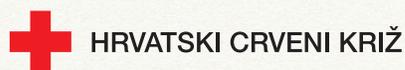




# Psychological first aid for children in educational settings

A handbook for preschools,  
primary and secondary schools





Psychological first aid for children  
in educational settings



**PSYCHOLOGICAL FIRST AID  
FOR CHILDREN IN EDUCATIONAL SETTINGS**  
*A handbook for preschools, primary and secondary schools*

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# FOREWORD

Children and youth today grow up in a world full of challenges – from complex family dynamics and social pressures to traumatic events such as natural disasters, migration, armed conflicts and other emergencies. In such moments, their first line of support are often not mental health professionals, but those who are closest to them on a daily basis: preschool and school teachers, pedagogues and other employees in the educational system. Therefore, the skills of providing psychological first aid are becoming an indispensable part of the professional responsibility of everyone working with children and youth.

Croatian Red Cross, as part of the Red Cross Movement, has played a significant role in responding to various emergencies for the past years - whether it is natural disasters, migration or armed conflicts. An important component of our work is the provision of psychosocial support to preserve mental health and the emotional well-being of people affected by emergencies.

Since 2001, with the approval of the Ministry of Science, Education and Youth and in cooperation with the Teacher Training Agency, Croatian Red Cross has been systematically implementing Human Values training and series of other programs contributing to capacity building of school staff and children (emergency preparedness, solidarity and volunteering, climate change, health protection, healthy lifestyles, addiction prevention, first aid, personal growth and development, accepting diversities and prevention of discrimination, asylum and migration, human rights, prevention of human trafficking, communication skills, gender equality, etc.). In 2017, through *Education for Humanity from a Young Age* program, cooperation was extended to the preschool educational system.

To better prepare the educational system for current challenges, as well as those yet to come, in the partnership with the Teacher Training Agency Croatian Red Cross recognized the need for additional capacity building of preschool and school staff. Psychological first aid training is designed not only to strengthen individuals, but also to support the entire communities. This creates more resilient schools and kindergartens, where children, especially those from vulnerable groups such as refugee children, can be provided with support that is safe, empathetic and tailored to their needs.

This manual leans on and builds upon the previously mentioned Croatian Red Cross programs as a response to identified specific needs within the educational system and society in general. It was created within the framework of the EU4HEALTH project "Providing quality and timely psychological first aid to displaced persons from Ukraine", but also as response to the increasing need for clear, practical and



# FOREWORD

experts-based guidelines for working with children in emergencies. Our aim was to create a tool that can be useful in everyday practice, easy to understand, but at the same time is based on current scientific knowledge and good practices.

The manual is intended primarily for professionals in the educational institutions – preschool and school teachers, expert associates and heads of kindergarten and schools – but also for all those working with children and youth and wants to develop their competences in psychological first aid.

We believe that this manual will become your ally in demanding situations and contribute to the creation of a safer, more compassionate and more resilient environment in which every child can grow and develop with the trust and support they deserve.

Croatian Red Cross



# INTRODUCTION

This handbook is designed to equip school staff with the knowledge and skills to apply the principles of Psychological First Aid (PFA) in educational settings, with a particular focus on supporting children and young people in times of crisis. While the general principles presented here are relevant across a range of crises and emergencies including natural disasters, armed conflict, and personal or everyday stressors that impact children's well-being (Ben-Arieh et al., 2004), this handbook places special emphasis on the unique needs of refugee and migrant children, who may be especially vulnerable due to displacement, trauma, and the challenges of integrating into a new environment. By offering practical guidance tailored to the educational context, the aim is to help preschool and school teachers and professionals provide timely, compassionate, and effective support.

We are aware that there are already several manuals and materials on psychological first aid, including those published by the Red Cross and other national and international organizations, an overview of relevant literature and sources is available in the appendices and list of references.

What makes this manual stand out is its clear focus on practical application in the work of educational professionals. It was developed in accordance with the international guidelines of the International Federation of Red Cross and Red Crescent Societies (IFRC), and is designed so that it can also serve as a standalone tool for preschool and school teachers, expert associates and others who want to acquire basic knowledge and skills in providing psychological first aid to children and young people.

Preschools and schools play an irreplaceable role in children's lives: they are not only places of learning, but also environments where relationships are built, a sense of safety is established, routines are formed, and social and emotional skills are developed. In times of crisis, preschool and school teachers, school expert associates, as familiar and trusted adults, can offer children vital support, helping them to strengthen their resilience and to recover.

Child well-being refers to the quality of children's lives and encompasses all aspects of their physical, emotional, social and cognitive development, and includes these six dimensions: material well-being, health and safety, educational well-being, family and peer relationships, behaviors and risks, as well as children's subjective well-being (UNICEF, 2007).

This handbook follows the Psychological First Aid approach as defined by the World Health Organisation (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRC), and is based on three key steps: **Look, Listen, Link**. This approach has proven effective in reducing the impact of stress and in strengthening children's self-confidence, sense of control, and hope – especially when the support comes from familiar and trusted adults (Gilbert et al., 2021).



## UVOD

In today's world, displacement due to climate change, conflict, and social instability is becoming increasingly common. Migration has therefore become a significant educational and social issue, particularly when it involves children and families in vulnerable circumstances. The Croatian Red Cross, as an organisation with longstanding experience in working with individuals under international protection and supporting refugee integration, also contributes to this handbook by giving its perspective on working with children and families from migrant backgrounds.

**Refugee.** According to the Croatian Act on International and Temporary Protection (Official Gazette 70/15, 127/17, 33/23), a refugee is a third-country national who, due to justified fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group, is outside the country of which they are a citizen and unable or, because of that fear, unwilling to seek protection from that country.

For the purposes of this handbook, the term **refugee children** refers to all individuals under the age of 18 in the Republic of Croatia who are: applicants for international protection; persons who have been granted some form of international protection (asylum or subsidiary protection); or persons who have been granted temporary protection (Official Gazette 70/15, 127/17, 33/23).

**Migration.** In general, migration refers to any change of place of residence, whether permanent or temporary, and regardless of distance within and across the state and administrative borders. A **migrant** is a person who moves from one country to another or within the same country for various reasons, including economic, educational, or family-related motives (IOM, 2019).



# PSYCHOLOGICAL FIRST AID

## PSYCHOLOGICAL FIRST AID

**Psychological First Aid (PFA)** refers to a set of knowledge and skills trained helpers apply to support individuals experiencing high levels of stress (distress) to calm down and cope with difficult life situations (IFRC, 2018). At its core, psychological first aid is a humane approach that focuses on meeting a person's emotional, social, and physical (practical) needs, with the goal of empowering them to manage difficulties independently. Psychological first aid can be provided alongside physical first aid or as an independent intervention following a critical incident – whether that is an event affecting a small number of people (such as a traffic accident, the loss of a loved one, or a terminal illness) or a crisis impacting an entire community (such as floods, fires, earthquakes, war...).

There are several different ways of delivering psychological first aid. While they may vary to a degree, they follow the same core principles of promoting a sense of **safety, calm, connectedness, self-efficacy and collective efficacy, and hope** (Hobfoll et al., 2007). By integrating these principles and drawing on insights from various approaches, the **World Health Organisation (WHO, 2011)** has developed a model of psychological first aid that is easy to remember and based on three core actions: **Look, Listen, Link**. These are often referred to as the “three Ls” and can be visualised as a traffic light model (see Figure 1). They can be applied to support both adults and children, regardless of their age, gender, ethnicity, nationality, or any other identity. In the following chapters, each principle will be presented and explained in detail, with practical examples, concrete steps and useful advice that can facilitate the application of psychological first aid in everyday work with children and young people.



Figure 1.  
The action principles of psychological first aid (adapted from WHO, 2011;  
IFRC, 2018)

# WHAT IS AND WHAT IS NOT PSYCHOLOGICAL FIRST AID - PFA

(adapted from IFRC, 2019)

## PFA IS...

- ✓ helping a person in distress to feel safe and calm.
- ✓ assessing needs and concerns.
- ✓ protecting individuals from further harm.
- ✓ providing emotional support.
- ✓ assisting in meeting basic needs (water, food, clothing, temporary shelter...).
- ✓ helping individuals to access essential information, services, and support.

## PFA IS NOT...

- ✗ something only mental health professionals (psychologists, psychotherapists, psychiatrists) do.
- ✗ counselling or psychotherapy.
- ✗ recounting or analysing the distressing event in detail.
- ✗ pressuring someone to talk about their feelings or reactions to the event.



# WHY IS IT IMPORTANT FOR EVERYONE TO KNOW HOW TO PROVIDE PSYCHOLOGICAL FIRST AID?

## WHY IS IT IMPORTANT FOR EVERYONE TO KNOW HOW TO PROVIDE PSYCHOLOGICAL FIRST AID?

In crisis situations such as natural disasters, accidents, or other traumatic events, it is essential that individuals who care for and interact with children and adolescents on a daily basis, including family members, preschool and school professionals, and other adults in the child's immediate environment, are equipped to provide psychological first aid.

Although mental health professionals play a central role in delivering long-term support, it is often those closest to the child who are first to notice signs of distress and provide basic forms of assistance. These individuals are uniquely positioned to recognize early psychological responses to crisis events. Through ongoing contact and consistent monitoring of development, they can observe changes in behavior, emotional responses, or daily functioning that may indicate the presence of stress or trauma. Basic competencies in psychological first aid allow for the provision of immediate, practical and emotional support that can help reduce the negative impact of distress.

To support the understanding and planning of psychosocial support in large-scale crises, the Mental Health and Psychosocial Support Intervention Pyramid (see **Appendix A**) provides a structured model that is widely used in humanitarian contexts globally. This model outlines several levels of support: from ensuring basic needs and safety, to strengthening community-based systems such as families, preschools, and schools, to delivering more focused, non-specialized and finally specialized care when necessary. The community level, including preschools and schools, is particularly well suited for the design and implementation of community-based mental health and psychosocial support activities (see exercises in **How to practise resilience**).



