A Child-Centered Evaluation of a Psychosocial Program: Promoting Children’s Healing, Safety and Well-Being in Post-Disaster Contexts

Author(s): Natasha Blanchet-Cohen and Rebecah Nelems


Published by: The Board of Regents of the University of Colorado, a body corporate, for the benefit of the Children, Youth and Environments Center at the University of Colorado Boulder

Stable URL: http://www.jstor.org/stable/10.7721/chilyoutenvi.23.1.0023

Accessed: 26/03/2013 10:30

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at http://www.jstor.org/page/info/about/policies/terms.jsp

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.
A Child-Centered Evaluation of a Psychosocial Program: Promoting Children’s Healing, Safety and Well-Being in Post-Disaster Contexts

Natasha Blanchet-Cohen
Concordia University

Rebeccah Nelems
International Institute for Child Rights and Development

Abstract
This article reports on a child-centered evaluation of a psychosocial, school-based program for children in kindergarten through eighth grade. The program, Journey of Hope: Coping with and Normalizing Emotions, was initiated to promote children’s safety and well-being and to help mitigate a range of violence-related risks facing children in the aftermath of Hurricane Katrina (which hit the south east United States in August 2005). The approach centered on building children’s resilience by supporting them to better understand their emotions, reflect on their contexts with respect to child safety and well-being, and give them opportunities to develop their own positive, non-violent coping strategies in their lives. Using a mixed-methods approach including interviews, a survey questionnaire, and observation notes, the evaluation assessed the program’s impact on and relevance to participants. Despite the short duration of the program, the evaluation suggested the program had enhanced the social well-being, knowledge, skills, emotional well-being of participants. The program’s relevance came from its adaptable design and child-centered delivery. This article addresses the value of locally-developed curricula and the role of school-based programs in promoting children’s healing and safety from violence in post-disaster contexts.

Keywords: psychosocial, child-centered evaluation, mental violence, child well-being, safety, healing, Hurricane Katrina

© 2013 Children, Youth and Environments
Natural disasters disrupt the lives of children. The psychological and educational neglect children experience are a form of violence (UNICEF 2007). Children living in post-disaster contexts are also at greater risk of physical violence due to transient living contexts, reduced parental/adult supervision, and the presence of greater conflict due to increased anxiety, stress and frustration. Relief systems delivering psychosocial programs after disasters have often failed to document the impact of disaster contexts from the perspective of children (Duncan and Arntson 2004). Children process events differently from adults and require distinct types of support to develop the knowledge and skills to heal from disaster (Boyden and Berry 2004).

This article reports on an evaluation of the Journey of Hope: Coping with and Normalizing Emotions (hereafter referred to as JOH) program, a locally developed program initiated by a Save the Children US (SAVE) team to address the needs of children and adolescents in New Orleans after Hurricane Katrina. From 2007 to 2009, the program was introduced in more than 25 schools by SAVE facilitators and other partner agencies. An underlying question for the evaluation team was: How and what type of psychosocial programs best support children’s healing, well-being and safety from violence in a post-disaster context?

The article begins by introducing the notion of a child-centered evaluation for assessing psychosocial programs in post-disaster settings. This is followed by a presentation of the methods used to assess the JOH program. In the findings section, the program is evaluated as it pertains to impact on social well-being, knowledge and skills, and emotional well-being. We also examine program relevance. We then discuss implications of the study for strengthening psychosocial programming for children’s healing, well-being and safety from violence in post-disaster contexts.

**Psychosocial Programming Approaches: Building Children’s Capacity**

Psychosocial programs play an important role in supporting children as they cope with disaster (Ronan and Johnston 2005). By helping children express and understand their emotions related to the trauma and disruption of disaster, programs can help to reduce the effects of these events (Ungar 2005). While there may be agreement on the need for psychosocial programming, there is divergence in perspectives on the approach and intent of programs designed to help children heal (Boyden and Mann 2005; Garbarino 2008). In particular, there is serious critique within the literature of the long-standing biomedical tradition whereby psychosocial programs have had a pathological focus, based on an assumption that the problems of individual “victims” need to be “fixed” by an external expert rather than relying on supporting communities to find solutions (Boyden and Berry 2004; Lauten and Lietz 2008).

