support service provision is, affects the lives and psychosocial wellbeing of learners with social emotional difficulties, a phenomenon which can best be investigated using a case study.

3.2 Research Approach

For this particular study, the researcher employed a qualitative approach which is basically descriptive in nature. Taylor and Bogdans (1984) describe qualitative approach as most general to research that produces descriptive data about peoples' worlds and their observable

behaviours. Furthermore, this approach is often subjective, rich and consists of in depth information normally presented in form of words. It provides an insight into in- depth information about the attitudes, beliefs, motives or behaviours of people, for example by understanding the emotions, perception and actions of people.

3.3 Target Population

Yoko and Onen (2005) state that target population refers to the total number of subjects of interest to the researcher. Semakula (2000) pointed out that a group of people in a given area is called population. This research was conducted on learners with social emotional difficulties.

The study population was totalling to 6,072 this included 4 headteachers,65 teachers,2001 Learners with Social Emotional Difficulties and 4002 Learners Without Social Emotional Difficulties respectively. The key population were head teachers, teachers who are trained in the field of special needs education, LWSEDs and LWOSEDs. The above population was chosen simply because, it was presumed to be having vast information about the provision of psychosocial support services for the learners with social emotional difficulties in refugee schools Bidibidi settlement.

3.4 Sampling

The respondents selected were sixteen, these were; four head teachers, four teachers and eight learners that is to say four learners with social emotional difficulties and four learners without social emotional difficulties from four schools. According to Creswell (2014) purposive sampling increases the utility of data that is collected from the participants. With regard to the sample size, this study does concur with Creswell's (2014) suggestion that a case study should involve a limited number of individuals (say from 1 to 40). For such a sample size, the researcher was able to collect much details from each individual participant.

Precisely, the researcher used 1 head teacher, 1 teacher,1 ordinary learner and 1 learner with social emotional difficulties as respondents from each purposively sampled school. The

researcher purposively sampled the schools on the basis they have Children with Social Emotional Difficulties, trained teachers in the field of special needs education and psychosocial support services are provided.

Special needs education teachers were purposively sampled because they are expected to have rich experience pertaining to learners with social emotional difficulties and psychosocial support services offered in their schools. In schools with more than one teacher trained in the field of special needs education, purposeful sampling was used as advanced by Creswell (2013) to select special needs education teachers who were expected to have rich information that best provide insight into the research study.

Purposive sampling technique was employed to select the head teachers by virtue of the administrative position they hold in their schools. They were expected to be rich in information on issues as well as activities taking place in their schools.

For the learners, both stratified and random sampling were applied in order to come up with only 8 learners out of the whole population of learners. Two strata were formed, one for learners without social emotional difficulties and the other for learners with social emotional difficulties respectively, and after which simple random sampling was applied to come up with only one learner without social emotional difficulties and one learner with social emotional difficulties as informants from each school. Stratified sampling aided the researcher to sample both the learners with and those without social emotional difficulties in the study and this eliminated chances of missing learners of the two fore mentioned categories in the sample.

3.5 Sample Size

Table 1: The table showing sample size and target population

Category	Target population	Sample size	Sampling techniques
Head teachers	4	4	Purposive sampling
Teachers	65	4	Purposive sampling, purposeful sampling
Learners with SEDs	2001	4	Stratified sampling, simple random sampling
Learners without SEDs	4002	4	Stratified sampling, Simple random sampling
Total	6,072	16	

3.6: Data sources

Primary data was the main source which was collected from the selected samples, that is to say, teachers, learners, and head teachers. Amin (2005) also support the use of primary data by emphasizing that such data is relevant in minimizing duplication and helps to gather enough information to fully explore a topic.

3.7: Data Collection Methods

Interview was used as a method of data collection. An interview is a kind of a conversation between two people. Therefore, an interview is a two-way person conversation initiated by the interviewer for the purposes of obtaining research related information. Interview was chosen for the study because it allows great flexibility in the questioning process and the opportunity to prompt and probe for additional information through supplementary questions. It also allows the interviewer to discover the participants' feelings, attitudes and perspectives on the issues of concern (Wiesma and Juss ,2008 as cited by Guion, Diehl and MC Donald, 2012).

There are three types of interviews which include: structured, unstructured and semi-structured. However, this study involved only semi-structured interviews. These interviews are sometimes called focused interviews. They have open ended questions, allows the researcher to prompt and probe to get detailed information. Semi-structured interview guides were used whereby the interviewer worked out a set of questions in advance but was free to modify their order based on the perception of what seemed most appropriate in the next content conversation. Explanation was given on a particular question that seemed to be unclear to particular respondents and additional information was also given.

During interview sessions, the researcher got opinions/views, experiences, beliefs, textual-information, feelings, actions, verbal-interaction, thoughts, behaviours and motivation of individual participants. The respondents were interviewed regarding psychosocial support services that are provided to learners with social emotional difficulties, how those services are provided and challenges experienced in the provision of those services. This information enabled the researcher to fully understand and explore the topic of the study.

During the study, the following were interviewed; head teachers, teachers trained in the field of special needs, learners with social emotional difficulties and learners without social emotional difficulties.

3.8: Quality Control

In an attempt to ensure credibility in this study, the researcher gathered rich information using different techniques to gauge the accuracy of findings. Member checks which is also known as informant feedback validation was used by the researcher to help improve the accuracy, credibility, validity and transferability. Member checks were conducted by asking the participants to review the data collected by the interviewer and the researcher's interpretation of the data.

Furthermore, the researcher supplied highly detailed description of his study situation and method. This may help the readers to compare the study findings to a similar situation they are more familiar with. Each process in the study was reported in details to enable other researcher to repeat the inquiry and achieve similar results. This brings about consistency, can be repeated and it enables other researchers to understand the methods and their effectiveness.

In attempt to ensure that instruments achieve what they were designed for, the research instruments were presented to the lecturers in the researcher's department. They judged the instruments independently and made recommendations on its accuracy. The instruments were refined based on the recommendations of the lecturers before its application and they were finally pretested by the researcher by piloting its use to establish their accuracy. This informed the researcher whether to maintain or refine the tools before the data can be collected.

3.9: Data Collection Procedure

Before undertaking the actual study in the sampled area, approval of the research proposal by the supervisors was sought as well as approval of designed tools. In addition, an introductory letter was obtained from the University authority for data collection and this letter helped to introduce the researcher to the schools' administration so as to seek for permission from the schools to conduct a research study. On obtaining the permission from school authorities to carry out the study, the researcher went ahead to identify the respondents from each school and note their names down for remembrance. After identification of respondents, the researcher made a special visit to the sampled schools to establish a rapport – presenting his expectations and also get expectations of the prospective participants. After both parties (researcher and participants) are clear and agreeable with one another, semi-structured interview was administered. Each interview session lasted for thirty minutes only.

3.10 Ethical Issues

For the purposes of obtaining genuine results from the study, research ethical issues were observed at all stages of the research study with particular attention to consent and confidentiality, (Marshall and Rossman, (2011) in Creswell, 2014). Furthermore, confidentiality was observed at all stages. These stages entail; the initial collection of data, the use of and analysis of information collected, the dissemination of the findings, the storage and retention of information as well as disposal of records or devices on which information is stored in order to protect it from un authorized individuals.