# WHAT IS PSYCHOLOGICAL FIRST AID FOR CHILDREN?

## WHAT IS PSYCHOLOGICAL FIRST AID FOR CHILDREN?

The same core actions – *Look, Listen, Link* – apply when supporting both children and adults. However, the way these actions are put into practice differs due to a range of factors. Children respond to crisis situations based on what they are able to understand. Their reactions may differ from those of adults because of their chronological age, stage of cognitive development, past stressful or traumatic experiences (such as abuse, domestic violence, or rejection), and the reactions of the adults around them, especially parents and caregivers.

Distressing events for children can vary widely and include experiences that evoke feelings of sadness, fear, and insecurity. Such events may be personal and individual – like family problems or loss – or with a broad impact and public, such as natural disasters or large-scale accidents affecting an entire community. A common way to categorise such events is by their scale – small-scale or large-scale – where size is an indicator of the number of people directly affected. However, this does not reflect how stressful, intense, or painful the event may be on an individual level. Examples of such events are listed in Table 1.

Table 1. Examples of highly distressing events (adapted from the IFRC, 2021)

Examples of small-scale, individually distressing events:	Large-scale distressing events with a broad impact can include:
✓ conflicts with friends	✓ natural disasters such as earthquakes, fires, and floods
✓ difficulties in romantic relationships (especially among adolescents)	✓ major industrial accidents
✓ peer violence or other forms of violence	✓ other large-scale human-caused disasters, including wars and terrorist attacks
✓ diagnosis of a serious illness	✓ pandemics
✓ loss of a pet	
✓ parents' divorce	
✓ traffic accident	
✓ death in the family	



# WHAT IS PSYCHOLOGICAL FIRST AID FOR CHILDREN?

It is important to recognise that every child experiences and responds to these situations differently. Some may find them deeply upsetting, while others may show greater resilience. The individual and social context, as well as the support the child receives, play a key role in how they process and cope with such experiences.

In the following sections, each of the three core actions of psychological first aid will be explored in detail in separate chapters. These chapters offer practical guidance tailored specially to the needs and specific nature of the educational setting, with the aim of equipping teachers to apply these actions effectively when working with children and youth in need of support.



# LOOK



## LOOK



The first action principle of psychological first aid is **LOOK**, which involves gathering key information:

- ✓ What happened?
- ✓ Are there any safety risks for the child? Is the child alone or accompanied? Who is the accompanying person, and what is their relationship to the child?
- ✓ Are there any physical injuries?
- ✓ What emotional reactions is the child showing?

**Gathering information about the event.** Information about what has occurred can be collected in various ways. If we have immediately experienced or witnessed the event ourselves, we can gather information on the spot, directly from the child. Other sources may include people nearby (other children, friends, parents or family members, teachers, bystanders who witnessed the event), as well as the media (TV, radio, news websites), and official channels<sup>1</sup> (such as schools, kindergartens, the police, or civil protection authorities).

**Assessing safety risks for the child.** Before beginning any conversation or offering help, the first step is to assess whether the child is physically and emotionally safe. Physical safety refers to the environment the child is in: is there a risk of a building collapsing, fire, or any other immediate danger? Emotional safety involves assessing the people around the child – are there any signs of abuse or neglect? Do the people present pose a potential threat or a source of support? The goal is to ensure the child is in a safe setting before proceeding with further steps.

**Physical injuries.** In the event of physical injuries, preschool and school teachers immediately apply first aid procedures and ensure that the child receives the necessary medical care (e.g. by calling an ambulance). If there is a suspicion that the injuries may be the result of abuse or neglect, it is important that the teacher first shares their suspicion with another teacher in the group and with the school expert associates. Only after joint reflection, additional observations and verification of the suspicion, if necessary and through a conversation with the child, should a possible report be made to the competent services. In this way, hasty assessments that can violate the parents' trust are avoided, but

---

<sup>1</sup> In the case of large-scale emergencies (earthquakes, floods, etc.), it is essential to follow reliable sources of information and act in accordance with instructions provided by the relevant authorities.



at the same time the child's protection is ensured in situations when it is truly necessary. It is important that no suspicion remains unspoken, because adults have a responsibility to protect children.

**Emotional reactions.** In psychological first aid, **LOOK** primarily involves recognising signs of distress and identifying typical or expected emotional and behavioural responses that children often display in highly stressful situations.

## STRESS, DISTRESS AND TRAUMA

**STRESS** can arise in various situations. It can be triggered by any kind of positive or negative change and is part of everyday life. Stress can be positive when it motivates us to function well, such as for an exam. However, it can be negative if it leads to distress or a crisis (IFRC, 2019).

**DISTRESS** occurs when a person is unable to cope with difficulties or adapt to the situation they are facing. Unlike constructive stress, distress brings emotional and physical discomfort and suffering. It can result from a single intense and unexpected event or from the accumulation of stress over a longer period. Distress often negatively affects a person's overall functioning (IFRC, 2019).

**TRAUMA** involves exposure to a perceived or actual threat to life, serious injury, or violence. Examples of such events include serious (car) accidents, fires, robberies, physical assaults, terrorist attacks, natural disasters, and any form of sexual or gender-based violence (WHO, 2018). 'Exposure' can include directly experiencing the traumatic event, witnessing it, or learning that a loved one has experienced such an event. Traumatic events are typically unexpected, unavoidable, and dangerous.

It is important to understand that the experience of stress, distress, and trauma depends on personal evaluation of the event – its intensity, duration, and the context in which it occurs. Reactions are shaped by personal history, degree of social support, health, and cultural norms. Recognising these factors is key to providing effective support and strengthening resilience in challenging situations.



# HOW TO RECOGNISE SIGNS OF DISTRESS?

## HOW TO RECOGNISE SIGNS OF DISTRESS?

Children in emergency situations may show various signs of distress that indicate a need for support. These signs can appear on cognitive, emotional, physical (physiological), and behavioural levels (see Figure 3).

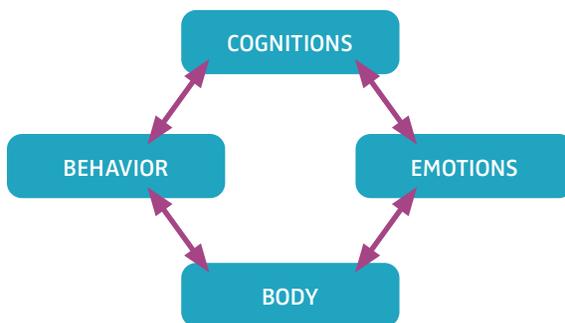


Figure 2. The connection between cognitions, emotions, body, and behaviour

Although signs of distress may vary depending on age, developmental stage, and the other individual characteristics of each child, there are common stress and trauma responses typical for different age groups (see Table 2).

Table 2. Common reactions to stress and trauma in different age groups (adapted from the IFRC and Save the Children, 2012)

Age group	Stress responses
Up to 3 years	<ul style="list-style-type: none"><li>✓ may cry more than usual, be clingy, irritable, passive, or emotional</li><li>✓ holding tightly to parents</li><li>✓ fear that something bad will happen</li><li>✓ regression to earlier behaviours (thumb-sucking, bedwetting)</li><li>✓ changes in sleep and eating habits</li><li>✓ lack of interest in play, aggressive play, or repetition of traumatic experiences through play</li><li>✓ hyperactivity and poor concentration</li></ul>



## HOW TO RECOGNISE SIGNS OF DISTRESS?

Age group	Stress responses
Young children (3 to 6 years)	<ul style="list-style-type: none"><li>✓ feeling helpless</li><li>✓ fear of being separated from parents</li><li>✓ noticeable lack of independence or excessive independence</li><li>✓ taking on adult roles</li><li>✓ regression to younger behaviour (thumb-sucking, bedwetting, fear of the dark)</li><li>✓ signs of denial and withdrawal</li><li>✓ anxiety, fear of different things and situations</li><li>✓ changes in sleep and eating habits</li><li>✓ lack of interest in play, aggressive play, or repetition of traumatic experiences through play</li><li>✓ confusion or poor concentration</li><li>✓ mutism – a sudden inability to speak, not previously present</li><li>✓ somatisation (stomach or headaches without physical cause)</li></ul>
Older children (7 to 12 years)	<ul style="list-style-type: none"><li>✓ ability to understand more complex situations, which may lead to various reactions – feelings of guilt, failure, or anger for not preventing the event</li><li>✓ may develop fantasies about how they could have helped or saved someone</li><li>✓ behaviour may seem inconsistent as they try to cope with feelings of uncertainty and a need for control</li><li>✓ some children may want to talk about the event often – repeating the traumatic story several times</li><li>✓ withdrawal</li><li>✓ fear for themselves and others</li><li>✓ confusion, difficulty with memory, concentration, and attention</li><li>✓ sleep and eating disorders</li><li>✓ aggression, irritability, or restlessness</li><li>✓ somatisation (stomach or headaches without physical cause)</li></ul>



## HOW TO RECOGNISE SIGNS OF DISTRESS?

Age group	Stress responses
Teenagers (13 to 18 years)	<ul style="list-style-type: none"><li>✓ reactions similar to those of adults</li><li>✓ isolation, irritability, rejection of rules, and aggressive behaviour (defiance of authority)</li><li>✓ risky and self-destructive behaviours such as reckless driving, substance use, self-harm, or eating disorders</li><li>✓ may develop intense fear and withdraw into themselves</li><li>✓ feelings of guilt, shame, sadness, helplessness</li><li>✓ sudden changes in relationships</li><li>✓ shifts in beliefs about the world and people</li><li>✓ concern for other traumatised individuals</li><li>✓ self-pity</li></ul>

The reactions listed in the table are intended as a guideline and do not include all possible responses that may occur. Some reactions can appear regardless of age (such as fear or behavioural changes), but are expressed in different ways. It is important to note that a child may begin to exhibit behaviors that are not typical for them. If the teacher knows the child, they will quickly notice such changes, and if they are new to the group, it is important to work with the parent to learn what is typical behavior for that child in order to be able to recognize possible external (e.g. defiance, aggression) or internal (e.g. withdrawal, anxiety) signs of change.

