Strategies for supporting student and teacher wellbeing post-emergency

Strategie di supporto al benessere di studenti e docenti dopo un'emergenza

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Abstract

The global emergency caused by the COVID-19 pandemic has presented new challenges for schools as they consider how to manage interruption to learning, and how best to address impacts on student and teacher wellbeing. Despite considerable disruptions caused by pandemics, there is little research about their impacts and effective strategies that can minimise harm during and post-pandemics. In the absence of such research, much can be learnt from studies that have investigated effective school-based responses in the context of other emergencies, such as natural disasters and exposure to armed conflict. This paper reviews existing research and scholarship to identify best practices and strategies which lead to reduced rates of depression, anxiety and posttraumatic stress disorder amongst students and teachers. The paper also offers a number of recommendations that can be utilised by teachers, schools and education systems for school-based responses following return to school post-emergency.

Keywords: COVID-19; Pandemic; Post-emergency; Student wellbeing; Teacher development.

Sintesi

L'emergenza globale causata dalla pandemia di COVID-19 ha presentato nuove sfide per le scuole, che valutano come gestire l'interruzione dell'apprendimento e come affrontare nel modo migliore l'impatto sul benessere degli studenti e degli insegnanti. Malgrado i notevoli disagi causati dalla pandemia, sono poche le ricerche sul loro impatto e su strategie efficaci che siano in grado di ridurre al minimo i danni durante e dopo la pandemia. In assenza di tali ricerche, si può imparare molto dagli studi che hanno esaminato le risposte efficaci in ambito scolastico nel contesto di altre emergenze, come le calamità naturali e l'esposizione a conflitti armati. Questo articolo passa in rassegna le ricerche e gli studi condotti per individuare le migliori pratiche e strategie che portano a una riduzione del tasso di depressione, ansia e disturbo post-traumatico da stress tra gli studenti e i docenti. L'articolo avanza anche una serie di raccomandazioni per i docenti, le scuole e i sistemi d'istruzione in relazione alle risposte scolastiche nel momento del rientro a scuola dopo l'emergenza.

Parole chiave: COVID-19; Pandemia; Post-emergenza; Benessere degli studenti; Sviluppo dei docenti.

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1. Introduction

The global emergency caused by the COVID-19 pandemic has raised questions about how to employ effective public health responses. It has also presented new challenges for schools and education systems as they consider how to respond to interruptions to learning and adverse impacts on school staff, teacher and student wellbeing. Whilst this pandemic presents a situation unlike any encountered before, there is much that schools can learn from the wider body of education research and the research which has investigated effective school-based responses in the context of other emergencies, such as natural disasters and exposure to armed conflict. Although disasters manifest in different forms, research on emergencies show their effects be similar, particularly when they cause sustained risk to safety and survival, along with major disruptions of livelihoods in the aftermath.

In particular, much can be learnt from research investigating effective approaches to advancing the wellbeing and resilience of students and teachers living through emergencies caused by armed conflict. The experience of living under the threat of armed conflict has similarities with the experience of living through pandemics. This is because in conflict-generated emergencies people often face sustained periods of threat, along with the uncertainty about when and where that threat might cause injury and death. Further similarities occur in relation to intensive coverage of the threat in the media making the awareness of the threat ever-present. In addition, responses can have a similar pattern, involving retreat to homes and shelters, with sustained social isolation and break down in community connections, along with associated disruptions in access to education and negative impacts on family livelihoods and relationships.

Emergencies and disasters not only require urgent response to mitigate impacts in the immediate aftermath, but also the deployment of longer term strategies to enable full recovery (WHO, 2020). Some disasters such as earthquakes and fires, or industrial accidents are relatively short in duration, though they may cause significant disruption in the aftermath. Other emergencies, such as pandemics and armed conflicts, tend to be sustained over months and years. Whether short-term or sustained, the responses that schools provide post-emergency can help support staff and reduce the negative impact on the learning and wellbeing of children and young people (Gibbs *et al.,* 2013; Parker *et al.,* 2016).

This paper provides a review of research outlining effective approaches to the promotion of student and teacher wellbeing during periods of emergency and recovery. It first focuses on the ways in which exposure to emergency can affect children and young people. It then discusses research that has examined the contribution that schools can make to the reduction of student mental health problems via the provision of social and emotional learning programs. The review also looks into research around teacher needs in emergency response. The paper concludes

with recommendations that can be utilised by teachers, schools and education systems for school-based responses following return to school post-emergency.