In this study, all the participants were requested to voluntarily participate and the researcher assured the respondents that their views will be treated with utmost confidentiality and that the information recorded shall not be linked to the subjects that will supply it. Anonymity was observed by using pseudonyms or fictitious names during data collection. These pseudonyms were used to protect identity of all respondents. The researcher also endeavoured to protect and respect the privacy of human subjects while analysing and reporting data and he did not reveal geographical location or the duty station of the respondents. This anonymity promoted cooperation between the researcher and the informants. Additionally, participants were requested to sign statement of consent and ascent for minors or people with low intellectual functioning, to avoid violation of the individual rights in one way or the other.

The researcher securely stored the data within lockable locations and then after the study, the researcher properly disposed, destroyed, or deleted study data/documents. This limited unauthorised persons from accessing identifiable information.

3.11 Description of Data Analysis

Data analysis encompasses cleaning, transforming, and modelling data to discover useful information, informing conclusions and supporting decision making in report writing.

Therefore, the raw qualitative data collected from the semi structured interview schedules were presented in form of words and according to the objectives. The researcher read a large amount of interview transcripts looking for similarities or differences. This transcription was done in order to detail brief notes captured in interview. Then coding followed. The codes were in form of tags or labels which helped the researcher to allocate identified themes or topics from the data compiled in the study. Later, coloured pens were used to categorise and sort the data. The data was then collated and synthesised to interpret meanings. The information was then presented in tables based on themes derived from objectives.

3.12 Limitations of the Study

- i. The unprecedented time as a result of Covid 19 scourge jeopardized the study. This was minimized by making appointments in advance and meeting the participants wherever they were no matter how long the distance was. This may have influenced the respondents' responses.
- ii. The weather conditions were so hostile to the researcher since it was rainy season. With this, the researcher had to endure bad weather conditions.
- iii. The incompatibility of the languages of the researcher and the respondents was a menace to the study. The researcher minimized this by hiring the translators. This may have influence on the credibility of the data obtained.
- iv The researcher was not able to use other methods of data collection such as observation as had earlier planned due to corona spate. Instead only one method which is interview was used which may affect the adequate triangulation of the study.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF RESULTS

4.0 Introduction

This study examined psychosocial support services provided to learners with Social Emotional Difficulties in refugee camps in Uganda: The case of Bidibidi settlement, Yumbe district. The data were obtained from head teachers, teachers, learners with social emotional difficulties and the learners without social emotional difficulties. It was collected through semi-structured interview guides. The data were analysed using qualitative methods, that is to say, they were summarized under the relevant research objectives. It was then reported verbally with the use of tables where necessary and the study was guided by the following research objectives:

- i. To assess the psychosocial support services that are provided to learners with Social Emotional Difficulties.
- ii. To examine how psychosocial support services are provided to learners with Social Emotional Difficulties
- iii. To establish the challenges experienced in the provision of psychosocial support services to learners with Social Emotional Difficulties.

In this chapter the findings are reported in two sections: Section A and B. Section A presents demographic data on the study participants while Section B reports findings basing on the research objectives.

Section A: Demographic data on the study participants

Table 2: Respondent Accessibility Rate

Respondents	Targeted number	Number involved in the study
Head teachers	4	4
Teachers	4	4
LWSEDS	4	4
LWSEDS	4	4
Total target	16	16

Source: Primary data 2020

Table 2: The above table shows the targeted respondents and their participation in the study.

The researcher ably met and accessed the targeted respondents in totality. This was simply because he was able to make appointments prior to the interview session.

Table 3: Categories of respondents and their education levels in the field of Special Needs Education

Education Level in SNE	Categories of Respondents	Number of respondents
Degree	Head teachers	Nil
	Teachers	Nil
Diploma	Head teachers	Nil
	Teachers	4
Certificate	Head teachers	Nil
	Teachers	Nil

Source, primary data, 2020

The above table presents the categories of respondents and their education levels in the field of special needs education. All the head teachers who were involved in the study did not have training in the field of special needs education. All the teachers who were involved in the study, had a diploma in the field of special needs education that is the reason they were purposively sampled by the researcher. This was done because it was presumed that the education qualification could inform knowledge on the subject of the study and general knowledge in psychosocial support services provided to the learners with social emotional difficulties in refugee schools which was the core foundation of this research study.

Table 4: Learners with Social Emotional Difficulties (LWSEDs), Learners without Social Emotional Difficulties (LWOSEDs) with their ages and classes

LEARNERS	AGE	CLASS
LWSEDs 1	15	P3
LWSEDs 2	14	P2
LWSEDs 3	15	P1
LWSEDs 4	16	P2
LWOSEDs 1	13	P6
LWOSEDs 2	14	P7
LWOSEDs 3	11	P5
LWOSEDs 4	12	P5

Source: Primary data 2020

The above table presents the learners with their age and classes. According to the table, learners with social emotional difficulties who were involved in the study were slightly in lower classes compared to their age. This indicates that their classes of study are not proportionate to their ages as opposed to their counterparts whose class levels at least rhyme with their ages. Basing on the information above, LWSEDs might be lacking enough support to enable them learn like any other ordinary learners in their schools, a factor which can further exacerbate the social emotional difficulties.

Section B: Research findings.

4.1: Psychosocial support services that are provided to LWSEDs in schools

Table 5: Psychosocial support services provided to LWSEDs

Nature of services	Themes	Aspects of focus	Supporting data
Guidance and counselling	Psycho-education	Behavioural difficulties	<i>“We provide guidance and counselling to learners with behavioural difficulties, we need to see them adjust,”</i> A teacher from one of the schools.
		Sexuality issues	<i>“The majority of the girls with SEDs do not want to interact with boys at school and therefore we guide and counsel them on sexuality issues,”</i> A head teacher from one of the schools.
		Low self esteem	<i>“These learners have low self-esteem, we guide and counsel them to enhance their esteem,”</i> One of the teachers said.
		Poor social relationship with others	<i>“LWSEDs have poor relationship with us that is why they are guided counselled,”</i> A learner without SEDs from one of the schools.
		Poor class performance	<i>“LWSEDs perform poorly and most of them perform below the average, we see guidance and counselling as only remedy,”</i> A teacher from one of the schools.”
Provision of play materials	Play materials	Usage of play materials	<i>“Our teachers and NGOs provide guidance counselling to help LWSEDs concentrate on school activities,”</i> A LWSEDs said.
		Usage of play materials	<i>“The school gives us play materials but other learners disturb us when using them,”</i> One of the LWSEDs said.
Assigning responsibilities to LWSEDs at school	Responsibilities	Taking part in leadership	<i>“We assign responsibilities and we encourage the LWSEDs participate in leadership at school,”</i> One of the teachers said.

Source: Primary data 2020

Table 5 indicates that the only psychosocial support services provided to learners with social emotional difficulties in schools are; guidance and counseling, provision of play materials and

assigning them with responsibilities in school. This indicates that other important services such as community sport services, school health facilities, proper nutrition and provision recreational facilities are not provided. When asked about the services provided, one teacher said, “*We provide guidance and counseling to the learners with social emotional difficulties.*” Another teacher and head teacher said, “*We provide play materials and we assign responsibilities to learners with social emotional difficulties.*”

Basing on the above data, the researcher observes that psychosocial support services are still wanting in schools in Bidibidi given the overwhelming number of learners with social emotional difficulties in these schools. These learners have wounds of traumatic experiences as a result of the crisis faced in their country of origin and hence the need for the above services.