How children will respond depends on a whole range of factors, such as **situational** (what children have experienced or witnessed, how threatening the situation was), **biological** (children's developmental age, the physical injuries sustained), **social** (availability of social support, socioeconomic factors), and **family-related** (reaction of parents or caregivers, level of distress within the family, separation from the family). To recognise distress in children, it is important to listen and observe their behaviour. Watch the child in everyday situations, in interactions with others, and during play.

- ✓ Is the child behaving differently, compared to before the stressful event?
- ✓ Is their behaviour similar to that of other children?
- ✓ Is the child less focused on classroom tasks or during lessons?
- ✓ Is the child playing in a way typical for their age?
- ✓ Is the child showing a lot of anger, frustration, or fear?
- ✓ Does the child cry often and cling to you or others?



## HOW TO RECOGNISE SIGNS OF DISTRESS?

- ✓ Is the child withdrawn or aggressive?
- ✓ Has the child started wetting the bed again?
- ✓ Is the child having a more difficult time separating when the parent drops them off in kindergarten, than before the stressful event?

Talk to the child about everyday topics and observe their reactions:

- ✓ Is the child listening and understanding what is being said?
- ✓ Does the child's understanding seem appropriate for their age?
- ✓ Does the child appear upset or confused?
- ✓ Is the child able to concentrate and to answer questions?

Speak with parents and other adults who know the child:

- ✓ Is the child behaving differently in any way?
- ✓ Do the adults think the child needs help?

When working with children and youth, parents and guardians are important allies in the educational setting. Especially in situations where they are faced with crisis or stressful life circumstances, parents may have difficulties that affect the well-being and functioning of the child. Preschool and school teachers are often the first to notice changes in parents' behavior that may indicate difficulties, for example, avoiding cooperation (not coming to parent-teacher meetings), the child coming without the necessary equipment or it seems that the parents are neglecting the basic needs of the children despite the available resources.

In such situations, it is important not to draw premature conclusions and not to interpret the parents' behavior solely as carelessness or disinterest. Changes in communication or lack of cooperation may be a sign that the parents are emotionally and/or physically overwhelmed and that they are having difficulty coping with life's challenges. A professional and supportive approach (open and empathetic communication) can contribute to establishing trust and encourage parents to seek help if needed. It is crucial to be guided by the best interests of the child and to recognize and respond to more serious forms of neglect (see **LINK**).

Note: When working with migrant families, parents' confusion or lack of cooperation may be a sign of difficulty in understanding, and not necessarily an indicator of disinterest or distress. Therefore, it is important to check for a language barrier and, in such situations, try to provide appropriate language support.



## SUPPORTING REFUGEE CHILDREN MIGRATION STRESSORS AND THEIR IMPACTS

### SUPPORTING REFUGEE CHILDREN | MIGRATION STRESSORS AND THEIR IMPACTS

Migration is a complex process that can be a significant source of stress because of various challenges before, during, and after relocation. These challenges, known as migration stressors, often leave a lasting impact on mental health (Bhugra and Jones, 2001). Each phase of migration brings its own challenges that can have consequences for mental health (Kirmayer et al., 2011):

The **pre-migration phase** is marked by events that trigger migration. Adults often face economic hardship, loss of job, education or social support, and often traumatic experiences such as war, political persecution or natural disasters. These experiences can already cause feelings of insecurity and fear. Children in this phase may be affected by interruptions in education and separation from family members or friends.

During the **migration phase**, risks are further intensified. Families are often exposed to difficult and precarious conditions such as an uncertain future, adverse living conditions in temporary accommodation or refugee camps, and sometimes violence, the risk of becoming victims of smuggling and trafficking in human beings. Depending on the duration of this phase, children may experience a longer interruption in their education, which can lead to difficulties in continuing their education. There is often a discrepancy between their chronological age and the level of education they have attended up to that point, which can make it difficult to integrate into the education system and affect their motivation and sense of success in school. Children are additionally at risk of separation from their families (unaccompanied children), which further increases their vulnerability.

After arriving in a new country, in the **post-migration phase**, families face the challenges of learning the language and adapting to the new culture, customs and social norms. For parents, this makes it difficult to find work and secure a livelihood, especially when their qualifications are not recognized. Children also face difficulties in kindergarten and school – in learning the language, making friends and finding their way in the new educational environment. Such circumstances can further strain family dynamics.

Given the complex circumstances that accompany migration processes, it is important to understand that migrant children may bring with them a variety of unpleasant experiences and that these shape not only their emotional and developmental needs, but also the ways in which they approach learning and adapt to their new environment.



## SUPPORTING REFUGEE CHILDREN MIGRATION STRESSORS AND THEIR IMPACTS

Regardless of whether Croatia is their country of transit or destination, kindergarten and/or school often represent the first structured and stable environment in which children can re-establish a sense of security and belonging. Educational institutions thus play an important role in providing support that enables children not only to progress educationally, but also to develop socio-emotional skills and more successfully integrate into their new environment. The listed migration stressors can affect students' concentration and emotional well-being, so it is important to show patience and empathy.

- ✓ Refugee children may struggle with learning due to language barriers and traumatic experiences.
- ✓ It is essential to provide a safe and supportive environment to facilitate their integration.
- ✓ School teachers can use visual aids and simple language to help children understand the material.
- ✓ Preschool teachers can emphasise the use of play, movement, and visual aids as tools for communication.

### FOR THOSE WHO WANT TO KNOW MORE

For those interested in learning more about challenges, needs, and suggestions for improving the integration of refugee children in schools, a study conducted in Croatia offers valuable insights. The research showed that three key areas—educational, linguistic, and social—are important for successful integration. These findings, based on the experiences of teachers, children, and parents in Zagreb, can serve as a useful framework for developing policies and practices to better support integration in the context of countries without a long tradition of receiving refugees.

For a more detailed look at the specific needs and challenges faced by refugee children, their parents, peers, and school staff, as well as suggestions for improving integration, see the article:

Vrdoljak, A., Stanković, N., Čorkalo Biruški, D., Jelić, M., Fasel, R. & Butera, F. (2022). "We would love to, but..." — needs in school integration from the perspective of refugee children, their parents, peers, and school staff. *International Journal of Qualitative Studies in Education*. <https://doi.org/10.1080/09518398.2022.2061732>.



# LISTEN



## LISTEN



The second action principle is to **LISTEN**, which refers to the way we communicate with the child (and their parents). This action emphasises the importance of gathering information through active listening in order to support and empower the person, rather than engaging in deep analysis or psychotherapy. What is especially important here is to provide a sense of safety, calm, connection, self-efficacy and collective efficacy, as well as a sense of hope (Hobfoll et al., 2007). The following section provides guidelines that can be helpful at various stages, from initiating communication, calming the child, understanding the situation, and offering support, to ending the conversation.

## HOW TO TALK TO CHILDREN – STEPS

1.	ESTABLISHING CONTACT
2.	CALMING
3.	UNDERSTANDING THE SITUATION
4.	NORMALISING
5.	ENDING THE CONVERSATION

### 1. ESTABLISHING CONTACT

**Lower yourself to the child’s level.** Depending on the child’s age and cognitive development, adjust your posture (sit, squat, or bend down) so that your eyes are at the same level as the child’s when trying to establish contact.

**Start the conversation.** If you’re unsure how to begin, start with an observation, ask an open-ended question to understand what might be going on, and offer support (Table 3).



## HOW TO TALK TO CHILDREN – STEPS

Table 3. Establishing contact with children and parents.

	Observation	Offering support
Children	<i>I've noticed you're absent...</i>	<i>Would you maybe like to talk about it?</i>
	<i>It seems to me like you've been... lately</i>	<i>Are you perhaps worried about something?</i>
	<i>You look a bit worried...</i>	<i>If you like, we can talk about it...</i>
Parents	<i>I've noticed that [child's name] has recently been [description of observation]. Have you perhaps noticed any changes at home?</i>	<i>If you like, we can look at this challenge together and see how to approach it.</i>
	<i>It seems like [child's name] has started to [observed behaviour]...</i>	<i>Is there maybe something we should be aware of? Is there any way we can help?</i>

When working with preschool-aged children and early primary school students, it can be helpful to use triangulation – a technique that involves intermediaries such as toys, drawings, or third parties in the conversation. This indirect approach allows the child to express thoughts and feelings in a way that feels more natural and less direct, which contributes to a sense of safety and facilitates the building of a relationship and trust. It is often sufficient to use everyday educational activities and materials and adapt the approach to the child's age and interests. For example:

- ✓ Use a stuffed toy and ask: "How is the teddy feeling today?" or "What would the teddy say if he was in that situation?"
- ✓ Encourage the child to draw what happened or how someone (or something) felt in a specific situation.
- ✓ Suggest writing a short story or a dialogue between two characters going through a similar experience – for example: "Imagine a character in your story doesn't understand the task and is afraid to tell the teacher – what might they do?"
- ✓ If someone close to the child is present (like a friend or sibling), the adult can begin the conversation by speaking to that third person or including them in a shared activity, which helps reduce pressure on the child.

Note: Triangulation is a useful technique in the context of psychological first aid, where the aim is to provide support and understanding. It is meant to facilitate communication, not to analyse or provide therapy.