Traditionally, programs in situations of disaster have been “parachuted” in with neither assessment nor assurance of their relevance to the communities they intend to benefit. External mental health professionals have transmitted knowledge unidirectionally without adapting their approach to local realities or context (Landau 2007). Usually these programs have been discontinued soon after the most urgent infrastructure issues have been addressed.
Increased research shows, however, that communities can play a critical role in strengthening the mental health of local communities by building on internal assets and resources in ways that are unavailable to, or not accessed by, external human service professionals. Studies after Hurricane Katrina show how low-income families effectively used different types of social capital to help them cope with the disaster (Hawkins and Maurer 2009). It is critical that the assets and strengths of children also be fostered in these contexts. General comment No. 13 on violence in the UN Convention on the Rights of the Child (United Nations 2011) identifies specifically the need for supporting “initiatives and programmes that are aimed at strengthening children’s own capacities to eliminate violence” (para. 63). Using a child-centered approach, the evaluation also reflects this priority.

A Child-Centered Evaluation

In the field of evaluation, the practice of assessing impact from the perspective of the beneficiaries has generally lagged behind (Quinn-Patton 2008). The long-standing emphasis has been on evaluating results against outcomes established in a logical framework that most frequently involves meeting the expected outcomes identified by the funder or organization delivering the program, without the input of intended beneficiaries, especially in the case of programs for children. However, the UN Convention on the Rights of the Child (UNCRC) recognizes children’s right to have their views considered in all matters that affect them. Measuring impact in ways that better reflect children’s experiences is of increased interest (Ben-Arieh 2008). In stark contrast with the biomedical tradition that treats the child as a helpless victim in need of protection, a child-centered approach to evaluation considers the primary lines of accountability to the children intended to benefit from the program (Blanchet-Cohen and Elliot 2011; Lundy and McEvoy 2009). The goal of a child-centered evaluation of a psychosocial program is to assess the improved well-being of children in terms that resonate for the children themselves.

What type of indicators capture the changes to which psychosocial programming could be expected to contribute (Duncan and Arnston 2004)? This study used three inter-related impact domains identified in the Guide to the Evaluation of Psychosocial Programming in Emergencies (UNICEF 2007) for assessment: knowledge and skills, emotional well-being, and social well-being. These domains capture the central concerns of most psychosocial programs, but as stated by Ager (2008) their meaning and how they interact with one another require further field testing. In addition to the three domains of impact, the current evaluation considered relevance, or the degree to which the design and format of program/intervention delivery is appropriate to the local context and lived realities of the participating children. A review of good practices across psychosocial programming indicates, for instance, that attention to the cultural-appropriateness as well as age-appropriateness of activities is critical, as children of different ages vary in their levels of mental, emotional and physical development (Duncan and Arnston 2004; Ronan and Johnston 2005). In post-disaster settings, defining and understanding the context is particularly important in explaining program impacts.

In giving voice to children’s perspectives, this evaluation considered the need for
methods appropriate to children and the local reality. In the past, concerns about gathering data directly from children because of competency, power relations, and the reliability and validity of children’s accounts have meant children’s views have tended to be ignored (Fargas-Malet et al. 2010). As Boyden (2003) writes,

_We adults need to temper our assumption of childhood irrationality and adult expertise with some humility. It also implies the need for new research methods and methodologies that are child-centered, and provide data that are sensitive to cultural context_ (para. 6).

Designing appropriate methods to adequately capture children’s perspectives was therefore a priority for this study. While a child-centered evaluation emphasizes children’s perspectives, the views of adults who surround children, such as parents, teachers or social workers, are also important (Lundy and McEvoy 2009). As such, adults provided contextual and broader picture information to complement children’s views.

**Background**

**The Post-Disaster Context of New Orleans**

The context of program delivery and the evaluation is New Orleans, Louisiana after Hurricane Katrina, which continues to face a range of systemic-level challenges (Kilmer and Gil-Rivas 2010; Weems and Overstreet 2008). Hurricane Katrina hit the Gulf Coast of the United States in 2005. It was one the most devastating natural disasters in the country with New Orleanians experiencing the greatest number of deaths. The damage was worsened by the breaks in the levees that separate New Orleans from surrounding lakes, which resulted in flooding 80 percent of the city. Long after the hurricane, high rates of post-traumatic stress prevail among both adults and children, particularly in low-income and ethnic populations (Rhodes et al. 2010; Weems et al. 2010). Contributing to the lingering impact of Katrina is the displacement of families who were forced to move out of their homes because of the flooding (Tuzzolo and Hewitt 2006). Children have also had to relocate to schools housed in temporary buildings that lack basic infrastructure and resources (Blacher-Wilson 2008). In this context, children face a higher level of risk to violence due to limited adult supervision, “turf” wars and increased anxiety and stress.