2. Impacts of emergencies on children and young people

Most children and young people will recover from the trauma associated with emergency situations without requiring specialised support (Alisic *et al.,* 2012). However, an estimated 30 per cent of children and young people will experience lasting mental health effects for many years post emergency (Bonanno *et al.,* 2010; Le Brocque *et al.,* 2017). Mental health problems may include Post-Traumatic Stress Disorder (PTSD), depression or anxiety (Powell & Bui, 2016; Van Hooff, 2010).

Post-traumatic stress is common after emergency situations. Post-traumatic stress is the term used to describe the normal response to trauma whereby people experience distressing thoughts, feelings and memories as they come to terms with their experience. The term 'disorder' rather than 'stress' is used when the reaction becomes a severe anxiety disorder. Post-traumatic stress disorder (PTSD) might manifest as re-experiencing the original trauma(s) through flashbacks or nightmares; a strong need to avoid images, sounds or places associated with the trauma; increased sensitivity and hyper-vigilance or checking for safety; difficulty falling or staying asleep; anger; and numbing. The term 'disorder' is used when these symptoms persist over time and are severe enough to cause significant impairment in relationships or other important areas of life, learning and work.

In the immediate aftermath of emergencies, children and young people may experience and show symptoms of post-traumatic stress, including increased conflict with peers and problems within social relationships; behavioural changes such as withdrawal, or aggressiveness; pre-occupation with re-enacting negative events in play and stories; difficulty in concentrating on learning; difficulty in talking about traumatic events; and anxieties about safety even when threats are no longer evident (Gibbs *et al.,* 2019; Neria *et al.,* 2008; Weems & Graham, 2014). Some children and young people may remain relatively composed during and post emergency, but they may experience more serious mental impacts a considerable time after the emergency. This is because as time progresses, changes and stressors may accumulate and increase in impact while social support becomes less readily available after the immediate aftermath (Gibbs *et al.,* 2013; Gibbs *et al.,* 2019; Kessler *et al.,* 2008).

The risk of developing PTSD varies depending on individual, family and community contexts. Risk factors associated with more severe or ongoing psychological distress after emergency situations include having feared for one's life during the emergency; bereavement; exposure to ongoing, or repeated traumatic events; previous history of trauma or mental health problems; pre-existing physical or cognitive disabilities, lack of family or social support; ongo-

ing disruptions such as not being able to return to school; excessive exposure to media about the effects of the emergency; family violence; poverty; parental mental health problems; and harsh parenting styles (Alisic *et al.,* 2012; Bryant *et al.,* 2018; Grolnick *et al.,* 2018; Liberty *et al.,* 2016; Weems & Graham, 2014).

Children who are bereaved as a result of the emergency may face additional emotional burdens. Some may develop Childhood Traumatic Grief, a condition in which children develop trauma symptoms that prevent them from moving through the grieving process in ways that can help them move on with their lives (Cohen & Mannarino, 2011). Childhood Traumatic Grief, if not identified and addressed, can lead to more severe psychological and emotional problems.

Earlier models of understanding the impact of emergencies on children and young people focused on the effects of direct exposure to the traumatic events. However, more recent research shows that distress can also be caused and sustained by a number of post emergency risk factors in the home environment. Prolonged lockdowns can lead to psychological stress, diminished access to social support and increased rates of family violence (Campbell, 2020; Rubenstein & Stark, 2017). Economic down-turns and recessions caused by emergencies bring increased rates of depression, anxiety and alcohol use among caregivers (Becker-Blease *et al.,* 2010). Family economic stress can negatively affect parenting behaviour, with parents being more likely to resort to the use of violence and harsh discipline (Conger *et*

al., 2000; Rubenstein & Stark, 2017).

Both rates of violence against children (VAC) and intimate partner violence (IPV) tend to increase at the time of and following an emergency (Rubenstein & Stark, 2017; Stark & Landis, 2016). Boys tend to experience higher rates of physical violence and girls experience higher rates of sexual violence, with children from families affected by poverty being at an increased risk (Rubenstein & Stark, 2017; Stark & Landis, 2016). Reporting of family violence is significantly less likely to occur during and post emergency *et al.,* 2019). Thus victims of violence are less likely to get support and this places them at greater risk of long-term negative heath impacts including trauma, PTSD and psychological distress (Rubenstein & Stark, 2017; Stark & Landis, 2016). Exposure to trauma during and post emergency can also have negative effects on learning and reduce subsequent success in education and career pathways (Gibbs *et al.,* 2019; Liberty *et al.,* 2016; Van Hooff, 2010).