# HOW TO TALK TO CHILDREN – STEPS

## 2. CALMING THE CHILD

Sometimes children (and parents) may be so overwhelmed by emotions that it is not possible to make contact or begin a conversation. In such cases, it is important to first focus on grounding and bringing them back to the present moment ('here and now'). Figure 5 is an illustrated example of the 5-4-3-2-1 technique along with a detailed description of how to use it. A list with additional suggestions for calming can be found at the end of this handbook (see **Appendix A: Calming Techniques and Breathing Exercises for Children**).

Name		
	things you can see	
	things you can hear	
	things you can touch	
	things you can smell	
	thing you can taste	

Figure 3. The 5-4-3-2-1 technique adapted for children



## HOW TO TALK TO CHILDREN – STEPS

### 3. UNDERSTANDING THE SITUATION (GATHERING INFORMATION ABOUT THE NEEDS, CONCERNS, AND STRENGTHS)

Understanding the situation refers to gathering basic information about the person who has experienced a distressing event. The emphasis here is on listening, not questioning. The goal is to understand the person's current needs, emotional state, and potential risks to provide the person with appropriate support. This includes:

- ✓ checking for safety – is the person physically safe? Is the family together? Does the child have support from an adult?
- ✓ assessing their emotional state – how are they feeling? Are they in shock, anxious, or confused?
- ✓ understanding concerns – what are they afraid of? What are they worried about?
- ✓ identifying basic needs – do they need food, water, shelter, or medical care?
- ✓ checking the social network – do they have family and friends they can talk to?

An important part of offering support is not only to identify concerns and needs but also to recognise where the person can manage well, and what they can take on and do themselves.

- ✓ Identifying the person's strengths – what can they do on their own? How can they take care of themselves and others? What do they usually do when things are hard? What helps them? Do they have any knowledge or skills that could help the community to recover?

### 4. NORMALISATION

Normalisation is the process of helping a child (or person) understand and accept their reactions after a distressing event. The goal is to show the child that their thoughts, worries, feelings, behaviours, and physical responses in such situations are normal and expected. This can include using simple phrases such as:

- ✓ *Feeling scared and confused is completely normal.*
- ✓ *I know many children who have similar worries and fears – this often happens after events like this.*
- ✓ *It's okay to feel scared, even the teddy bear feels afraid sometimes. (When using triangulation).*



## HOW TO TALK TO CHILDREN – STEPS

In the normalisation process, children are encouraged to express their emotions, they receive reassurance that they are not alone in their response, and are given a sense of safety and control. This helps to reduce anxiety and feelings of loneliness and fear, and gives children hope that they will feel better over time.

### 5. ENDING THE CONVERSATION

The end of the conversation should be calm and supportive, and give a sense of hope. As much as possible, it should be concluded on a positive note and with a concrete action, depending on the identified needs.

After offering children initial emotional support, it is important to highlight where they can get further support if needed, and to make clear that they can ask for help if they want it, but it will not be forced on them.

**Note: Not all conversations will follow this exact sequence of steps. Sometimes, the order will differ or certain steps may be skipped altogether.**



## HOW TO TALK TO CHILDREN – TIPS

While it is impossible to predict how events may unfold in an emergency situation, and difficult to have a pre-prepared script for how to lead conversations, the following recommendations may help when speaking to children after distressing events:

**Check what they know about the event** – If this is a disturbing event they were not directly exposed to, it is helpful to first find out what they have heard and what they know so that they do not become unnecessarily alarmed or burdened.

**Children affected by crises need information** – If children actively ask questions or seek information, it is important to talk to them about it. They need to know what happened, how, and why. Such information helps them make sense of the world around them and restores belief that the world is a safe place.

**Listen to their questions and concerns** – Allow children to ask questions and use their questions as a guide. Take time to explain and check what they have heard or understood. This will help uncover their fears and clarify any misunderstandings.

**Be present and actively listen** – Show the child that you are focused on them and available for support. Use non-verbal cues like nodding to show you are actively listening.

**Ask open questions** – Use open, non-leading questions to encourage conversation. This shows the child that you care about what happened, and helps you to hear their perspective.

**Speak slowly and simply** – Children (and adults) may have reduced attention when under stress, so use short and simple sentences. If needed, repeat the information a few times and check what they have remembered.

**Use a calm voice** – Keep your tone calm to help soothe the child. Your voice and manner will communicate safety and stability.

**Show respect** – Speak with the child respectfully, avoiding criticism and negative tones. Encourage positive behaviour and strengthen self-esteem.



**Listen without judgment** – Children may have different previous life experiences, different socialisation, limited vocabulary, and may have cultural backgrounds with different beliefs and social norms to your own. Try to put yourself in the child's shoes and view the world through their eyes.

**Don't make false promises** – Be honest and realistic in your explanations. Children may ask many questions, so be ready to dedicate sufficient time to answering them.

**Make time for conversation** – Take the time to really listen to the child, and if you are not available right away, offer an alternative time to talk.

Emergency situations, especially large-scale crises, affect the whole community, including educational staff. It is natural and to be expected that you, too, may be upset and have a need to make sense of the event or interpret it in different ways. Remember that children learn by example, so try to follow these same recommendations yourself.

**Limit media exposure and adult conversations** – Overexposure to news can heighten children's fear and uncertainty. Try to filter the information they receive. Be mindful that children are not exposed to (informal) conversations that you may have with colleagues.

**Provide extra support and maintain routines** – After a crisis, children need additional support, physical closeness, and familiar routines that provide a sense of safety. Returning to preschool or school is an example of natural structure and routine that plays a key role in recovery.

**Create a safe environment** – Ensure the child feels safe and supported. Foster a calm and warm atmosphere where they can express their thoughts and feelings without fear of judgment.

For more examples of what to say and what not to say when talking to children, turn to the end of this handbook (**Appendix C**).



## GRIEF AND MOURNING IN CHILDREN<sup>2</sup>

Children generally experience the same emotional responses to loss as adults (shock, anger, sadness, guilt, anxiety, fear, etc.). However, unlike adults, children's reactions may sometimes appear unusual – for instance, a sudden shift from sadness into a quite different emotional mood, like carefree play. These changes can happen because children are not yet able to emotionally or cognitively process a large amount of distressing emotion and do not know how to deal with it – this sudden shift acts as a kind of 'natural protection'. It is important to keep this in mind when talking to children. Likewise, children should not be blamed for turning to another activity, nor should they be forced to return to unpleasant emotions.

It is also important to be aware that children can develop distorted conclusions about causation, so it is not uncommon for them to feel guilty or responsible for someone's death. Such thoughts can be very burdensome. Sometimes they may also feel guilty that they survived and the deceased person did not. In such situations, it is crucial for adults to provide the child with space to express these thoughts and feelings and to explain in an empathetic way that it is not their fault, letting them know that there was nothing they could have done to prevent it (Schonfeld et al., 2024).

Talking to children about the death of someone close must be approached with care. When children ask difficult questions, long explanations are not necessary. It is often best to start by asking, "What do you think?" and then build your response based on their thoughts.

- ✓ One of their biggest fears is that they will forget the person who died. For this reason, it is helpful to continue mentioning the person – by sharing information, recalling memories, and telling stories.
- ✓ Younger children may be confused by common expressions used when someone dies, such as 'lost', 'gone', or 'passed away'. It is best to use simple and direct language. Saying someone has 'died' or is 'dead' is an honest way to avoid confusion and aid acceptance.
- ✓ You might say something like: "People have different beliefs about what happens after someone dies. (...) I'm curious about what you believe? These are some of the beliefs that people have..."
- ✓ In every culture, rituals are a very important part of grieving. For children, simple rituals can be especially helpful in coping with loss, and they often think up their own.

<sup>2</sup> Adapted from the IFRC, 2012



## MEMORY BOX

A memory box can help children to maintain a positive connection to the person they have lost. Items that belonged to the person (e.g. photos, letters, objects...) can be placed inside the box, which can then be accessed whenever the child wants to remember the deceased or missing person. Children should be reminded that remembering can sometimes be painful. The box can be stored away with time but should remain within reach when needed. Memory boxes can also support adults during the grieving process.





# SUPPORTING REFUGEE CHILDREN

## SUPPORTING REFUGEE CHILDREN | SPECIFIC ASPECTS OF COMMUNICATION

Working with refugee children and their parents requires particular sensitivity in communication, in order to ensure a safe and supportive environment. Below are three key guidelines that can help preschool and school teachers more easily communicate with migrant families.

**CULTURAL SENSITIVITY.** It is not necessary to be familiar with all aspects of another culture, but it is crucial to show interest, ask questions respectfully, and avoid making hasty assumptions. It is helpful to:

- ✓ ask questions instead of making assumptions.
- ✓ be patient and not expect the child to immediately understand all rules and norms.
- ✓ avoid stereotypes and not evaluate children through your own cultural lens.
- ✓ foster interculturalism in a group or class

**TRANSLATION AND WORKING WITH INTERPRETERS.** Language barriers can present a challenge when working with refugee children, so it is important to use resources that ensure clear and accurate communication:

- ✓ Whenever possible, work with interpreters or cultural mediators.
- ✓ Use simple and clear language, avoiding complex expressions and figurative language such as metaphors and idioms.
- ✓ Be aware that translations are not always literal, and sometimes additional context needs to be explained.

If professional interpreters are not available, it can be helpful to:

- ✓ reach out to NGOs that support migrants for assistance or advice.
- ✓ ask community members who speak the needed language.
- ✓ use digital tools and apps (Google Translate, AI tools, etc.).

In mediated communication, it is always important to clarify roles and boundaries (i.e. what is the task's aim), and to stress the importance of privacy and confidentiality. If possible, avoid having children translate for their parents, especially in conversations involving sensitive topics. Children often learn a new language faster, but they should not have to take on the roles of adults – children should be allowed to be children.