The JOH program was delivered in the context of a fractured public education system, including the presence of a large number of under-qualified teachers (Jaycox et al. 2007). Most JOH programs were offered in state-run Recovery School District schools; lacking many basics, these have been described as functioning more “like warehouses for children than centers of learning” (Tuzzolo and Hewitt 2006, 60). With the federal No Child Left Behind Act\(^1\), the priority has been on academic performance and not on the mental health needs of students. In the schools where the JOH was implemented, 99 percent of students take part in the

---

\(^1\) The No Child Left Behind Act mandates state-funded schools to assess students on basic skills by administering a standardized-test annually.
school's hot lunch program (a federal program offered to students in low-income neighborhoods), and an average ratio of one social worker per 562 students (Save the Children US 2008). Understanding this post-disaster context, where children experienced psychological violence and neglect is critical to explaining students’ responsiveness to the JOH program.

**Journey of Hope: Coping with and Normalizing Emotions (JOH)**

The JOH program was developed in 2007, two years after Hurricane Katrina, by the local SAVE team in response to a heightened need for psychosocial services for children in New Orleans schools. The team had initially administered a readily available program designed to support children in trauma contexts. However, it was found to be ineffective in New Orleans; its learning methods (e.g., dance therapy) did not resonate with participants, and a rigid structure made its implementation in New Orleans highly challenging (RALLY 2007). The impetus to develop the new JOH program was sparked by a request from a local school to intervene and help resolve student gang conflict, caused by “turf” wars resulting from internal displacement after the storm. The pilot program, designed in cooperation with the students to address their specific needs, was considered by students and teachers to have had an immediate positive impact.

Over two years, the program was further developed to meet the needs of three distinct age groups: Junior JOH (JJOH) for children in kindergarten through first grade (ages 6 to 7), Elementary JOH (EJOH) for children in second through fifth grades (ages 7 to 11), and Adolescent JOH (AJOH) for children in sixth through eighth grades (ages 11 to 14). All iterations of the JOH program aimed to help children understand their emotions, develop positive, non-violent coping strategies to heal, and deal with the lack of emotional responsiveness at home in school. Each of the sessions aimed at creating a safe space, promoting normalcy, and utilizing developmentally appropriate learning strategies. This included the use of: books and dialogue to introduce knowledge, reinforce messages and promote the development of children's literacy and critical thinking skills; cooperative games to encourage teamwork, social skills and awareness of stressors in a non-competitive manner; and art, music, dance and movement to provide a creative outlet for children’s expression. Seven of the one-hour sessions dealt with a distinct emotional issue (i.e., fear, anxiety, sadness, anger, aggression, bullying and self-esteem), and the final session focused on what children had learned and what each student could do to cope with difficult emotions in his or her school and community. For each age group, there were differences in learning strategies with an emphasis, for instance, on journaling and dialogue for the older children, and on sadness (instead of grief) and anxiety (instead of stress) for the younger age group.

**Methods**

**Evaluation Framework**

As noted above, we assessed the program for three impact domains (knowledge and skills, emotional well-being and social well-being), as well as for relevance. For each dimension, a specific set of success indicators served to guide data gathering (Table 1).
Table 1. Evaluation framework

<table>
<thead>
<tr>
<th>Impact Domain</th>
<th>Indicators of Program Success</th>
</tr>
</thead>
</table>
| **1. Knowledge and Skills:** JOH participants have increased skills and knowledge about their emotions and available coping skills. | 1.1 Girls and boys have a better understanding of emotional topics and exhibit an increased emotional vocabulary  
1.2 Boys and girls are better able to identify, express and manage their emotions  
1.3 Girls and boys are able to articulate potential coping mechanisms available to them  
1.4 Boys and girls demonstrate the ability to problem-solve in different scenarios involving emotions and/or potential trauma, crisis or disaster |
| **2. Emotional Well-Being:** JOH participants have a stronger sense of self-worth and feel empowered due to an improved locus of control with respect to their emotions. | 2.1 Girls and boys have an increased ability to internally process emotions  
2.2 Boys and girls express and exhibit an increased level of comfort discussing and expressing emotions to others  
2.3 Girls and boys feel good about themselves |
| **3. Social Well-Being:** JOH participants relate better to others due to enhanced interpersonal skills and a stronger sense of social attachment. | 3.1 Boys and girls have a sense of belonging within the JOH group  
3.2 Girls and boys develop bonds and new types of connections with their peers and others through the JOH program  
3.3 Boys and girls increasingly share ideas, feelings, and coping mechanisms with one another over the course of sessions  
3.4 Positive group dynamics are observed within groups |