Guidance and counseling is a crucial psychosocial support service that schools in Bidibidi should provide to enable learners with SEDs to thrive and regain their emotional and academic competences. This clearly links with the theory which guided this study well known as Social Emotional Learning (SEL) theory of change as advanced by (CASEL,2013) who illustrates how SEL approaches are linked to outcomes for children and youths, including education. This SEL theory of change categorically, highlights that explicit SEL skills which involve instructions, integration with academic curriculum area, teachers’ instructional practices if interact with SEL skills which include: acquisition of five competence area, improved attitudes about self, others and schools culminate into positive social behavior which involve fewer conduct problems, less emotional distress and this leads to academic success of an individual.

Equally, the study findings reveal that play materials as a PSS service is provided to the learners with SEDs in schools in Bidibidi. These materials may play a pivotal role in enabling psychosocial rejuvenation and healing of persons who have encountered political turmoil. The findings support the notion advanced by Ray, Armstrong, Bakin and Jayne 2015 as cited by

Burde et al, 2015 as well as US based meta-analysis, who link play therapy programs in schools with improvements in academic outcomes.

The finding is also in line with Kaufmann (2016) who pointed out that the provision of a structured and protective environment for children through child friendly or safe spaces are frequently the first psychosocial support intervention in emergency. In addition, she highlights that the concept is simple and replicable and the wide scale play as well as recreational activities should be offered as soon as possible.

According to the data, some of the important services such as community sports, school health facilities, proper nutrition and recreational facilities are not provided. This could be due to the fact that such services are seemingly expensive to provide. If these services were provided, they would serve as physiological requirements which enable LWSEDs to rejuvenate psychosocially.

4.2: How psychosocial support services are provided to LWSEDs in schools

Table 6: How psychosocial support services are provided to LWSEDs

How PSS support services are provided	Themes	Aspect of focus	Supporting data
Activities such as singing, dancing and poetry	Music Dance and Drama	Singing, dancing And poetry	<i>“We provide PSS through provision of PSS activities such as MDD,”</i> A head teacher from one of the schools.
Engaging learners in creative play therapies	Play	Roleplays, solitary plays	<i>“Our teachers engage us in plays every day and we play in classroom and playground,”</i> A learner with SEDs from one of the schools.
Provision of group service sessions	Group sessions	Tree of life	<i>“NGOs especially TPO and Humanity and Inclusion organize learners with SEDs in small group and provide them with PSS in their classes twice in a month,”</i> A teacher from one of the schools.

Source: primary data, 2020

Table 6 above, indicates that psychosocial support services are provided through psychosocial support activities such as music dance and drama, creative play therapies and PSS group service sessions as well as through reciting poems. All these were revealed by the head teachers, teachers and the learners. When asked how psychosocial support services are provided, one teacher said, *“I provide psychosocial support services through creative play therapies”* Another teacher said, *“We provide psychosocial support services through group service sessions.”* Similarly, one head teacher said, *“We provide psychosocial support services through music dance and drama.”*

The data therefore, indicates the ways through which PSS are provided to learners in Bidibidi are limited. Other practical ways through which psychosocial support services can be provided have not yet been adopted by schools. These ways include: behavioral modification, cognitive skill restructuring, social skill training, and painting among others.

The findings above, are consistent with authors including Jordans et al (2016), Bangpan et al (2017), Triple horn (2003) and INEE (2016) whose assertion is that, it is through creative expressive activities, make use of interactive activities including drama, role play, drawing, painting and psychosocial structure activities which incorporate play therapy, participating in meaningful activities, music therapy, creative therapy and recreational activities respectively that psychosocial support services can be provided.

In addition, the researcher went ahead to establish places where Psychosocial support services are provided in the schools. One of the teachers said “*We provide psychosocial support services in class room.*” another one said, “*We provide psychosocial support services under the shade/tree, in school compound, school assembly area and in the head teacher’s office.*” When asked about who provide psychosocial support services at school, the majority of the respondents revealed, “*It is the Non-Governmental Organisations which provides psychosocial support services.*” A learner with SEDs said, “*It is teachers who provide psychosocial support services to the learners at school.*” while another one said, “*It is parents who provide psychosocial support to learners with SEDs.*” The data shows that the services are being provided by schools in partnership with Non-Governmental Organisations. From the above observations, NGOs take the lead in psychosocial support provision in Bidibidi since the majority mentioned it. When asked when psychosocial support services are provided, one of the teachers disclosed, “*We provide psychosocial support services during school assemblies,*” The head teacher said, “*We provide psychosocial support services during school gatherings.*”

This gives us opportunity to provide the services when all the learners are gathered in one place.”

The information above, indicates that LWSEDs get their services publically without any privacy which may deprive them off confidentiality and hence compromises with their rights. Furthermore, some schools lack suitable environments or settings where they can provide psychosocial support services to the learners. The findings indicate the existence of unsuitable settings or environments in schools may be hindering psychosocial support provision. This is in line with INEE (2016) who promotes learning spaces (both schools and non-formal spaces), as an paralled setting in which to support children. These settings provide a unique opportunity for trained adults to make assessments, provide counseling, make referrals and follow-up with children as may be necessary, and integrating psychosocial services into an existing system that caters for children and their families. Learning spaces and particularly schools with their existing curricula structures, policies and resources also offer promising locations where interventions can be sustained.

As cited above, there are other important ways which are not utilised. These include: behavioural modification, cognitive skill restructuring, social skill training, child centered learning and painting. These ways are not being applied. This could be because they require adequate expertise and yet most persons providing PSS support services in Bidibidi are seemingly novices. This denies the learners a chance to get the necessary psychosocial support services.

4.3: Challenges experienced in the provision of psychosocial support services to LWSEDs in schools

Table 7: Challenges experienced in provision of PSS services to LWSEDs

Challenges	Themes	Aspect of focus	Supporting data
Resource related challenges	Funds	Lack of enough funds to procure PSS materials	<i>“In this school, we do not have enough money to purchase PSS materials which we can use to provide PSS services to LWSEDs,”</i> A teacher from one of the schools.
	Skills and knowledge	Lack of enough skills and knowledge	<i>“Teachers lack enough knowledge and skills on PSS provision because funds to use in training them are not available,”</i> A head teacher from one of the schools.
	Scarcity of time	Inadequate time to provide PSS services	<i>“To assure you, neither my staff nor myself has adequate time to provide PSS services because my teachers are always busy,”</i> Said the head teacher from one of the schools
Personal issues	Interest	Lack of interest of teachers	<i>“My fellow teachers lack interest in providing PSS support to LWSEDs. This leaves the majority of the learners not served,”</i> A teacher from one of the schools.
	Punishment	Corporal punishments	<i>“In this school, teachers cane us for misbehaviour,”</i> A learner with SEDs from one of the schools said.
	Adjustment	Failure to adjust.	<i>“We are failing to adjust on our behaviours amidst some few available services.”</i> One of the learners with SEDs said.
	Psychosocial support services	Provision of inadequate PSS services	<i>“It is teachers and NGOs which do not provide us with enough PSS services,”</i> A learner with SEDs said.
	Cultural differences	Differences in cultural beliefs	<i>“Some parents have rigid culture and they do not support the idea of PSS service provision,”</i> A teacher from one of the schools.
Policies	The nature of the curriculum	Rigid curriculum	<i>“The current curriculum is not inclusive enough to address the needs of all the learners,”</i> A head teacher from one of the schools.
Environmental challenges	Child friendly spaces	Inadequate spaces for child friendly spaces for plays	<i>“My school has no enough space where we can establish a child friendly space,”</i> A head teacher from one of the schools.
	Learning environments	Un safe learning environments	<i>“In this school, the learning environments are not safe for all learners, we do not have a counseling room, that is why we provide psychosocial support services publically,”</i> A head teacher from one of the schools.
	Private setting	Lack of privacy during PSS service provision	<i>“We are given psychosocial support services in the public,”</i> One of the LWSEDs said.
	Social environment	Stigmatisation of learners with SEDs	<i>“LWSEDs are stigmatized by both teachers and their fellow learners.”</i> A head teacher from one of the schools said.