## SPECIFIC ASPECTS OF COMMUNICATION

**VISUAL AND NON-VERBAL MATERIALS.** To make communication as easy as possible, visual and non-verbal methods are recommended:

- ✓ Use pictures, pictograms, and gestures to facilitate understanding.
- ✓ Display routines and rules through illustrations or diagrams.
- ✓ Use positive non-verbal communication, such as smiling, a calm tone of voice, and open body language.

Adapting communication helps refugee children to feel safe and that they belong, supporting their successful integration into a new environment and education system.



## FOR THOSE WHO WANT TO KNOW MORE

In an inclusive educational environment, it is important to recognize and support children's cultural diversity. Preschool and school teachers and expert associates do not need to know all the details of a child's culture, but they can encourage the child to share stories, customs, or examples from everyday life. Organizing a day or week of culture, with the involvement of parents, allows children to present elements of their identity and strengthens mutual respect, belonging, and intercultural sensitivity in the group or classroom.

More specific information in Croatian, including prepared lectures and workshops, can be found in the handbook "Osnaživanje školskih stručnih suradnika i nastavnika za kvalitetniju integraciju učenika izbjeglica putem socijalne akcije u zajednici " at the link: <https://ljudskaprava.gov.hr/vijesti/prirucnici-za-edukacijske-aktivnosti/1001>

### More about intercultural education

Bartulović, M. and Kušević, B. (2016). What is intercultural education? A handbook for teachers and other curious people [Što je interkulturalno obrazovanje? Priručnik za nastavnike i druge znatiželjnike]. Zagreb: Center for Peace Studies. Retrieved from <https://urn.nsk.hr/urn:nbn:hr:131:932048>

### SNAPSHOTS FROM PRACTICE

Below are a few examples of cultural differences observed by translators, cultural mediators and colleagues with many years of experience working in the field of migration:

#### Writing direction

*Children from countries with language systems using script from right to left (e.g. Arabic) approach writing differently, which can affect how they adapt to a new script.*



### Gender interaction

*In some Arabic cultures, children are encouraged to avoid interaction with the opposite gender, especially during adolescence. This may affect their participation in group activities in a school environment.*

*In Turkish and some other Middle Eastern cultures, it is customary for men and women not to make physical contact, like handshakes or hugs. This is not a sign of disrespect or hostility, but of observing custom.*

### Parent-teacher meetings – different expectations

*In Ukraine, visiting the school is often associated with problems, so parents rarely initiate meetings with teachers.*

*“When I arrived in Croatia, I didn’t attend parent meetings for the first three years – until the school counsellor explained to me that it’s a regular practice and a sign of cooperation, not a problem.”*

### Gestures and their meanings

*Pointing with a finger is considered impolite in some cultures, such as in Pakistan.*

*Not covering one’s mouth when yawning or coughing is not considered particularly rude in Arabic cultures, though it may cause negative reactions or misunderstandings in multicultural settings.*

*In Turkey, blowing your nose in front of others is seen as inappropriate, almost as a sign of disrespect; people often leave the room to do so in private.*

*In some Middle Eastern cultures, meals are traditionally eaten while seated, and talking during meals is considered impolite. Eating while standing and conversing at the same time may be perceived as disrespectful to the meal and those present.*



## LINK



## LINK



The third and final action principle in psychological first aid is **LINK**. This action focuses on providing concrete support and connecting the child (and their parent/s) to available resources.

Examples of linking include assistance with:

- ✓ accessing information and services (appropriate to the child's age – involving parents and guardians).
- ✓ addressing practical needs (basic needs and safety).
- ✓ reconnecting with family members (in cases of family separation, involving other relevant services such as the Red Cross tracing service or the social welfare service if a guardian needs to be appointed).
- ✓ referral to other relevant services inside the institution (e.g. specialist staff) or outside it (additional medical care, specialised mental health services, NGOs, etc.).

Once it has been observed (LOOK action principle) that a child is displaying certain reactions or behavioural changes, and this has been carefully checked with the child (LISTEN action), the question of what to do next arises (LINK action). Depending on the identified difficulties and needs, there are two possible approaches:

- a. provide direct help if the person has the knowledge and skills and it falls within their role (for example, group activities that strengthen psychological resilience within the group/class; encouraging group cohesion and prosocial behaviours; helping to find organisations that support refugees).
- b. if the needs go beyond the role, knowledge, and skills of the person providing support, then the child/parent/family should be referred to relevant sources of support and connected with professionals who can respond to the identified needs.

More information and practical advice on providing direct support can be found at the end of this handbook, including contact details for services supporting refugee children, and exercises and examples for strengthening resilience that can be applied in a group or classroom setting.

When referring children, it is important to follow the standards, guidelines, and legal frameworks relevant to the situation, without neglecting the best interests of the child. In an educational context, internal procedures and existing protocols must be followed which clearly define when to involve parents, specialist staff, and/or external professionals depending on the identified needs and challenges.



# SUPPORTING REFUGEE CHILDREN

Some examples of complex reactions requiring additional professional support include situations where:

- ✓ there is a risk of self-harm or harm to others
- ✓ the child expresses suicidal thoughts or has attempted suicide
- ✓ the child shows extreme, persistent withdrawal with little to no emotional response
- ✓ the child is crying uncontrollably
- ✓ the child experiences hallucinations (auditory or visual)
- ✓ the child has ongoing panic attacks
- ✓ the child engages in sexually explicit behaviour

## SUPPORT FOR REFUGEE CHILDREN | THE PSYCHOSOCIAL ASPECT OF INTEGRATION

If a refugee child joins your group or class, it is important to have basic information about their rights, integration possibilities, and available resources. The following links offer useful and up-to-date content that can help you to provide appropriate assistance:

Institution	Link to content
<a href="#"><u>Office for Human Rights and Rights of National Minorities</u></a>	Croatian 
<a href="#"><u>Ministry of Science and Education</u></a>	Croatian 
<a href="#"><u>Ministry of Labour, Pension System, Family and Social Policy</u></a>	English 

At the end of this handbook, we also provide a list of non-governmental organisations that offer support to migrant families and may be helpful in your work (**Appendix E**).



# CHILDREN'S RESILIENCE

## CHILDREN'S RESILIENCE

Resilience is defined as the capacity of a system – whether an individual, a family, or a community – to successfully adapt to challenges that threaten its functioning, survival, or further development (Masten and Barnes, 2018). In children, resilience represents a process, ability, or outcome of successful adaptation despite difficult and threatening circumstances. It is not an inborn trait, but rather a dynamic process that develops through interactions with the environment (e.g. family, friends, the wider community).

## PROTECTIVE FACTORS OF RESILIENCE

Resilience is built on internal and external resources, known as protective factors, which help children cope with difficult situations. These factors provide psychological support and reduce the risk of negative outcomes. Examples of protective factors in children include:

- ✓ **Individual characteristics:** Self-esteem and a sense of self-worth, developed communication and social skills, ability to solve problems and make decisions.
- ✓ **Family environment:** Parental support and family functionality, as well as socioeconomic status, are important resilience factors. Positive interactions within the family – a sense of attachment, expressions of love, support, and care for others.
- ✓ **Friends:** Peers and friends are a source of support. Sometimes even a single quality friendship can help to make a child feel better.
- ✓ **Preschool and school:** Educational institutions offer children a space for holistic development – learning, developing socio-emotional skills, socializing with peers, and a sense of routine and structure. In this process, preschool and school teachers play a key role, not only as leaders of activities, but also as models of resilience and emotional stability. That is why it is important that they themselves continuously work on professional development and strengthening their own resilience and mental health.
- ✓ **Community:** Participation in community activities gives children a sense of value, belonging, and safety.

The environment (family, friends, preschool, school, and community) can also offer positive role models from whom children learn how to successfully manage stressful situations.



## RISK FACTORS

Although children often demonstrate exceptional adaptability, there are factors that may hinder the development of resilience. These include:

- ✓ lack of support from parents or guardians following a stressful event.
- ✓ poor physical health, or mental or physical challenges.
- ✓ past traumatic experiences such as abuse or neglect.
- ✓ dealing with personal crises, such as transitioning from preschool to school, starting at a new school, or changes in the family (divorce, the birth or adoption of a new sibling).

## FOR THOSE WHO WANT TO KNOW MORE

For those who want to gain a deeper understanding of how to effectively support children during important transitions, such as starting kindergarten or school, below are two useful online books in Croatian. The first offers advice and examples of good practice for reducing stress during transition periods, while the second provides insight into the results of contemporary research that reveals how environmental and developmental factors shape children's well-being.

1. Tatalović Vorkapić, S. (2021). How to go to kindergarten and primary school tear-free? – Support for socio-emotional well-being of children during transition and adaptation [Kako bez suza u dječji vrtić i osnovnu školu – Podrška socio-emocionalnoj dobrobiti djece tijekom prijelaza i prilagodbe] Rijeka: University of Rijeka, Faculty of Teacher Education, Rijeka and City of Rijeka. Retrieved from <https://urn.nsk.hr/urn:nbn:hr:189:492309>
2. Tatalović Vorkapić, S. (2024). Children's Well-Being in Transition Periods: the Empirical Validation of Ecological-Dynamic Model; [Dobrobit djece u prijelaznim životnim periodima: empirijska provjera ekološko-dinamičkog model] Psychology of Child Well-being vol. 3, Faculty of Teacher Education, University of Rijeka. <https://repository.ufri.uniri.hr/islandora/object/ufri%3A1635>



## HOW TO PRACTISE RESILIENCE

Although resilience in children often develops naturally, it can be significantly improved through the application of educational, emotional and social resources, with preschool and school teachers playing a key role in fostering these skills.