3. Key contributions of schools in emergency response

Schools and teachers can contribute in many ways to increase the likelihood that students will make a full recovery from post-traumatic stress, and loss of time for learning. When students return to school, they benefit from the capacity of the school to provide a secure environment with routines and tasks that can help them to settle and engage in activities to take their minds off

the trauma. Teachers can make a significant contribution by providing familiar routines, consistent rules, emotional support and engaging learning activities. Teachers can also help by modelling appropriate social, emotional and relational responses such as care for others, and management of one's own frustrations (Wolmer, 2003).

Teacher contributions to student wellbeing happen both in the early aftermath and in the long-term recovery. Teachers can provide psycho-educational support in the early aftermath via learning activities designed to help students to understand the ways people can respond constructively to traumatic events. For instance, teachers can provide information and techniques for self-calming and managing expression of their emotions (Wolmer, 2003). In delivering these programs, teachers can teach coping skills and strategies, correct myths and misinformation, facilitate student interaction and peer connectedness, and play a role in de-stigmatising mental health distress and help-seeking (Prinstein, 1996).

Along with the education and support provided in the early phases, schools and teachers are ideally positioned to provide long term psycho-educational support via systematic provision of wellbeing and social and emotional learning programs. These programs help students to develop awareness about self and others and foster resilience to deal with the challenges of life. They are the most effective way to provide the longer-term support that students need as they recover over time. Students who take part in these programs are less likely to suffer from PTSD (Wolmer *et al.,* 2011). Additionally, those who receive social and emotional learning programs before emergencies are less likely to develop PTSD in the long term (Slone *et al.,* 2013).

Teachers are well-positioned to notice and refer students or families who may need more specialised support during and post-emergencies (Fu & Underwood, 2015). The knowledge teachers have of their students can help them to notice behavioural changes or symptoms of post-traumatic stress, and to monitor and support recovery (Alisic *et al.,* 2012; Rolfsnes & Idsoe, 2011; Wolmer, 2003).

Schools can also be effective providers of emergency preparedness education. Emergency preparedness education teaches students about how to deal with the immediate and practical challenges faced in emergency situations. This can include teaching students about how to stay safe in pandemics, fires or floods, or how to work with their family to develop and practice a family response plan. Appropriately-timed school-based emergency preparedness training can help to alleviate fears of vulnerability, reduce physical risks by helping people to recognise signs of danger and take appropriate action, lead to better decision-making and use of hazard minimisation strategies and promote a sense of control in an emergency situation by improving coping mechanisms (Morris & Edwards, 2008; Peek, 2008; Ronan & Johnston, 2005). Emergency preparedness is best provided as part of a routine curriculum, rather than in a reactive way during or immediately post emergencies.

4. Using Trauma-informed approaches

In addition to specific practices designed to provide post-emergency support for students, there are many effective instructional and wellbeing practices which schools may already have in place which can be continued or intensified at this time. This includes positive approaches to pastoral care and student management such as whole school approaches to trauma-informed practice, use of school-wide positive behaviour methods, provision of well-structured pastoral care and wellbeing support systems, strong partnerships with parents and community agencies, along with approaches to mental health promotion and social and emotional learning. Student-centred teaching practices such as the use of two-way formative feedback between teachers and students provide effective methods for developing both teacher-student relationships and effective support for learning (Hattie & Clarke, 2019). They combine well with the use of trauma-informed practices of teacher attention to the strengths and needs of the students.

Trauma-informed practices are guided by the understanding that trauma can significantly alter the baseline physiological stress levels. This can impair people's capacity to use logic and reasoning, form positive relationships, solve problems, manage behaviour, regulate emotions, concentrate on or recall learning (Australian Childhood Foundation, 2010). School-based trauma-informed approaches place emphasis on developing the routines, relationships and activities that make school responsive to the needs of all children and young people, including those affected by traumatic experiences. Trauma-informed practices support children and young people to reset their baseline internal stress level. They involve a central focus on building positive relationships, fostering calm and consistent methods of communication and providing stability and predictability of routines to build familiarity and security.