Source: primary data, 2020

In the table 7 above, the data shows that the challenges experienced in the provision of psychosocial support services include; inadequate knowledge and skills of teachers on psychosocial support provision, differences in cultural beliefs, lack of interest of teachers in PSS provision, inadequate space in schools for child friendly spaces where play activities can be conducted, inadequate funds to recruit PSS workers in schools, lack of enough time to provide PSS services by the teachers and NGOs, rigid curriculum, inadequate funds to purchase psychosocial support materials in schools, stigma in the society and unsafe learning environments.

The above data therefore shows that there are many factors that constrain the provision of PSS support in Bidibidi. Furthermore, the above findings according to the head teachers, teachers and learners portray that these challenges range from financial to material and they impede proper service delivery to the learners in far as psychosocial support provision is concerned. When asked about the challenges that they experience, one head teacher said, *“There are inadequate funds to recruit psychosocial workers and other specialists. As an administrator I see it as a big challenge because the school is not able to raise money to recruit and pay such professionals”* Another head teacher said, *“There are inadequate funds to facilitate psychosocial support provision via procuring psychosocial support materials and this has greatly hampered service delivery to these learners”*.

The above findings are similar to the Syrian context as reported by Shuayb, Makkouk, & Tuttunj (2014) in Sirin & Rogers-Sirin (2015). In the Syrian conflict, the influx of Syrian children has stretched educational resources in Lebanon, Jordan, and Turkey, and an urgent concern is that, in addition to the shortage of material resources in these contexts, most teachers have not been trained in addressing the needs of traumatized children, some of whom may exhibit difficult behaviours.

When asked to whom they attribute the above challenges in schools, one of the teachers said, *“It is the government with rigid curriculum.”* Another one said, *“It is NGOs which do not provide enough support including teacher trainings on curriculum.”* The above findings indicate that curriculum is not flexible enough to cater for the needs of the learners with social emotional difficulties in schools and both government and NGOs have big role to play in this.

In addition to the above, the data obtained from the learners concerning challenges experienced in psychosocial support service provision include; corporal punishments, provision of inadequate PSS services at school, the absence of privacy during PSS service provision and stigmatization of learners with SEDs.

The above data suggest that the education and lives of learners with social emotional difficulties are likely to be a nightmare. This is because, they experience double vulnerability as they are subjected to both psychological and physical abuse, coupled with other forms of corporal punishments, and provision of psychosocial support in presence of the school community which does not guarantee the child with confidentiality. The challenge of inadequate psychosocial support services in schools also exacerbates the inhuman treatment of these learners in their schools. The findings concur with (Burde et al 2015) who found and postulated that some interventions aimed at promoting psychosocial wellbeing did not reach all groups in order to address the needs of the most marginalized groups.

The majority of the respondents revealed that among all the above cited challenges in providing psychosocial support, inadequate trained personnel which is attributed to the government, stood out as the most striking challenge. This was disclosed by both the teachers and learners. This inadequacy of trained personnel is consistent with Kalksma-van lith (2007) who asserts that shortage of mental health professionals implies that the few existing ones have been placed under extreme pressure, and even where such professional are available, they are not trained with the required therapeutic skills. The researcher agrees with the above observation in a sense

that during the research study, it was found out that it is only a few professionals from Non-Governmental Organizations and a few SNE teachers who have some formal training in psychosocial support provision. This may catalyze the vulnerability of learners with Social Emotional Difficulties which results into a doomed future.

When asked what could be done to avert the above highlighted challenges, one of the head teachers said, *“There is need for intensification of teacher training in the field of special needs education and that NGOs should provide adequate interventions in provision of PSS services.”*

In relation to the above, when asked what could be done to avert the above challenges hinted on, one of the learners said, *“Teachers should organize and conduct play activities to help LWSEDs recover and that psychosocial activities should be the integral part of curriculum.”*

The above views are in line with Jordan et al (2010) who suggest that, in providing a layered approach to interventions there may be need for extensive awareness raising within the community to reduce stigma and to explain mental health, psycho-social care, the associated problems and their origins. This is also in line with theory of change that underpinned the study which advocates for community and other stakeholders’ involvement in order to provide adequate psychosocial support services to the people who need such services.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0: Introduction

In this last chapter of the thesis, the summary, conclusions and recommendations are presented. This was done in respect to the findings of the previous chapter. The presentation here is guided by three research objectives; Psychosocial support services provided to learners with social emotional difficulties, how the services are provided and the challenges experienced in the provision of these services.

5.1: Summary of Findings

The study findings revealed that some psychosocial support services are provided to LWSEDS in refugee schools in Bidibidi. These services include; guidance and counseling, provision of play materials and assigning responsibilities to LWSEDS at school. Other important services such as community sport services, school health facilities, proper nutrition and provision recreational facilities are not provided. Pertaining the information above, these services are not adequate basing on overwhelming number of learners who need the same in the settlement schools. This is manifested by rejection, discrimination, corporal punishments, stigmatisation, high rate of school drop out that learners with social emotional difficulties continue to face in refugee schools even though some psychosocial support services are provided to them. This inadequacy of services may not only affect learners' academic performance but may also affect their social and emotional development.

It was also found that there were limited ways through which PSS services are provided. In refugee schools, the researcher found out that psychosocial support services are only provided through organizing learners with social emotional difficulties into group sessions, play-therapies, music dance and drama as well as reciting poems. The other diverse practical ways through which psychosocial support services should be provided such as social skill training,

behavioral modification, cognitive skill restructuring painting, and child centred learning are not practiced in refugee schools in Bidibidi. This puts lives and wellbeing of learners at risk and hence may hinder them from thriving and harnessing their potentials.

The study revealed that there are numerous challenges which may be constraining the provision of psychosocial support services to the learners with SEDS in Bidibidi. These challenges include: inadequate knowledge and skills of teachers on psychosocial support provision, differences in cultural beliefs, lack of interest of teachers in PSS provision, inadequate space in schools for child friendly spaces where play activities can be conducted, inadequate funds to recruit PSS workers in schools, inadequate time to provide PSS services by the teachers and NGOs, rigid curriculum, inadequate funds to purchase psychosocial support materials in schools, stigma in the society and unsafe learning environments. These challenges may greatly curtail psychosocial support provision to learners with social emotional difficulties and hence affect their learning and development.

5.2 Conclusions

Regarding psychosocial support services that are provided to the learners with social emotional difficulties, the researcher concludes that the services provided to the learners with social emotional difficulties in refugee camps are still wanting. This has hindered the opportunity for many learners who need such services to access them.

The study also indicates that the ways through which psychosocial support services are provided in schools and the manner in which those services are provided are not yet streamlined enough to enable the LWSEDS reap from them in its fullest. A lot is needed to be done most notably on the packaging and delivery modes of those services.

The schools providing PSS services to learners with SEDs in Bidibidi, are however, experiencing many challenges in a bid to provide these services. These challenges range from

material to financial. This has adversely affected the learning and development of the LWSEDs.