**Relevance**

4. To what extent is the JOH program relevant to its participants, the school and the New Orleans context?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4.1 To what extent does the program address the needs, concerns and issues facing the boys and girls participating in the program?  
4.2 Is the design of the program appropriate to the context in which it is being implemented?  
4.3 Were the participants involved in the design of the program or invited to give feedback? |

During the ten-month period of the evaluation (January-October 2009), the program was delivered to a total of 2,976 students from Kindergarten through eighth grade (ages 6 to 14) in 25 schools. For consistency in program delivery, this study focused on the schools where SAVE worked directly during the period of evaluation, during which they trained 475 JOH students. The initial round of delivery of the eight-week program was used to pilot and revise the evaluation instruments to ensure their validity and suitability to the participants, and we collected data during the other two rounds of delivery.

The study followed the ethical guidelines established by the University of Victoria, along with approval from the New Orleans School Recovery Board Authority. The researchers met with the ten school social workers where SAVE was running the program at the time of the evaluation. We sent home an information letter with program participants, with a passive consent form for parents/legal guardians to
refuse participation. Key informant interviews required signed consent forms, and in those cases, school social workers liaised with the home and the child for the forms to be returned. While no parent refused to allow their child participate in the JOH program study, at least in five cases we were unable to interview a volunteer participant because the forms had not been returned, an issue that could indicate refusal, or speak to the overall low involvement of parents in children’s education.

**Questionnaire**

Our evaluation used a questionnaire with the children to provide quantitative information on the program’s impact. To increase the validity of this component of the methodology, the evaluation team reviewed readily available international and previously tested questionnaires. Given concerns with length, appropriateness to the context and focus, however, we developed a new questionnaire and piloted it with a sample of children to ensure it adequately reflected the content of the workshop, children’s language and context. We used a format that was familiar to students because it is regularly used in school testing: a multiple choice questionnaire in which the participant is asked to fill in circles to indicate his or her preferred answer.

The questionnaire was composed of 15 Likert-scale questions to assess impact domains and relevance (see Table 2). We administered the questionnaire to all program participants in second grade and above (AJOH and EJOH) within a week after program completion. A total of 104 questionnaires were completed, which corresponded to the total number of program beneficiaries in the two cycles in second grade and above (minus ten children whose parents returned the slip to refuse participation). With a total number of 475 students served during this timeframe by SAVE directly, a survey of 104 participants supported a confidence level of 95 percent and a confidence interval of +/-8. The questionnaire also served to gather demographic data, including data on gender (41 percent girls and 59 percent boys) and race (89 percent African-American, 8 percent Hispanic and the rest ‘Other’).

**Interviews**

Interviews with student participants as well as key adults in the school and the SAVE facilitators provided rich contextual information. The evaluation team selected two students on average from each school to be interviewed based on suggestions from facilitators or the evaluators (who identified the students during observations for being vocal, having completed the program, and having returned a signed consent form), and the participants’ willingness to share their views. The interview protocol consisted of open-ended questions such as “what do you do in the group?”, “what did you like?”, “what did you not like?”, “what did you learn?”, “what was most important to you about the program?”, and, “how do you describe your facilitators?” Interviews took place on the school grounds in a quiet place and lasted 30 to 40 minutes. We conducted a total of 29 one-on-one interviews with JOH participants (of which 21 were adolescent JOH).

To include the perspective of adults, interviews were conducted with seven school social workers, nine SAVE facilitators and interns delivering the program, and seven
facilitators from partner agencies delivering the program. The interview protocol with the social workers also consisted of open-ended questions such as, “why did you or your school want the program?”, “what has the impact of the program been for children and the school?”, “what issues do you think this program is addressing?”, “will the impact last in the long-term?”, and “where do you see room for improvement?.” Questions with the program facilitators included “how does the JOH meet the needs of the students?”, “what are the strongest aspects of the program?”, “what makes JOH different from other programs?”, and “what have been the impacts of the program?”. Interviews were all audio-recorded and transcribed.