Resilience is a capacity that develops naturally from an early age, through everyday experiences and relationships. However, research confirms that this developmental capacity can be further strengthened through systematic and thoughtful pedagogical practices within the kindergarten and school context. A quality educational environment, which fosters emotional safety, mutual respect and encourages the development of social-emotional competences, is crucial for strengthening children's resilience. On the other hand, overprotective approaches – although often motivated by care – can reduce a child's opportunities to face real life challenges in the long term, thereby hindering the development of independence, inner strength and resilience. The role of preschool and school teachers and expert associates is therefore invaluable in ensuring a balance between providing support and creating space for the development of children's capacities to overcome difficulties (Moll Riquelme, Bagur Pons, & Rosselló Ramon, 2022).

### HOW TO PRACTISE RESILIENCE

Below are several suggestions that can support preschool and school teachers in encouraging the development of resilience in all children, and especially in refugee children, so that they feel safe and empowered in their new environment. The activities are based on Hobfoll's principles (2007) and can be applied in different phases of an emergency event (as a preventive activity during the preparation phase, as a response during and immediately after the event, and during the recovery phase). The guidelines are accompanied by a proposed concrete activity aimed at strengthening resilience. Note: The duration and content of the activity should be adapted to the group.

#### 1. SAFETY

To support children's growth, development, and recovery after distressing events, it is crucial to ensure their physical and emotional safety. A safe and stable environment should be created where children feel protected and are supported through conversations, openness, and understanding of their needs. Behavioural and communication rules should be clear and simple. It is necessary to explain to children about acceptable behaviour, they should be encouraged to express opinions constructively, and taught the importance of empathy. Children should have the opportunity to freely express their thoughts and feelings and to ask questions without fear of judgment. It is important to show interest in their thinking so that they feel accepted and included (see **LISTEN**).



Name of activity	<b>SUPPORT SAFETY NET</b>
Aim	This activity helps children to recognise and strengthen their inner resilience by creating a safe environment where they can rely on others and develop coping skills for dealing with challenges.
Materials	Paper, pencils, crayons, markers
Description of activity	<p><b>INTRODUCTORY DISCUSSION</b></p> <p>Begin a conversation with the children about what it means to feel safe. Ask questions like: "What does it mean to be safe?", "What makes you feel safe?", "Who are the people you can turn to when you don't feel safe?" and "How can you feel safe and protected at preschool/school, at home, or in the community?"</p> <p><b>CREATING A 'SAFETY NET'</b></p> <p>Ask the children to draw a large net on their paper that will represent their 'safe space'.</p> <p>Each child should then fill the net with different people and things that give them a sense of safety. These can include family members, friends, teachers, pets, favourite objects, sports activities, positive thoughts, or things they do to relax.</p> <p>The children can use different colours and shapes to mark these safety elements within their net.</p> <p><b>FINAL DISCUSSION</b></p> <p>After the children finish their drawings, encourage them to share with the group who the people are and what the activities are that help them to feel safe and resilient. Do not force them to share if they don't want to.</p> <p>End the activity with questions that help the children to reflect on how they can use their 'safety net' in difficult times. For example: "How would you feel if something bad happened? Who would you turn to for help? What could you do to calm yourself?"</p> <p>This is a good opportunity to mention who they can speak to at preschool or school if they are having a hard time.</p>



## 2. CALM

Show children how to recognise when they need time to relax and teach them to focus on what they can control. Provide a quiet space where children can draw, listen to music, or unwind when they feel overwhelmed by emotions. Calmness can be achieved by practising proper breathing techniques.

Name of activity	COLOUR BREATHIING
Aim	This activity helps children to calm down by learning proper breathing techniques and redirecting their attention away from current worries.
Description of activity	<p>A simple way for children and adults to calm feelings of anxiety or worry is to do a breathing exercise using mental imagery. In this exercise, imagine that you are breathing in air of a pleasant color when you inhale, and air of an unpleasant color when you exhale:</p> <p>First, take a deep breath, then exhale. Make the exhalation long. Let the lower part of your lungs fill and empty with each inhalation and exhalation.</p> <p>Then imagine your favorite and pleasant color that you are breathing in with your inhalation. Fill your lungs with a beautiful color that you like and find pleasant.</p> <p>Then exhale the color that you hate the most. Let your breath out, imagining your most hated color leaving your body.</p> <p>Continue for as long as you want...</p> <p>The exercise can be done by children over six years old. Continue for as long as the child can concentrate. Start with just a few breaths.</p>
Source	Psychological wellbeing cards ( <b>Appendix D</b> ).



### 3. SAMOEFIKASNOST

Naučite djecu postavljanju ciljeva, strategijama rješavanja problema i donošenja odluka. Učite djecu važnosti osnovne brige o sebi, uključujući pravilnu prehranu, tjelesnu aktivnost i dovoljno sna. Potičite ih da sudjeluju u aktivnostima koje ih vesele i u kojima su dobri. Organizirajte jednostavne igre koje pomažu djeci da se osjećaju opušteno i uključeno. Primjerice, organizirajte „talent-show“ u grupi/razredu gdje pozivate djecu da pokažu neki svoj talent, pokažu nešto što vole i što ih veseli, izvedu neki poseban pokret, plesni korak... Važno je samo ne forsirati da svi moraju ako ne žele.

U nastavku su dvije aktivnosti postavljanja ciljeva, jedna za mladu, a druga za stariju djecu. Kao i kod ostalih aktivnosti, vrijeme i sadržaj prilagodite grupi ili razredu.

Name of activity	<b>IF I WERE...</b>
Aim	To spark children's imagination, dreams, and hopes, and help them to recognise practical ways of achieving their goals.
Materials	Paper and coloured pencils for each child.
Description of activity	<b>INTRODUCTION</b> Explain to the children that everyone enjoys dreaming and imagining things they would love to do or have. For example, someone might imagine being a superhero, and someone else a favourite animal.  <b>GROUP WORK</b> Divide the children into pairs. Using pictures or symbols, ask them the following questions one by one. The children should share their answers with each other, and if they would like to, they can also draw them. After each question, they can also share their responses with the whole group. If I were a bird, I would... If I were strong, I would... If I were rich, I would buy... If I were grown-up, I would... If I were Superman, I would... If I were invisible, I would... If I could be anyone in the world, I would be... If one of my dreams could come true, it would be...  <b>FINAL DISCUSSION</b> What were some of your dreams and hopes? What could you do to make some of your dreams come true? Who can help you to realise your hopes?
Source	Adapted from: <a href="https://mhpsshub.org/wp-content/uploads/2021/06/A-Hopeful-Healthy-and-Happy-Living-and-Learning-ACTIVITY-HANDBOOK.pdf">https://mhpsshub.org/wp-content/uploads/2021/06/A-Hopeful-Healthy-and-Happy-Living-and-Learning-ACTIVITY-HANDBOOK.pdf</a>



Name of activity <b>SMART GOALS</b>	
Aim	To understand the importance of setting goals and learn how to set them using the SMART method.
Materials	Paper, pencils, coloured pencils, markers.
Description of activity	<p><b>INTRODUCTION</b></p> <p>Start by reflecting together on some common goals people set in life. For example: doing well in school in order to go to university or get a good job. Write down these goals on the board or a flipchart. Then ask each person to think about their own personal goals.</p> <p>Introduce the group to the system of SMART goal setting. Put up a poster with the SMART criteria and explain each step. SMART stands for:</p> <p><b>S (specific)</b> – specific as possible. A goal should be clear and specific. If it is too general, it will be difficult to create a detailed action plan. For example: “I want a good job after school” is too vague.</p> <p><b>M (measurable)</b> - Can you measure progress? How long will it take? How much will it cost? How will you know you’ve succeeded?</p> <p><b>A (achievable)</b> - How likely is it that you will achieve this goal? Goals should be challenging, but not impossible. You can break down big goals into smaller, achievable steps.</p> <p><b>R (realistic)</b> - Is the goal relevant and realistic for you? Is it important to you? Will it have a positive impact on your life? Is it your goal or someone else’s?</p> <p><b>T (timely)</b> - Is the goal timely and can you achieve it within a realistic timeframe? Is it a long-term or short-term goal?</p> <p><b>GROUP OR PAIR WORK</b></p> <p>Divide into groups of five and talk for 20 minutes. Each group member should come up with three personal goals they want to achieve in the next five years and share them with the group. Each participant should then choose one goal from their list and develop a personal action plan. Everyone should pair up for 15 minutes and go through the SMART system with their chosen goal to assess how solid it is. Each person should then write out their goal using the SMART framework.</p> <p><b>DISCUSSION AND WRAP-UP</b></p> <p>Life sometimes presents us with unexpected obstacles such as earthquakes, floods, or a pandemic like COVID-19, which can slow us down or stop us altogether. Some obstacles you will not be able to predict, so you will need to learn how to overcome them as you go.</p> <p>Other obstacles can be anticipated in advance, and you can plan how to avoid or overcome them. Divide into groups of five again and talk about possible challenges on the path to achieving your goals. Be open to feedback from others – sometimes others can see obstacles we are not aware of.</p>
Source	Adapted from: <a href="https://mhpsshub.org/wp-content/uploads/2021/06/A-Hopeful-Healthy-and-Happy-Living-and-Learning-ACTIVITY-HANDBOOK.pdf">https://mhpsshub.org/wp-content/uploads/2021/06/A-Hopeful-Healthy-and-Happy-Living-and-Learning-ACTIVITY-HANDBOOK.pdf</a>



## 4. COLLECTIVE EFFICACY

### **Evacuation drill practice**

Regularly practising emergency procedures contributes to strengthening students' resilience. These activities build a sense of collective self-efficacy – students know what to do, feel prepared, and believe they can act and take control in unexpected situations.

### **Encourage children to help others**

Children who feel helpless can gain a sense of power and value through helping others. Involve them in age-appropriate charitable activities or give them tasks they are able to handle.