5.3: Recommendations

To improve on psychosocial support service provision in refugee schools in Bidibidi, the following recommendations are hereby made basing on the findings and conclusions drawn.

- i. There is a need of government and other development partner to increase on psychosocial support services provided to LWDs in schools.
- ii. The ways through which psychosocial support services are provided should be streamlined and properly packaged to enable the LWSEDs get adequate and quality services.
- iii. The government of Uganda and development partners (NGO's) should ensure that the policy guidelines are put in place to improve PSS service provision in schools.
- iv. For quality and adequate PSS service provision, teacher training especially in the field of special needs education should be prioritized and should be made a point of focus in the country.
- v. The ways through which psychosocial support services are provided should be streamlined and properly packaged to enable the LWSEDs get adequate and quality services.
- vi. Adequate funding to schools by both government and NGOs in order to uplift psychosocial support service provision is very indispensable.
- vii. Psychosocial support service provision should be made an integral part of curriculum to enable the learners get comprehensive services.
- viii. Schools should consider allocating private settings/ rooms for psychosocial support services so as to avoid obstruction and ensure confidentiality while providing psychosocial support services.

- ix. Sensitisation meetings should be conducted in order to eliminate stigma in societies
- x. Safe learning environment should be provided to learners with social emotional difficulties.
- xi. NGOs and teachers should allocate adequate time for psychosocial support service provision.
- xii. Enough spaces should be availed in schools so as to establish child friendly spaces where different play activities can be conducted.
- xiii. Teachers ought to be motivated in order to enhance their interest in psychosocial support service provision.

5.4: Areas suggested for further research or studies

The researcher recommends the following areas for further research in future.

- 1) The effects of psychosocial support services in education of learners who have faced crises in emergency setting.
- 2) The school stakeholders' support in provision of psychosocial support services to the learners with social emotional difficulties in refugee schools.

REFERENCES

- Aber, J. (2016 a). Impacts after one year of “Healing classroom “On children’s reading and maths skills in Democratic Republic of Congo: Results from a cluster Randomised Trial. *Journal of Research on Educational Effectiveness*.10 1080/19345747,2016,1236160. https://dxdoi.org/101080/19345747_2016_1236160
- Aber, J. (2016 b). *Promoting children’s learning and development in a conflict affected countries: Testing change process in the Democratic Republic of Congo*. NY: Institute for Human Development and Social Change, USA.
- Bangpan, M., Dickson, K., Felix, L., &Chiumento, A. (2017). *The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies- A systematic review- Humanitarian Evidence Programme*. Oxford: Oxfam GB, UK. <https://fic.tufts.edu/wp-content/uploads/Mental-Health-Systematic-Review.pdf>
- Bangpan, M., Felix, L., Chiumento, A., & Kelly. (2015). *The impact of mental health and psychosocial support programmes for populations affected by humanitarian emergencies: A system review protocol*. Oxford: Oxfam G.B, UK.
- Bisson, J. (2009). *Systematic review of psychological first aid commissioned by the World Health Organisation*.2009. [https://mhps.net/?get=178/1350270188-PFA Systematic Review Bisson Catrin pdf](https://mhps.net/?get=178/1350270188-PFA%20Systematic%20Review%20Bisson%20Catrin.pdf)
- Boateng, P. (2017). *Annotated Bibliography: Approaches to psychosocial support in protracted crisis K4D Helpdesk Report 120*.Brighton: Institute of Development Studies,UK. [https://opendocs./ds.ac.uk/opendocs/handle/123456789/13085](https://opendocs.ds.ac.uk/opendocs/handle/123456789/13085)
- Burde, D., Guven, O., Kelcey, J., Lehmann, H., &Abadi, K. (2015). *What works to promote children’s educational access, quality of learning and wellbeing in crisis-affected contexts*. Education rigorous literature review department for international

development, London: Asset publishing services, England.

https://assets.publishing.service.gov.uk/media/57a0897ee5274_a31e00000e0/61127-education_in_Emergencies-Rigorous-Review-Final-2015-10-26.pdf

Collaborative for Academic and Social Emotional Learning (CASEL). (2013). *Effective Social and Emotional Learning programs: Preschool and Elementary School Edition 9/12*. Chicago, USA. https://www.wallacefoundation.org/knowledgeCentre/Documents/Investing_in_E.

Cresswell, J.W. (2014). *Research design: Qualitative, quantitative and mixed method approaches (4th ed.)*. Thousand Oaks: CA, Sage.

Dietjens, T., Moonens, I., Van Praet, K., De Buck, E., & Vandekerckhove, P. (2014). A Systematic Literature Search on Psychological First Aid: Lack of evidence to develop guidelines. San Francisco, USA, *Plos ONE* 9(12), e114714. <https://doi.org/10.1371/journal.pone.0114714>

Dyregrov, A. (1989 a). Caring for helpers in disaster situations: Psychological debriefing. *Disaster Management*, 2, 25-30.

Durlak, J. (2013). *Social and emotional learning: Past, present and future*. Washington: American Psychological Association. https://scholar.google.com/scholar=2002-4242Durlak+et+al,2013&hl=en&as_sdt

Elias, M. (1997). *Promoting social and emotional learning: Guidelines for educators: Association for Supervision and Curriculum Development*. Alexandria: VA, USA. <https://books.google.co.ug/books?hl=en&lr=AolqswQpo9cc&oi=fnd&pg>

Fazel, M., & Jones, L. (2012). *Mental health of displaced and refugee children resettled in low-income countries: Risk and protective factors*, 379, 250-265.

- Gallagher, E. (2018). *Mental Health and Psychosocial Support and Social economic learning support for learning outcomes in conflict affected setting K4D Helpdesk Report*. Brighton: Institute of Development Studies.
- Gladwell, T. (2014). *Why education in emergencies is critical*. London: Save the Children International.
- Global Education Cluster. (2012). *Protecting education in countries affected by conflicts: Booklet 4, Education for Child Protection and Psychosocial Support*. <https://www.protectingeducation.org/sites/default/files/documents/cluster-booklet-4-education-for-child-protection-and-psychosocial-support.pdf>
- Gravetter, F., & Forzano, L. (2015). *Research methods for the behavioural sciences*. Stamford: CT Cengage Learning.
- Guion, L., Diehl, D., & McDonald, D. (2011). *Conducting an in-depth interview*. NY: University of Florida. <https://edis.ifas.ufl.edu/fy393>
- Hobfoll, S., Watson, P., Bell, C., Bryant, R., & Brymer, M. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry* 70:283-315. Bethesda USA. <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3752040/>
- ICRC. (2011). *Council for Delegates of the International Red Cross and Red Crescent Movement*. Geneva: ICRC. Switzerland.
- INEE. (2016). *Psychosocial support and social emotional learning for children and youths in emergency settings: INEE Background paper*. NY: INEE, USA. <https://toolkit.ineesite.org/resources/ineecms/uploads/1126/20161219-pss-SEL-Background-No-te-Digital-Final.pdf>