Observation Notes
The evaluation team also transcribed field notes that tracked the complete set of sessions from one group for each program level. The notes not only captured dialogues, discussion and verbal exchange, but also described physical interactions and dynamics among the group. These notes complemented data from the interviews, which proved particularly valuable for the younger children who were less comfortable being interviewed or who were unable to complete the questionnaire.

Data Analysis
The evaluation framework (see Table 1) reflected an a priori theoretical standpoint and determined the focus of the data (Coffey and Atkinson 1996). In line with maintaining a child-centered approach to the evaluation, children’s voices and perspectives were the largest source of data and shaped the evaluation’s key findings (Boyden 2003). Key themes were based on the children’s data with the adults’ data serving to complement and nuance the findings. To increase reliability and consistency in the analysis, two evaluators coded the data.

Findings

Table 2. Questionnaire results

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Most of the Time</th>
<th>A little</th>
<th>Never</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social well-being</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In this group, I was respected</td>
<td>56%</td>
<td>27%</td>
<td>11%</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td>In this group, I felt I could talk to the adults</td>
<td>66%</td>
<td>11%</td>
<td>16%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>I wanted to go to the group each time</td>
<td>81%</td>
<td>13%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>In this group, I learned about better ways of showing my feelings</td>
<td>77%</td>
<td>16%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Skills and Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In this group, I learned how to deal with bullying</td>
<td>64%</td>
<td>17%</td>
<td>5%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>I learned it is bad to worry</td>
<td>43%</td>
<td>13%</td>
<td>13%</td>
<td>27%</td>
<td>5%</td>
</tr>
<tr>
<td>In this group, I learned about what makes me feel safe</td>
<td>66%</td>
<td>23%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>In this group, I learned to show my anger without hurting anybody</td>
<td>68%</td>
<td>18%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Emotional well-being</td>
<td>Relevance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After this group, I learned more about me</td>
<td>67%</td>
<td>86%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how to make myself feel better when I'm upset</td>
<td>11%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I helped make and follow group rules</td>
<td>10%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I liked the games</td>
<td>9%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I liked the books</td>
<td>3%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In this group, I liked being part of the activities</td>
<td>10%</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Impact on Participants’ Social Well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: n=104</td>
<td></td>
</tr>
</tbody>
</table>

**Impact on Participants’ Social Well-being**

Perhaps the most critical outcome of the JOH program was its impact on social well-being. Participants not only formed new relationships through the program, but also experienced new ways of relating to others—characterized by greater trust, safety and respect for peers and adults.

The majority of girls and boys (83 percent) felt that they were respected in the group either all or most of the time. A 12-year-old boy commented, “We had fun, we talked about ourselves, we got to know each other better and be friends.” The parachute “trust” game was for almost all the girls and boys interviewed (90 percent) their favorite game. A 12-year-old girl reflected: “I remember the trust [game]... We had to trust people to lift us up. In that group, I felt I could trust them. I would not even let my dad lift me up.” Another 11-year-old girl explained: “Playing the game is like protecting someone from falling [off] a bridge.” This last image is even more significant considering the physical danger and psychological vulnerability children experienced during Hurricane Katrina.

For the participants, trust included feeling safe to share things that would not be talked about outside of the room. “I like working as a group because you can express your feelings—whatever you say here stays here,” observed an 11-year-old participant. JOH participants frequently referred to the importance of group rules, which the children themselves identified in the first session. The rules created a sense of boundaries and safety, enabling respect and accountability within the room.

Adult facilitators were described as “respectful,” “kind” and “warm.” As one 10-year-old boy articulated,

> I like that [the facilitators] are respectful to us. [The other kids] actually respect them and I do too... They are not like most other people, like how your mom would be with you. They are calm, they say ‘good evening’ and we say it back.

Another 12-year-old boy made a similar comment: “[The facilitator] respected us and we respected her. She understands what we were talking about. She was different from the teachers.” The respectful way of interacting with peers and
adults, combined with a range of JOH activities resulted in creating a safe space within the group. A high number of participants (77 percent) said they learned to share their feelings with others.

Social workers also commented on how the space created by the program enabled participants to feel safe enough to report harmful situations in which they or others were living. In one instance, a female student revealed to a facilitator that she was the victim of incest, a form of sexual violence, in her home—something she had not told the school counselor despite having met with her often. While the case was referred to the school social worker, it showed how the program allowed for a relationship of trust between the program facilitators and participants.