### **Suggestions for involving children:**

- ✓ Charity drive.
- ✓ Writing letters or drawing pictures for specific groups (such as residents in senior living facilities, children in children's homes).
- ✓ Participating in group efforts at school or kindergarten (cleaning and organising the playground, planting flowers, and so on).
- ✓ Helping with homework – group learning sessions.



## 5. CONNECTEDNESS

Support children in developing the ability to connect with peers and teach them the importance of empathy and listening to others. It is important to build trust among children by encouraging mutual respect and collaboration in shared activities. Preschool and school teachers, as well as other adults, should be consistent in their behaviour and decisions to serve as trusted role models. Encourage children to join group activities like shared reading or creative workshops, which can help them make friends and build a sense of belonging..

Name of activity	<b>SIGN LANGUAGE JIGSAW</b>
Aim	To learn basic terms in Croatian sign language; promote teamwork and tolerance of diversity.
Materials	Videos, illustrated terms, tablets or mobile phones for group work. Materials are available at: <a href="https://urn.nsk.hr/urn:nbn:hr:131:833288">https://urn.nsk.hr/urn:nbn:hr:131:833288</a>
Description of activity	<b>INTRODUCTION</b> Begin with a brief discussion on the topic and divide the class into jigsaw groups. Students talk about sign language and its use. <b>WORK IN EXPERT GROUPS</b> Each group studies specific terms using video materials and practises the corresponding signs. <b>WORK IN JIGSAW GROUPS</b> The children return to their original groups and teach each other the signs they have learnt. Each student demonstrates their sign to the group, and together they practise forming a sentence. Each group then presents their sentence while the others try to guess its meaning. <b>WRAPPING UP THE ACTIVITY</b> The facilitator encourages the students to reflect on what they have learnt and motivates them to continue learning sign language. The full activity is described in detail (see p.27) in a manual available at: <a href="https://urn.nsk.hr/urn:nbn:hr:131:848219">https://urn.nsk.hr/urn:nbn:hr:131:848219</a>
Source	Jelić, M., Čorkalo Biruški, D., Stanković, N., & Vrdoljak, A. (2023). Intervention programs promoting the integration of refugee students into elementary schools: Handbook for the implementation of cooperative learning and imagined contact workshops. Zagreb: Faculty of Humanities and Social Sciences, University of Zagreb. Accessed at: <a href="https://doi.org/10.17234/9789533790640">https://doi.org/10.17234/9789533790640</a>



## 6. HOPE

Help children understand that current challenges are not permanent and guide them towards a future that can be better. An optimistic outlook helps children to stay motivated. Through historical or personal stories, show how people have overcome difficult situations and continued to live with positive changes.

Name of activity	<b>TREE OF HOPE</b>
Aim	To encourage children to recognise sources of hope and positive expectations, develop emotional literacy and a sense of community through symbolic group work.
Materials	Display board, poster, sticky notes, pencils, crayons, markers.
Description of activity	<p><b>INTRODUCTION</b></p> <p>In the centre of the room (or on a wall or board), prepare a large sketch of a tree without leaves – it can be drawn or made from cardboard. Give each child a paper leaf (or more than one). On the leaf, children can either draw or, if they can write, note an answer to one of the following questions (choose based on the group’s age): What do I hope for? What helps me when things are tough? What would I say to a friend who feels sad?</p> <p><b>GROUP DISCUSSION</b></p> <p>When everyone has finished, the children come up one by one and attach their leaves to the branches of the tree – creating a ‘Tree of Hope’. The facilitator may encourage each child to share something about their contribution (“Would you like to tell us something about your leaf?”)</p> <p><b>WRAPPING UP THE ACTIVITY</b></p> <p>When the tree is complete, the group looks at what they have created together. You might conclude with a sentence like:</p> <p>“See how much hope grows when each of us adds something of our own.”</p>

More ideas and suggestions for activities can be found on the Safe Schools and Kindergartens platform and in other materials at the end of this handbook (see **Appendix C: Recommended Additional Resources**).



# MENTAL HEALTH FOR HELPERS

## MENTAL HEALTH FOR HELPERS

Mental health, and the psychosocial wellbeing of helpers, in this context teachers, is a standalone topic goes beyond the scope of this handbook. Namely, it is important to emphasize that the psychological well-being of helpers does not concern only the individual, but also depends on a wider formal and informal support system that includes relationships within the collective, leadership support, availability of professional education and supervision. In addition, the broader social level, including educational policies, labor and legal frameworks and the public health system also plays a key role in creating the conditions that enable sustainable and healthy professional engagement. Understanding the well-being of helpers in this context requires an approach that starts from a socio-ecological model, in which the individual, the institution and society are inextricably linked in a shared responsibility for preserving mental health in the educational context.

However, it is important to note that the principles of psychological first aid can also be applied for self-help and to support colleagues. Effective help and support for children is only possible if preschool and school teachers as well as expert associates take care of themselves (McCallum & Price, 2010).

In large-scale crises, especially when they are also personally affected, teachers find themselves in a challenging dual role – on the one hand, they have their own emotional difficulties to cope with, while on the other, they are expected to provide children with support and maintain a sense of safety in the educational setting. Providing psychological first aid can be both physically and emotionally demanding.

Given that the needs of people in distress are often significant, it is not uncommon to feel that we have not done enough. These feelings may include guilt, sadness, and frustration, especially if the helper feels that they were unable to offer the right kind of support. Responsible helping also means taking care of your own health and wellbeing.



**LOOK**



**LISTEN**



**LINK**



The action principles of looking, listening, and linking can also be applied to taking care of ourselves:

- **LOOK** – watch your own reactions carefully, and recognise when those reactions might be signs or symptoms of high stress or burnout.
- **LISTEN** – take note of how reactions are affecting you, be aware of your own feelings and accept them, and try to understand what is influencing your responses so that you can decide how to manage or cope with them better.
- **LINK** – connect with others, seek help from people at work or at home, and engage in activities that support your wellbeing.

Table 4  
Personal and organisational factors that contribute to staff wellbeing (adapted from the IFRC 2019)

Personal protective factors	Organisational protective factors
A sense of belonging to a team.	Holding regular staff meetings to build a sense of collective belonging.
Finding meaning in the work and feeling motivated to support children.	Creating an organisational culture that enables open communication, discussion of difficulties, and respect for the principle of confidentiality.
Feeling accepted and free to express your own beliefs.	Respecting diversity within the team and among individual members.
Feeling part of a team that cares for you and others.	Demonstrating appreciation for the work of staff.
Maintaining a daily routine and structure.	Providing acceptable working conditions through policies and strategic planning.
Being able to switch off from work and rest.	Offering clear information about available support services.
Knowing how to give and receive support from other team members.	Providing professional support for staff mental health and wellbeing through lectures, workshops, and supervision sessions.

Preschool and school teachers often invest a large part of their emotional and physical capacity in caring for children. That is why it is important to develop awareness of your own needs and to nurture various forms of self-care over time.



### **Short-term self-care (immediate or daily support)**

Focused on quick activities that help to reduce stress, regulate emotions, and restore energy.

Examples:

- ✓ A brief breathing or relaxation exercise
- ✓ A walk or some stretching during a break
- ✓ A glass of water or a healthy snack
- ✓ Writing down a few thoughts in a notebook or talking to a colleague

### **Medium-term self-care (weekly or monthly routines)**

Focused on building sustainable habits that support emotional and physical wellbeing.

Examples:

- ✓ Regular physical activity (e.g. yoga, walking, sports)
- ✓ Time for hobbies or creative activities
- ✓ Setting healthy boundaries between work and private life
- ✓ Professional development, training, or supervision
- ✓ Meal planning and a regular sleep schedule

### **Long-term self-care (lifestyle and direction)**

Focused on deeper changes that support overall wellbeing and resilience to stress.

Examples:

- ✓ Developing quality and stimulating relationships
- ✓ Personal growth and setting long-term goals
- ✓ Taking care of chronic health conditions
- ✓ Reflecting on life values and balance
- ✓ Financial planning and security

Note: Self-care is not a luxury but a necessary practice for conserving professional effectiveness on the long term and a personal balance when working with children. Short exercises for the mental wellbeing of children and adults included in the psychological wellbeing cards presented/attached at the end of this handbook cover topics like calming and strengthening inner resources (**Appendix D**).



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# APPENDIX (A)

## APPENDICES

### Appendix A:

#### **Mental health and psychosocial support intervention pyramid**

In times of crisis, various organisations and individuals respond according to globally recognised guidelines developed by the Inter-Agency Standing Committee (IASC). The framework for mental health and psychosocial support (IASC, 2007) is often organised like a layered pyramid: the broad base represents services that reach the largest number of people, while each higher level addresses increasingly specific needs for smaller groups.

**Basic services and safety** – Forming the base of the pyramid, the most critical step is to ensure access to food, water, shelter, healthcare, and safety. Providing these services in a safe and dignified manner also contributes to the psychosocial well-being of people in need.

**Family and community support** – The next layer involves enabling recovery through the support of families and communities. This includes all community-based mental health and psychosocial support activities, such as those provided through schools, preschools, sports clubs, and other formal or informal social groups.

**Focused, non-specialised support** – Further up the pyramid are targeted individual or group-based interventions for those facing specific challenges that cannot be resolved through basic or community support alone.

**Specialised services** – At the top of the pyramid, a small number of individuals with more severe mental health conditions require professional psychological or psychiatric care.



# APPENDIX (A)



*The intervention pyramid for mental health and psychosocial support in emergencies (adapted from the IASC, 2007)*

The higher up the pyramid, the more formal and informal education, professional development and specific skills are required to provide that level of support. However, the underlying idea of this approach is that mental health care is not exclusively the domain of professionals, but that well-being can be achieved through different levels of support, including those provided by community members, volunteers and other laypeople.