- International Rescue Committee (IRC). (2004). *The IRC's psychosocial teacher training guide*. [https://toolkit.ineesite.org/resources/ineesite.org/resources/ineecms/uploads/1127/IRCPsychosocial Teacher Training Guide.pdf](https://toolkit.ineesite.org/resources/ineesite.org/resources/ineecms/uploads/1127/IRCPsychosocial%20Teacher%20Training%20Guide.pdf)
- Jordans, M. (2010). A classroom-based psychosocial intervention in conflict-affected Nepal: A cluster randomized control trial. *Journal of child psychology and psychiatry*, 51,818-826
- Jordans.M., Hugo, P., Wietse, A., & Tolw, A. (2016). *Interventions for children affected by arm conflict: A systematic review of mental health and psychosocial support in low-and middle-income countries*. Bethesda: Current psychiatry reports national centre for biotechnology information Bethesda, USA.
- Joynes, C. (2016). *The Role of Education in Contributing to Safety and Well-being in Conflict*. Damascus: UNICEF.
- Juen, B. (2013). Lay counselling in humanitarian organisations: a field report on developing training materials for lay counsellors. *Intervention* 11(1):77-88
- Kalksma-Van Lith, B. (2017). *Psychosocial interventions for children in war-affected areas: The state of the art*. [https://www.essex.ac.uk/armed con/story-id/the state of art.pdf](https://www.essex.ac.uk/armed%20con/story-id/the%20state%20of%20art.pdf)
- Kaufmann, D. (2016). *Children in emergencies: Psychosocial support as a holistic protection mechanism*. Amazon: INEE. [https://s3.amazonaws.com/inee-assets/resources/Deborah-Kaufmann-psychosocial -support.pdf](https://s3.amazonaws.com/inee-assets/resources/Deborah-Kaufmann-psychosocial%20support.pdf)
- Mattingly, J. (2017). *Approaches to providing psychosocial support for children, teachers and other school staff and social emotional learning for children and young people in protracted conflict situations*. Brighton: Institute of Development Studies.
- McCoy, DC. (2016). Early Childhood Developmental Status in Low and Middle –Income Countries: National, regional, and global prevalence estimates using predictive

modelling, *PlosMedicine* 13(6):e1002034. <https://doi.org/10.1371/Journal.pmed.1002034>

[34](#)

Mental Health and Psychosocial Support for South Sudanese in northern Uganda. (2019). A

need and resource assessment in a conflict affected areas, Kampala: Uganda.

Nabanoba, S. (2019). *Child-friendly spaces a one stop centre for refugee children*, Kampala:

Save the Children International. [https://uganda.savethechildren.net/news/child-](https://uganda.savethechildren.net/news/child-friendly-spaces-one-stop-centre-rufugee-children)

[friendly-spaces-one-stop-centre-rufugee-children](https://uganda.savethechildren.net/news/child-friendly-spaces-one-stop-centre-rufugee-children)

Nicolai, S. (2003). *Psychosocial needs of conflict-affected children and adolescents: School*

background paper. Paris:

UNESCO. [https://s3.amazonaws.com/academia.edu.documents/31155372/rep-](https://s3.amazonaws.com/academia.edu.documents/31155372/rep-2003.pdf?AWSAccesskeyed)

[2003.pdf?AWSAccesskeyed](https://s3.amazonaws.com/academia.edu.documents/31155372/rep-2003.pdf?AWSAccesskeyed)

Nicolai, S., & Hine, S. (2015). *Investment for education in emergencies: A review of evidence*.

London: Overseas Development Institute.

Noltemeyer, A., & Bush, K. (2013). *Adversity and resilience: A synthesis of international staff*

in protracted conflict situations K4D Helpdesk Report. Brighton: Institute of

Development Studies.

Norwich, B., & Eaton, A. (2014). *The new special educational needs (SEN) legislation in*

England and implications for services for children and young people with social

emotional and behavioural difficulties: Emotional and Behavioural Difficulties.

London: Graduate School of Education, University of

Exeter. <https://dx.doi.org/10.1080/13632752.2014.989056>.

O'Donnell. (2012). *Development medicine and child neurology*. London: Sage.

<https://doi.org/10.1111/j.1469-8749.2012.04397.x>

- Psychosocial Working Group. (2005). *Psychosocial intervention in complex emergencies: A framework for practice*. <https://www.forcedmigration.org/psychosocial/papers/A%20Framework%20practice.pdf> IFRC
- Punamaki, R., Peltonen, K., Diab, M., & Quota, S. (2014). *Psychosocial interventions and emotional regulation among war-affected children: Randomized control trial effects: Traumatology*. Brighton: Institute of Development Studies.
- Ray, D., Armstrong, S., & Balkin, R. (2015). Child centred play therapy in the schools: Review and Meta-analysis. *Psychology in the schools*, 52 (2), 107-123.
- Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). *Psychological debriefing for preventing post-traumatic stress disorder (PTSD): Cochrane Database Cyst Rev CD000560 Settings DFID Helpdesk Report*. Brighton: Institute of Development Studies.
- Shah, R. (2014). *Evaluation of the Norwegian Refugee Council's Palestine education*. Gaza: Alnap. <https://www.alnap.org/resources/12820>
- Shuayb, M., Makkouk, N., & Tuttunj, S. (2014). *Widening Access to Quality Education for Syrian Refugees: The role of private and NGO sectors in Lebanon*. Beirut: Centre for Lebanese Studies. <https://lebanesestudies.com/wp-content/uploads/2014/09/Widening-Access-to-Quality-Education-for-Syrian-Refugees-the-role-private-and-NGO-sectors-in-Lebanon-.pdf>
- Sirin, S.R., & Rogers-Sirin, L. (2015). *The Educational and Mental Health Needs of Syrian Refugee Children*. Washington: Migration Policy Institute.
https://www.migration4development.org/sites/default/files/fcd-sirin-rogers-final_0.pdf

- Save the Children International. (2014). *Mental Health and Psychosocial Support for Children Affected by the Syria Crisis: Regional Mapping-June to December 2014 Summary*. Damascus:SCI.<https://www.savethechildren.net/sites/default/files/libraries/Mental%20Health%20psychosocial%20mapping%20April%202015.pdf>
- Taylor, S., & Bogdan, R. (1984). *Essential guide to qualitative methods in organizational research*. London: Sage.
- UNHCR. (2013). *Operational guidance, mental health psychosocial support programming for refugee operations*. Geneva: UNHCR.
<https://www.unhcr.org/search?lcode=EN&comid=50b48d5f6&cid=49aea9390&scid=49aea3ad&tags=public-health-mental-health#>
- UNICEF. (2009). *Machel Study 10-year Strategic: Review children and conflict in a changing world*. Kampala: UNICEF.<https://boogoogle.co.ug/books?hl=en&lr=81d=MKACKorrugmc&oi=fnd&pg>
- UN. (2006). *Convention of Rights of Persons with Disabilities (CRPD), (2006) (Article 24)*, NY: United Nations Organisation.
- UNESCO Institute of Statistics. (2016). *Estimation of the numbers and rates of out of school children and adolescents using administrative household survey data: Information paper no 35*. Montreal, Canada.
- UNICEF. (2015 a). *Developing social and emotional learning in schools: Guidance for UNICEF country and regional offices- Northampton Centre for Learning Behaviour*. The University of Northampton, Northampton, England.
- UNICEF. (2016). *Education Cannot Wait; A Fund for Education in emergencies*. London: UNICEF. <https://downloads.unicef.org.uk/wp->

UNICEF. (2017). *Child friendly spaces make South Sudanese refugee children in Uganda forget their sorrows: Providing safe spaces for refugee children*. Kampala: Press Centre.

UNICEF. (2017). *End of project evaluation of ECHO children of peace project: Life skills education and PSS for conflict affected children and adolescents in Ukraine*. Kyiv: UNICEF. <https://s3.amazonaws.com/inee-assets/resources/ECHO-cop-Evaluation-Report-final.pdf>

UNICEF. (2017). *Uganda Humanitarian Situation Report January-December 2017*. Kampala: UNICEF. <https://reliefweb.int/report/Uganda/unicef-Uganda-humanitarian-situation>.