Teacher understanding of the possible effects of trauma on learning, wellbeing and behaviour underpins the implementation of trauma-informed approaches in schools. Guided by their understanding of the effects of trauma, teachers can contribute by acknowledging the emotions that children may be experiencing. Teachers can also ensure that students view their teachers as caring, even when student behaviour is challenging. Students also benefit when their teachers adapt instructional and behaviour management methods in order to include them and support their participation, rather than using reactive disciplinary strategies which can exclude them[2]. These trauma-informed strategies help students to settle, and become more able to engage and concentrate on learning and to develop their capacity to relate well with others (Australian Childhood Foundation, 2010). Regardless of their exposure to trauma, all students benefit from working within trauma-informed learning environments (Walkley & Cox, 2013).

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2. For further examples of trauma-informed practices, see https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf

5. Social and emotional learning as key strategies in recovery

Schools and services often presume that short term interventions provided in the immediate aftermath of an emergency such as a pandemic will be sufficient to assist with 'a return to normal'. Although immediate interventions are helpful for reducing the symptoms of post-traumatic stress, they often focus only on responses to the emergency situation rather than also on the kinds of challenges that are also part of a return to more regular routines (Gibbs *et al.,* 2013; Powell & Bui, 2016; Sims *et al.,* 2015). Social and emotional learning (SEL) programs are needed to assist with long term recovery. SEL programs are ideally delivered by the classroom teacher, over a period of months (Cahill & Dadvand, 2020a). They teach about emotional responses and coping strategies for use in everyday life as well as those used to deal with loss, disruption, and the threat that the traumatic events may recur (Nastasi, 2011).

Social and Emotional Learning (SEL) programs explicitly teach the skills, attitudes and behaviours for emotional regulation, critical and creative thinking, problem-solving and positive relationships. They develop the key skills of self-awareness, self-management, social awareness and focus on relationship skills and responsible decision-making (Collaborative for Academic Social and Emotional Learning [CASEL], 2013)[3]. Theoretically informed, and well-designed SEL programs can help build protective factors such as social support and coping skills. These skills are essential both for disaster recovery and for navigating the challenges of life beyond the emergency event (Salloum & Overstreet, 2012).

A robust body of research investigating SEL programs in diverse settings shows many benefits for student learning and well-being. There are growing calls on education systems to include such programs as part of their ongoing curriculum and efforts to develop the essential 21st Century skills (OECD, 2015). Studies identify that some of the positive outcomes for students following provision of well-developed and effectively delivered SEL programs include:

- Improved mental well-being and reduced anxiety, depression and suicidality (Payton *et al.,* 2008; Stockings *et al.,* 2016; Wang *et al.,* 2016);
- Improved emotional regulation and self-perception (Durlak *et al.,* 2011);
- Improved social and classroom behaviour (Durlak *et al.,* 2011);
- Reduced bullying and gender-based harassment (Cahill *et al.,* 2019; Hong & Espelage, 2012; Ttofi & Farrington, 2011);
- Reduced use of cigarettes, alcohol and other drugs (Payton *et al.,* 2008; Sklad *et al.,* 2012);
- Reduced rates of school drop-out (Wang *et al.,* 2016);
- Improved connectedness to learning, to teachers and to school (Cahill *et al.,* 2019; Hagelskamp *et al.,* 2013; McCormick *et al.,* 2015), and

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3. For examples of a comprehensive open access social and emotional learning program for students at each level from school entry to completion see the Resilience Rights and Respectful Relationships program developed by the first author and colleagues.

- Improved academic achievement in the range of 5-11 per cent (Durlak *et al.,* 2011; Sklad *et al.,* 2012).

Of particular relevance to this paper are the studies that have examined the impacts of SEL programs in the context of emergencies. A review of research studies was conducted to investigate the impact of 22 different school-based programs that targeted negative mental health outcomes as a result of exposure to conflict or natural disasters. The study found that 55 per cent of these programs had positive impacts. The programs helped to reduce the occurrence and severity of PTSD, depression, and behaviour disorders (Fazel *et al.,* 2014). This review of research found that structured, longer term programs were more likely to be effective in mitigating the negative mental health and social effects of conflict or disaster than short term interventions (Fazel *et al.,* 2014).