All layers of the pyramid are important and should be implemented simultaneously to ensure a comprehensive response to the needs of people affected by crisis.



# APPENDIX (B)

## Appendix B:

### Calming Techniques and Breathing Exercises for Children

#### 5-4-3-2-1 technique

This simple exercise helps children to focus on their senses. Calmly and slowly, ask the child to name five things they can see, four things they can hear, three things they can smell, two things they can touch, and one thing they can taste. The 5-4-3-2-1 technique is effective because it helps children to focus on something tangible, slowing down racing thoughts that may contribute to anxiety.

#### A-B-C technique

This exercise is similar to the 5-4-3-2-1 technique, as it uses the senses to shift focus away from anxious thoughts. Instead of identifying sensory inputs, the child should name objects in the room starting with letters of the alphabet. Begin by finding something that starts with A, then B, then C, and so on. The child can also use the 2-4-6-8-10 technique to find a certain number of items of a specific colour in the room (2 yellow things, 4 blue, 6 green...), which may be easier than searching for words alphabetically.

#### Reorientation technique

Anxiety often brings worry about unlikely scenarios. Children can easily fall into this pattern of thinking. Reorienting to the present moment can help them to slow down and break the cycle. Simply ask them to name some facts about the present moment, like:

- ✓ My name is...
- ✓ I am ... years old
- ✓ My eyes are...
- ✓ My hair is...
- ✓ Today is...
- ✓ My favourite colour is...
- ✓ My favourite food is...
- ✓ My T-shirt is...

You can give them a card with questions to make this easier.

**Note:** Avoid questions that could further upset the child. For example, "I live in..." if they have been forced to leave their home because of an emergency, or questions about family if they have recently lost a family member or have been separated from them.



## APPENDIX (B)

### Hand-tracing technique

This exercise is a favourite with children. All you need is paper and a pencil, crayon, or marker. Have the child place their hand on the paper and trace around it. Afterwards, they can colour it in or add patterns inside the hand shape. This activity helps the child to focus on the feeling of the pencil moving on the paper instead of on anxious thoughts. Colouring and drawing are also a great way to shift attention to something positive and creative.

### Belly-breathing technique

Deep, slow breathing can help to reduce symptoms of anxiety. Teach the child how to “breathe into their belly” – have them inhale deeply through their nose while expanding their stomach. Ask them to hold their breath for a few seconds before exhaling slowly, imagining negative thoughts and feelings being released with the breath. You can instruct them to place one hand on their chest and one on their stomach to better visualise belly-breathing by watching how the hand on the stomach moves up and down. This exercise should be repeated several times to reduce anxiety.

### Rooting technique

Focusing on a specific image can help a child feel safer and more grounded. Ask the child to imagine they are a tree with roots growing from their feet deep into the ground. Describe how the roots reach the centre of the earth, where they anchor the tree. This visualisation helps the child to feel stable and safe.

These techniques can help children to better manage anxiety, reduce tension, and focus their attention on the present moment.

Adapted from: <https://mentalhealthcenterkids.com/blogs/articles/grounding-exercises-for-kids>

Additional calming exercises can be found in the psychological wellbeing cards (see *Appendix C: Recommended Additional Resources*).



# APPENDIX (C)

## Appendix C:

### What to Say and What Not to Say When Talking to Children

What to say...	What to avoid...
What do you think? How does it seem to you? I'm here to listen.	I think that...
Help me understand what you're going through.	I understand.
Would you like to tell me what you've heard about it? Tell me what you know or understand. Would you like to explain it to me so I can understand better...?	You're too young to understand this. You can't understand this — you're just a child.
I can hear this feels really awful for you. I believe it will get a little easier with time...	It's not that bad. There are worse things than that.
This is temporary. It hurts now, but with time, you'll feel better.	This is terrible.
You'll get through this.	I'll take care of this instead of you.
Let's think together about what you can do to feel a little better about it.	I don't know what to say.
I see you care deeply and are thinking about lots of things. Maybe it would help to learn how to care without hurting so much inside. What do you think?	You're too sensitive. You worry too much for no reason.
Thank you for sharing that — it was very brave of you. Sometimes the strongest thing someone can do is to reach out for professional help.	Strong/big kids handle their problems on their own.
It will take time. But your own strength, along with the support of those who care about you, will help you feel better.	Just relax, don't worry so much.
You deserve to feel better.	You need help!

Adapted from: Ginsburg, K. R. (2020). Building Resilience in Children and Teens: Giving Kids Roots and Wings (4th Edition, Bonus Chapter). HealthyChildren.org.



# APPENDIX (D)

## Appendix D: Recommended Additional Resources

Organisation	Name of the resource	Link
Croatian Red Cross (HCK)	<a href="#"><u>Safer schools and kindergartens</u></a>	 Croatian
IFRC	<a href="#"><u>Psychological wellbeing cards</u></a> (available in English and Croatian)	  Croatian English
	<a href="#"><u>A short introduction to psychological first aid</u></a> (available in English and Croatian)	  Croatian English
Faculty of Teacher Education, University of Zagreb	<a href="#"><u>Rescur: na valovima (handbook for kindergarten)</u></a>	 Croatian
	<a href="#"><u>Rescur: na valovima (handbook for early primary school)</u></a>	 Croatian
	<a href="#"><u>Rescur: na valovima (handbook for higher primary school age)</u></a>	 Croatian



# APPENDIX (D)

Organisation	Name of the resource	Link
Faculty of Teacher Education, University of Rijeka	<a href="#">PROMEHS Project</a>	 Croatian
	<a href="#">Mental Health and Well-Being in Education</a> <a href="#">A micro-qualification programme developed for two study tracks:</a> ✓ Early and Preschool Education ✓ Primary Teacher Education	 Croatian
	<a href="#">PROMEHS Curriculum Manuals</a>	 Croatian
Faculty of Humanities and Social Sciences, University of Zagreb	<a href="#">Intervention programmes for refugee students</a> (available in English and Croatian)	 Croatian
		 English
UNICEF Croatia	<a href="#">22 ideas for building resilience</a> (available in English and Croatian)	 Croatian and English
	<a href="#">The school community</a>	 Croatian
Association 'Step by Step'	<a href="#">Project: Educational integration of migrant children</a>	 Croatian



# APPENDIX (E)

## Appendix E:

### Non-governmental Organisations Supporting Refugees and Migrants in Croatia

Name of the organisation	Description of activities	Link
<a href="#"><u>Are You Syrious? (AYS)</u></a>	A humanitarian organisation that supports refugees through integration activities, education, information, and human rights advocacy.	 Croatian
<a href="#"><u>BORDERS:None</u></a>	An initiative dedicated to the integration and empowerment of migrants through creative, educational, and artistic projects.	 English
<a href="#"><u>Centre for Cultural Dialogue (CKD)</u></a>	A non-governmental organisation that promotes a culture of dialogue, tolerance, and the social inclusion of refugees and migrants.	 English
<a href="#"><u>Centre for Peace and Non-violence</u></a>	An association that promotes peace, the protection of human rights, and non-violent conflict resolution, with a special emphasis on contributing to the building of the European Union as a peace project and taking responsibility for the common future of humanity.	 English
<a href="#"><u>Centre for Peace Studies (CMS)</u></a>	Actively engaged in the rights of asylum seekers and migrants, providing free legal aid and education, and running public campaigns against discrimination.	 English



# APPENDIX (E)

<a href="#"><u>Society for Psychological Assistance (SPA)</u></a>	Offers psychological support and counselling to people in crisis, including refugees and migrants, often through project-based activities.		English
<a href="#"><u>Croatian Red Cross (CRC)</u></a>	The Croatian Red Cross Migration Service implements psychosocial support programs for asylum seekers and other migrants.		Croatian
<a href="#"><u>Croatian Law Centre (CLC)</u></a>	Legal counselling and representation for asylum seekers and persons under international protection, with an emphasis on human rights and the rule of law.		English
<a href="#"><u>Jesuit Refugee Service (JRS) – Croatia</u></a>	An international Catholic organisation providing direct assistance, psychosocial support, and advocacy for refugee rights.		Croatian
<a href="#"><u>Rehabilitation Centre for Stress and Trauma (RCT Zagreb)</u></a>	Specialised in the psychosocial rehabilitation of individuals who have survived war, trauma, or persecution.		English
<a href="#"><u>SVOJA</u></a>	Offers support to Ukrainian refugees adapting to life in Croatia.		English
<a href="#"><u>Association 'MI' – Split</u></a>	An organisation implementing programmes aimed at strengthening local community capacities, including support for migrants, social inclusion, and intercultural dialogue.		English



## FROM REVIEW

### FROM REVIEW

*“Psychological first aid for children in the educational settings: A handbook for preschools and primary schools” is an extremely relevant contribution to the field of educational practices, as well as powerful tool to support everyday work of professionals in education. It offers clear and focused guidance and, when necessary, a step-by-step guide on how to provide effective psychological first aid in educational settings.*

*Work in education is becoming increasingly complex and challenging. It's not easy to adequately answer to the needs of children and youth today, especially in the educational setting. For this reason, this manual is an essential resource in every preschool and school to make sure that professionals, who spend the greatest number of hours in direct contact with children and youth, are competent in providing psychological first aid. Additional value of this manual is its potential to be of interest to academics, and students who will become future preschool and school staff.*

*Although it is intended primarily for professionals in preschools and schools, the great value of the manual is its focus on the necessity of synergy between theory and educational practices. In other words, the overviews of theoretical models, core concepts and guidelines for working with children and youth in challenging situations are entirely based on modern and relevant findings from scientific research.*

*This handbook strengthens the competences and the contemporary role of education professionals. It allows the use of presented guidelines as preventive or interventional measures within educational settings, which affects the nurturing part of educational facilities, preventing development of more severe difficulties.”*

Sanja Tatalović Vorkapić, PhD