Wessells, M. (2009). Do no harm: Towards contextually appropriate psychosocial support in International emergencies. *American Psychologist*, 64 (8), 842.

World Health Organisation. (2012). *Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings*. Geneva: WHO.

Yoko, W., & Onen, D. (2005). *A general guide to writing research proposal and report: A handbook for beginning researchers*. Kisumu: Option Press and Publishers.
https://www.researchgate.net/publication/262016265-lay-counselling_in_humanitarian_organisations.

APPENDICES

APPENDIX I: RESEARCHER'S SELF FORMULATED LETTER OF INTRODUCTION AND REQUEST FOR DATA COLLECTION

Dear Respondent,

I am a student of Kyambogo University, pursuing a Graduate Master's Degree in Special Needs Studies. This letter serves to inform you that apparently, I am carrying out a research study, which is titled: Psychosocial Support Services for learners with social emotional difficulties in refugee camps in Uganda: The case of Bidibidi Settlement, Yumbe District.

I have identified you as one of the key people, who have vital information about the way psychosocial support service provision is conducted in Bidibidi.

The intention of this letter is to request that you provide information that I need for the research I am conducting. The information that you give will be given maximum confidentiality and anonymity they deserve, and that the information will be used for educational purposes only, and nothing else. Should you be in need of accessing the result of the research, you will be highly welcome to access it without any strings attached.

Your cooperation is greatly appreciated.

Yours sincerely

Twinamatsiko Alex

REG No.18/U/GMSN/19456/PD

APPENDIX II: INFORMED CONSENT FORM

Dear respondent,

My name is **TWINAMATSIKO ALEX**, a student at Kyambogo University pursuing a master’s degree in Special Needs Education. You are invited to participate in the study titled Psychosocial Support Services for Learners with Social Emotional Difficulties in Refugee Camps in Uganda: The Case of Bidibidi Settlement, Yumbe district.

The purpose of the study is to examine psychosocial support services provided to the learners with social emotional difficulties in refugee camps in Uganda: The case of Bidibidi settlement.

You have been identified to be the potential participant because you are believed to be having vast knowledge on the study topic. Only 16 participants will be involved in the study.

If you agree to take part in the study, you will supply information to the researcher on psychosocial support services provided to learners with social emotional difficulties. This will be done through interviews: The findings will be shared with you when the study is complete.

The response you supply will be treated with utmost confidentiality and therefore your name will not be disclosed feel free. The study findings will add knowledge to different professionals who work with Learners with Social Emotional Difficulties. Your participation is voluntary and expect no payment. I case you have a question feel free to contact me about the study on Tel No:0773253422 Email: twinamasalex@gmail.com.

Tick where applicable.

- I give permission for my oral interviews.
- I do no give permission for my oral interviews.

Name of the participant.....

Signature.....

Date.....

APPENDIX III: ASSENT FORM FOR CHILDREN

Psychosocial support services provided for learners with social emotional in refugee camps in Uganda: The case of Bidibidi settlement, Yumbe district

Investigator(s).....

Researcher **TWINAMATSIKO ALEX**

The purpose of this study is to examine psychosocial support services provided to learners in refugee camps in Uganda: The case of Bidibidi Settlement, Yumbe District. This will inform recommendations made by the researcher on how these children can be helped.

I am asking you to participate in the study, because you are deemed to be having vast knowledge on psychosocial support services provided to learner with social emotional difficulties in your school.

You are free to ask questions if you do not understand any part of this study. In case you think of question later, through your teachers you can contact me on Tel no:0773253422.

When the study is complete, I shall write a report and we share the research findings.

I..... would like to participate in this research study.

Date.....

Name of a person who obtained assent form **TWINAMATSIKO ALEX**

Signature.....

Date.....

Local principal investigator's name.....

SignatureDate.....

APPENDIX IV: SEM-STRUCTURED INTERVIEW GUIDE FOR HEAD TEACHERS

SECTION A: Background information

- (a) Self-introduction
- (b) Seeking background information about the participant (level of education in the field of special needs education and work experience).

SECTION B: Psychosocial support services which are provided to learners with Social Emotional Difficulties

1. How many children are in your school?
2. How many children that exhibit social emotional difficulties in your school?
3. What kind of behaviours have you registered at your school concerning learners with social emotional difficulties?
4. How do you react in response to the behaviours presented by learners with social emotional difficulties?
5. How do teachers react in response to the behaviours presented by learners with social emotional behaviours?
6. How do learners without social emotional behaviours react in response to the behaviours exhibited by learners with social emotional difficulties?
7. What kind of psychosocial support services are provided for learners with social emotional difficulties in this school?
8. Who provides psychosocial support services for learners with social emotional difficulties?

SECTION C: How psychosocial support services are provided to learners with social emotional difficulties

9. How are psychosocial support services provided for learners with social emotional difficulties in this school?

10. How often are psychosocial support services provided for learners with social emotional difficulties?

11. From where are the psychosocial support services provided for learners with social emotional difficulties?

SECTION D: Challenges experienced in the provision of psychosocial support services to learners with social emotional difficulties

12. What challenges are experienced in the provision of psychosocial support services for learners with social emotional difficulties in this school?

13. To whom do you attribute the above cited challenges in this school?

14. In your opinion, what could be done to avert challenges mentioned in question 10 above?

15. Is there any other issue regarding psychosocial support services or learners with social emotional difficulties that you would like to share with me?

Thank you for your support and time.

APPENDIX V: SEM-STRUCTURED INTERVIEW GUIDE FOR TEACHERS

SECTION A: Background information

- (c) Self-introduction
- (d) Seeking background information about the participant (level of education in the field of special needs education and work experience).

SECTION B: Psychosocial support services which are provided for learners with social emotional difficulties

1. How many children are in your school?
2. How many children that exhibit social emotional difficulties in your school?
3. What kind of behaviors have you registered in class presented by learners with social emotional difficulties?
4. How do you react in response to the behaviors presented by learners with social emotional difficulties?
5. How do other teachers react in response to the behaviors presented by learners with social emotional difficulties?
6. How do learners without social emotional difficulties react in response to the behaviors presented by learners with social emotional difficulties?
7. What kind of psychosocial support services which are provided for learners with social emotional difficulties in this class?
8. Who provide Psychosocial support services for learners with social emotional difficulties in this school?

SECTION C: How psychosocial support services are provided for learners with social emotional difficulties

9. How psychosocial support services are provided for learners with social emotional difficulties in this school?

10. How often are psychosocial support services provided for learners with social emotional difficulties in this school?

11. Where are psychosocial support services provided for learners with social emotional difficulties?

SECTION D: Challenges experienced in the provision of psychosocial support to learners with social emotional difficulties

12. What challenges experienced in the provision of psychosocial support services for learners with social emotional difficulties in this school?

13. To whom do you attribute the cited challenges in question 10 above?

14. In your opinion, what could be done to solve the challenges experienced in the provision of psychosocial support in this school?

Thank you for your cooperation and time.

END

**APPENDIX VI: SEM-STRUCTURED INTERVIEW GUIDE FOR LEARNERS WITH
SOCIAL EMOTIONAL DIFFICULTIES**

SECTION A: Background information

(a) Self-introduction.