A study of secondary students affected by sustained exposure to conflict in Bosnia showed the effectiveness of a whole school approach using a three-tiered school mental health support program (Layne *et al.,* 2008). It provided a social and emotional learning for all students as the Tier 1 intervention. Those students identified as severely traumatised also participated in a trauma and grief support intervention as the Tier 2 intervention. As the Tier 3 intervention, those identified as most acutely affected were referred for further support from specialised mental health services. The students in Tier 1 showed improved wellbeing. Even those with heightened needs who did not have access to additional support via the Tier 2 or 3 supports showed reductions in PTSD symptoms, depression and grief as a result of receiving the Tier 1 social and emotional learning provided within the prevention education program.

Another study investigated a universal SEL program that was implemented following a natural disaster in Oklahoma, US (Powell & Bui, 2016). The study found that the program contributed to improved communication skills, ability to manage conflict, resilience, and emotional regulation. A Turkish school-based program provided after exposure to conflict also found that those who received the program continued to display lower levels of PTSD, grief and dissociation than the control group, even three years after the program (Wolmer *et al.,* 2005). Similarly, a study with Israeli secondary students returning to school after conflict found that those who received the 12-session SEL program over six-weeks were better able to seek support from others, had greater confidence in their self-efficacy and showed reduced rates of psychological distress (Slone *et al.,* 2013). In contrast, those in the control group had increased rates of distress and lower levels of social support over time, with the return to school post crisis bringing new challenges, including reduced perceptions of safety and social support in comparison to that experienced when sheltering at home.

6. Supporting teacher learning and wellbeing

Teachers are the key drivers of change in schools and should therefore be the focus of attention post emergency. Teachers typically report feeling under-prepared to respond to trauma (Alisic *et al.,* 2012). Research also shows that teachers appreciate professional learning that helps them to understand how trauma might affect them as well as their students, and how they can effectively implement social and emotional learning programs (Wolmer, 2003). Despite the importance of this contribution, some teachers may be reluctant to provide social and emotional learning programs due to lack of training or a belief that it is not a good fit with their professional role (Alisic *et al.,* 2012). This can be particularly so for secondary school teachers, as they face pressures to cover the curriculum and focus on their specific subject-related duties (Exner-Cortens *et al.,* 2018).

Teachers may also feel anxious about how to manage the emotional and pedagogical work involved in facilitating discussions about coping with stress, conflict or violence (Cahill & Dadvand, 2020b). In these instances, teachers benefit from a combination of in-school support measures including: provision of explicit SEL teaching resources to guide their approach, professional learning which allows them to sample the learning activities devised for their students, planning or co-delivering lessons with colleagues, visible support from school leaders, briefings about systems for making in-school referrals for those with heightened needs; and support from specialised wellbeing staff (Dadvand & Cahill, 2020).

Teachers may also be dealing with significant personal and family challenges as a result of exposure to the emergency. They may experience heightened professional anxiety and escalating workloads due to the growing demands placed upon them to cater to the increased needs of their students (Wood & Goba, 2011). Learning routines can be disrupted, and returning students can present with heightened anxiety and difficulty concentrating, along with increased behavioural problems (Berger *et al.,* 2018). A review of research investigating the impacts of trauma on teachers in conflict-affected zones found that they had to deal with managing children with escalated emotional, behavioural and learning needs, lack of resources, escalated and unrealistic work responsibilities, lack of administrative support, and reduced parental or community support (Sharifian & Kennedy, 2019).

These stressors can lead to teacher fatigue, burnout, stress, and a desire to leave the profession (Sharifian & Kennedy, 2019). Levels of teacher stress can be particularly high in under-resourced schools serving marginalised communities which have greater needs and less access to resources (Bhana & Morrell, 2006). In such settings, teachers may experience burn-out well after the initial emergency has passed (Berger *et al.,* 2018). A sense of purpose and contribution, and community appreciation for their efforts within the emergency response can be a protective factor that helps teachers to maintain

their efforts and their wellbeing (Sharifian & Kennedy, 2019). However, despite provision of supportive relationships and structures and professional learning, some teachers may be unable to perform their regular teaching duties due to the impacts of the emergency on their own wellbeing or family circumstances. They may need to be assigned alternative responsibilities or leave, and be provided with access to specialised psychological services (Wolmer, 2003).