While the interviewees reported on improved relationships, field notes during the sessions showed that there were at times problems with discipline. In one case, there was a fight between participants and in several cases, a child had to be removed from the session and be taken aside by one of the facilitators because his or her behavior was disruptive, including teasing other participants. In these cases, facilitators would spend one-on-one time with the student to talk through the issue before bringing him or her back into the group. Thus, given that the type of students participating often showed problem behaviors, there were always two facilitators, one focusing on leading the session and the other keeping an eye on group dynamics and behaviors.

In many ways, social well-being appeared to have been critical to achievement in other program domains. This aspect is discussed later in the paper, given its potential broader implication for psychosocial programming.

**Impact on Participants’ Knowledge and Skills**
The program also increased participants’ knowledge and skills. In gaining knowledge about how to cope with different feelings, participants became more aware of the effects of their actions on others, and changes they could make to their own behaviors.

EJOH and AJOH respondents reported that they learned better, non-violent ways of showing their feelings and how to make themselves feel better when they are upset (88 percent said “always” or “most of the time”). One 11-year-old girl said, “I learned that when somebody makes you mad or hits you, you don’t have to hit them back.” An 8-year-old girl commented on the coping skills she gained: “I learned about helping each other. To take time out. To calm down, to let it go.”

Eighty-one percent said they learned how to deal with bullying always or most of the time. When asked “What did you learn in the program?”, a 12-year-old boy responded: “That if you keep teasing a kid, that’s bullying. I didn’t know that before.” In the EJOH sessions, where role-play was used to help participants put into action what they were learning about bullying as well as to gain new insights into themselves, a group of girls created and performed a skit about a girl who pushes another but refuses to admit doing so. In the skit, the principal asks the girls to work it out themselves. The skit was followed by a discussion with the group
about why people bully. One girl, who had been displaced for many months to Georgia following the hurricane, explained: “I became a bully when I was in Georgia because I was angry. I use it to get it out on people.” As such, the skits appeared to make participants feel comfortable enough to share their stories with each other and understand the reasons for their own and others’ behavior.

Secondary reports on changed behaviors, actions and decisions suggested an implementation of knowledge and skills beyond the classroom. One facilitator from a partner agency described the following transformation of a 17-year-old due to the program:

> He was very aggressive, used profanity profusely, didn’t want to attend the [JOH program]... [But] when he was writing in his journal in the program, he started to redirect his energy and [think about] how he could deal with the neighborhood [differently].

An interview with a child who had missed three out of the eight sessions showed, however, the potential downsides of such a short program, especially when participants did not attend all sessions. He commented:

> I did not really take so much out of it because it was such a short group... I understand you need consequence... I don’t know how to stop my anger... I am still trying to figure it out. I wish it was longer so I could understand it more.

Continued attendance is important as each session builds on the previous one, allowing the child to process knowledge and acquire coping skills. In Recovery District schools where school attendance was an issue generally, the need to participate in all sessions was a notable challenge for the program.

**Impact on Participants’ Emotional Well-Being**

Despite the relatively short timeframe of the program, participants said they felt better about themselves and more comfortable feeling and expressing their emotions. Some participants also said they found the program emotionally restorative.

Seventy-eight percent of participants said they learned more about themselves through the program. One 6-year-old commented: “[I learned]... if someone pushes you, you can cry sometimes. It is ok to be sad.” A social worker explained: “Last year, [SAVE] was here and we saw a difference... we found [the students] had more appropriate ways of dealing with their emotions.” After identifying that stress was one of the things that they experienced on a daily basis in their lives, two 14-year-old boys concurred that the program “is relaxing—you can talk about your feelings.” In response to the question “What did you like best about the group?” one 8-year-old girl responded “Hope,” and a 12-year-old boy stated “I felt like a better person.”

Contributing to participants’ sense of self-worth were activities that identified the strengths of each participant. In the activity “What you like about me,” one
A participant is asked to leave the room while the others come up with one complimentary statement that describes that person and his or her qualities. When the participant comes back into the room, he or she has to try and guess which of their cohorts said each of the comments. Many participants said that they liked the exercise. One 12-year-old boy explained: “[My favorite activity was]... when someone went outside and we had to say something nice about the person.... They said that I tell jokes—I like that.” Social workers also noted that students had proudly told them what their peers had said about them, and that they had posted the lists in their bedrooms.