(b) Seeking background information about the participants: Age, class, favourite subject and hobbies

SECTION B: Psychosocial support services which are provided for learners with social emotional difficulties

1. As a learner, how are you taken care of by different stakeholders in this school?
2. Which psychosocial support activities are you engaged in by stakeholders in this school?
3. How do learners react in response to your behaviors in this school?
4. How do teachers react in response to your behaviors in this school?
5. What kind of support services are provided for you in this school?
6. Who provide psychosocial support to you in this school?

SECTION C: How psychosocial support services are provided for learners with social emotional difficulties

7. How are psychosocial support services provided for you in this school?
8. How often are psychosocial support services provided for you in this school?
9. Where are psychosocial support services provided for you in this school?

SECTION D: Challenges experienced in the provision of psychosocial support for learners with social emotional difficulties

10. What challenges do you experience as a learner in relation to support service provision in this school?

11. What could be causing the challenges mentioned in question 11 above?

12. In your opinion, what could be done to solve the challenges experienced in the provision of psychosocial support services in your school?

Thank you for cooperation.

**APPENDIX VII: SEM-STRUCTURED INTERVIEW GUIDE FOR LEARNERS
WITHOUT SOCIAL EMOTIONAL DIFFICULTIES**

SECTION A: Background information

- (a) Self-introduction.
- (b) Seeking background information about the participants: Age, class, favourite subject and hobbies

SECTION B: Psychosocial support services which are provided for learners with social emotional difficulties

1. How are learners with social emotional difficulties treated in this school?
2. How do other learners react in response to behaviours presented by learners with social emotional difficulties?
3. How do teachers react in response to behaviours presented by learners with social emotional difficulties?
4. Which Psychosocial support services are provided for learners with social emotional difficulties in this school?
5. Who provide psychosocial support services for learners with social emotional difficulties in this school?

SECTION C: How psychosocial support services are provided for learners with social emotional difficulties

6. How psychosocial support services are provided for learners with social emotional difficulties in this school?
7. How often psychosocial support services are provided for learners with social emotional difficulties in this school?

8. Where are the psychosocial support services provided for learners with social emotional difficulties?

SECTION D: Challenges experienced in the provision of psychosocial support services for learners with social emotional difficulties

9. What challenges do learners with social emotional difficulties experience in as far as psychosocial support service provision is concerned in this school?

10. What could be the root cause of challenges cited in number 9 above?

11. In your opinion, what could be done to solve the challenges experienced in provision of psychosocial support services for learners with social emotional difficulties in this school?

Thank you for cooperation.

END

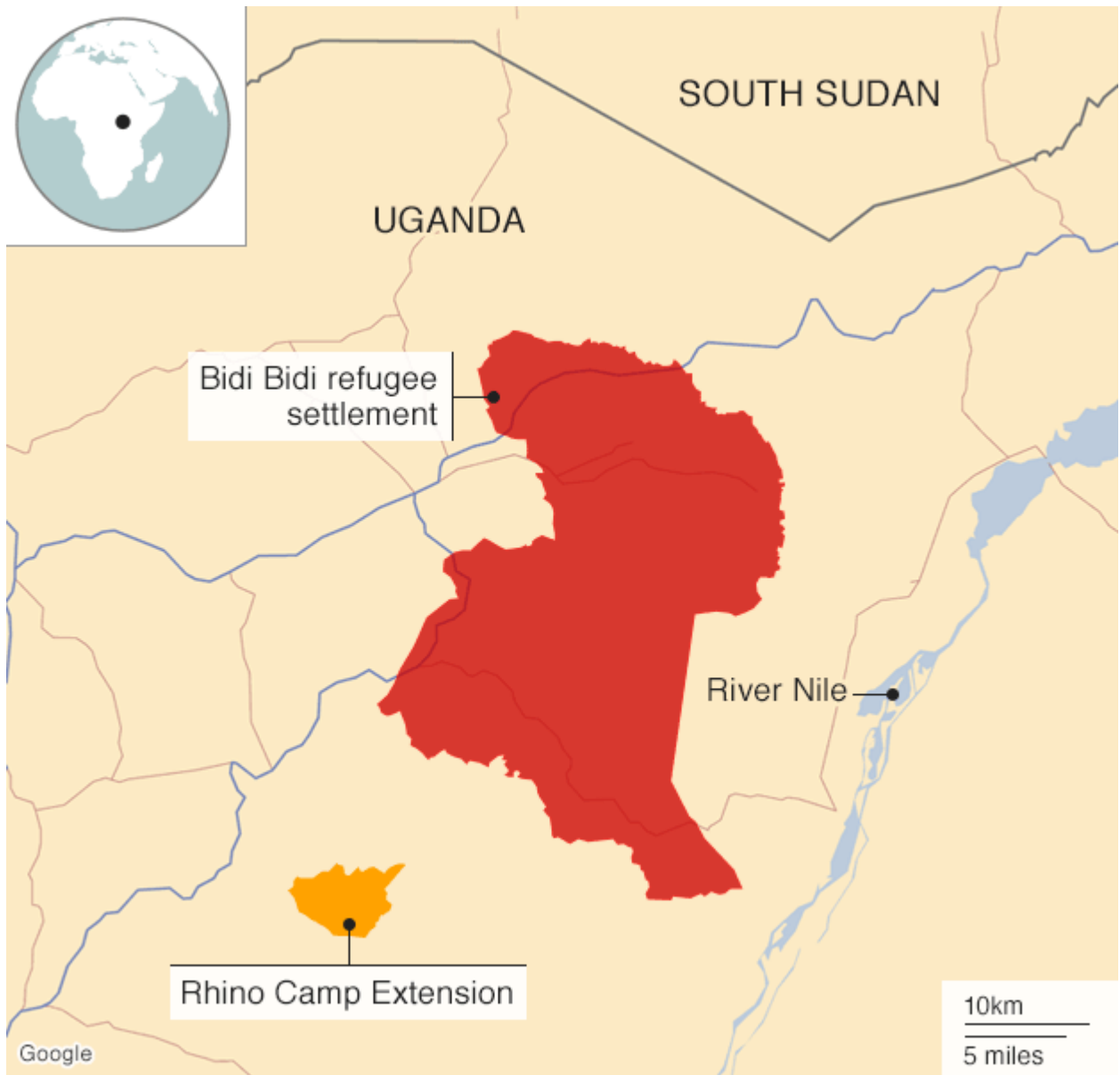
APPENDIX VIII: A MAP OF UGANDA SHOWING YUMBE DISTRICT



Source: Google Map (2018)



APPENDIX IX: A MAP OF YUMBE DISTRICT SHOWING AREA OF STUDY



Source: UNHCR

BBC

APPENDIX X: INTRODUCTORY LETTER FOR DATA COLLECTION



KYAMBOGO UNIVERSITY
FACULTY OF SPECIAL NEEDS AND REHABILITATION
P. O. BOX 6478 KAMPALA
Tel: 041-286237/285001 Fax: 041-220464
Department of Special Needs Studies

14th December 2020

To Whom it May Concern

Dear Sir/Madam


**SUBJECT: INTRODUCTORY LETTER FOR Mr. TWINAMATSIKO ALEX REG. No
18/U/GMSN/ 19456/PD**

The above mentioned is a student in the Department of Special Needs Studies. He is registered to pursue a study programme leading to the award of a Master of Special Needs Education. As part of the award requirements, he is expected to carry out research and submit a thesis.

The purpose of this letter, therefore, is to introduce him to you and to request you to support him in the process data collection.

Thank you in advance.

Thank you,


Dr. Okwaput Stackus
HEAD OF DEPARTMENT