7. Implications and Recommendations

The prevalence of mental health problems, family violence and poverty increases during and after emergencies. Risk factors in the family and the community can have negative impacts on student learning, behaviour and wellbeing. The longer-term effects on vulnerable families and communities mean that some children may continue to be affected by multiple forms of trauma, including dislocation, loss of loved ones, exposure to poverty, unemployment, mental health problems, family violence, and sexual violence. Students with heightened family or individual risk factors prior to the emergency may be most affected. Students who face intersecting forms of disadvantage such as those in contexts of poverty or from more complex home backgrounds are less likely to feel connected to their schools (Dadvand & Cuervo, 2019) and participate in its everyday activities (Dadvand, 2018). At times of emergencies, these students are

likely to find it even more difficult to cope with adversity and struggle to participate in school routines and activities. Anxiety, social withdrawal, behavioural problems and decreased ability to get along with peers may be signs of trauma and can increase in the aftermath of the emergency. Whilst most children and young people recover in time, some will carry a long-lasting mental health burden, and many will suffer from the interruption to their learning.

A number of recommendations can be derived from a review of research into school post-emergency responses. Schools can help to improve the protective factors which are associated with a positive school environment. This is because they provide a central space of belonging, connectedness and hope for families and communities. Connectedness to teachers, peers and learning goals in school is protective for students, and assists them to strive, to care for each other, and to learn skills for their present and future lives.

In the immediate aftermath of an emergency, it is important that schools use a range of welcoming, connecting and calming practices. The re-establishment of appropriate routines and provision of engaging and well-structured learning tasks can help students re-connect to learning and to their peers and teachers. Simple learning activities can be provided to assist students to understand what has happened and to help them to see how the return to school can support their wellbeing and learning. Care should be taken not to focus unduly on the events and impacts of the emergency

event at this time. Instead, students benefit from strengths-based approaches, such as opportunities to share stories about the strengths and strategies they and others used to cope and to help others and planning to make their school a supportive place.

School teachers and staff can more effectively support students when they are provided with professional learning about ways that exposure to trauma can affect learning, behaviour and wellbeing, and about how to use in-school referral and support pathways. Teachers also benefit when provided with professional learning to help them effectively provide the types of sustained social and emotional learning programs associated with full recovery. These programs teach the skills for emotional awareness, problem-solving and communication skills, and positive coping strategies, along with help-seeking and peer support skills. They are associated with improved mental health, social health and learning attainment.

A number of teaching practices can also make a particular contribution in the post emergency period. They include the use of scaffolded learning tasks to assist students to monitor their own progress and readily see the ways in which they are progressing in their learning. In addition, frequent use of positive formative feedback on student effort and progress can help them to re-build their confidence as learners, and to maintain their persistence in the face of challenge.

Positive discipline and trauma-informed approaches to behaviour management are of particular importance at this time. Recommendations for teachers include: avoid-

ing the use of demeaning disciplinary strategies, investing time in building positive teacher and peer relationships, developing peer connectedness and support through collaborative learning activities, and creating opportunities for participation via the arts, sports, and civic service.

During and post-emergency, efforts should be made to connect well with families and carers. Schools can assist by sharing key information, including simple messages about school routines, support services, and ways to understand and access help for people affected by poverty, violence, and trauma. Teachers can also contribute to student wellbeing by remaining alert for signs of unresolved distress amongst their students, and by working to support and refer those in need of additional help. Teachers can make a further contribution by providing learning and wellbeing support plans to help the more vulnerable groups of students to manage attendance, social interaction, and participation in learning.

The efforts that teachers exert to sustain support for students with complex learning and wellbeing needs may mean increased workloads and the risk of fatigue and burnout. Teachers may also be affected by the impact of trauma. Teachers can be supported when leaders assist in setting realistic expectations that take into account their changing circumstances, resources and capacities. They can benefit from allocation of time to collaborate with and support each other, and from learning strategies for debriefing and self-care. Those most affected may need access to specialised services or

need to be assigned to alternative duties.

During recovery from emergencies, the role of teachers and school staff becomes ever more significant. Schools contribute to strengthening the social fabric of the community by providing a space of security, purpose, care, equity and inclusion, as well as a place to learn, to contribute and to create joy. The return to school post emergency offers both a sign of hope, that life will improve, and a site of challenge, as teachers and students press forward following disruption and duress. The key learning from trauma research is that in-vestment in caring relationships is the most powerful strategy through which to enable all parties to thrive and learn. The key learning from research investigating programmatic responses is that provision of sustained social and emotional learning programs makes a significant contribution to recovery, including for those most affected. Informed by these findings, it is both the practice of positive relationships, and the teaching of social learning that should be a key focus within all schools supporting communities post emergency.

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