Facilitators and school social workers observed changes in students’ behaviors related to enhanced self-esteem. As one partner agency facilitator reported: “You see the changes in [the girls and boys]... little by little. [I am] talking about self-esteem and mannerisms. I see they talk to you differently—I would say 80 percent of the time.” Social workers commented that the changes in the participants’ behaviors or attitudes had a ripple effect on their classrooms. A social worker provided an example of how one participant’s classroom benefited: “One day there was an altercation in the classroom, and she intervened and [asked for] conflict resolution. She was using all that she had learned in the group.”

In terms of participants’ home life, several social workers relayed comments from parents who had spoken positively about the program: “[The] parents I have had some contact with... have been very happy with the results. They feel it is helpful. I’ve had parents of children not in the group ask me if they could be.” Another social worker reported: “After the program a mom called and was very pleased that [her son] had improved drastically from the behaviors that she had been [experiencing] with him.” One participant shared how she applied her new coping skills at home: “Over the weekend my sister made me angry, and I used the counting-to-ten exercise. And I didn’t get as angry as I used to.” However, the evaluation team also heard about cases where students who had taken the program were later expelled from school because they had been involved in crime—a reminder that participating in the program would not in and of itself resolve the profound issues faced by these children. Interviews with family members/guardians or teachers and observation of child participants’ behavior outside the program would have enriched findings in this area.

Program Relevance
The fourth dimension we examined in the evaluation was program relevance. As described below, relevance arose from the design as well as the context within which the program was delivered.

The child-centered approach may have been critical in accounting for the participants’ overwhelming positive appreciation of the program (see Table 2). From the first session, when participants were involved in outlining clear rules of conduct, students were empowered to be collectively responsible and accountable. Engaging in the creation of the rules encouraged the students to simultaneously reflect on how their actions or behaviors might affect others, and gave them an opportunity to imagine and create a space in which they felt safe and comfortable.
Although the program included a refined curriculum with clear objectives, there was also flexibility. The curriculum built on the participants' strengths—in terms of their knowledge of resources, options and coping skills. By using age-appropriate activities that were also fun—a word used by all participant interviewees to describe the program—facilitators introduced some difficult or hard emotional topics in a non-threatening and safe way. Thus, the highest response rates for “always” were to the questions: “I like the games” (86 percent) and “I wanted to go to the group each time” (81 percent). A social worker remarked: “They look forward to going to the group. And they like [the physical activity]. It is really good for our students whose learning style is different.” While the participants have fun taking part in the various games and exercises, the activities directly contributed to the program’s end objectives and helped concretize the program’s lessons for students. For participants whose lives are characterized by transition and change, the consistent and structured design contributed to building trust.

The positive assessment of the JOH program may also be attributed to the fact that it fulfills an unmet need in the current school system, as well as offers respite to overtaxed school teachers and social workers. Many social workers commented on the fact that teachers were also in recovery, making the direct work with children even more critical. “Teachers are overwhelmed… [They] have also gone through things, lost their jobs and had to come back into a system... They don’t trust the system [and they are] still trying to get their lives together.”

The tension between the students and teachers was observed on several occasions. In one case, for instance, immediately after an AJOH session commenced, a teacher popped her head in the door. Without acknowledging the SAVE facilitators or evaluators in any way, she stated that if one 14-year-old boy did not immediately return to her class, she would give him a zero on the test she was administering. A SAVE facilitator clarified that this was the last AJOH session and that they only had 20 minutes to do an important review exercise. The teacher ignored the facilitator, repeated her statement to the boy directly, and left the room. The boy’s demeanor immediately changed, and in one moment he went from laughing and engaging in the discussion, to slumping down in his chair and silently staring at the floor. The teacher returned to the room, this time saying, “If you’re not in my room in five seconds, don’t even worry about coming back—you’ll get a zero!” She left again and after a few moments, he got up and left the room. When he returned a moment later, he told the group that she had failed him. Later, when the evaluator interviewed him, the boy said he experienced stress and worry every day—especially about passing in school. When asked if there are others he knows who would benefit from the program, he responded: “My teacher.”

Facilitators from partner agencies identified the JOH program’s specificity to the New Orleans context as unique. The JOH is “more age-appropriate [than other programs]… [The kids] get the activities—they feel more comfortable participating in the group and sharing because of that.” Locally developed, facilitators believed the JOH curriculum addressed the “right” issues or topics in age-appropriate ways. Being integrated into the school system also made the program more readily
available to students and their parents, because in a context such as New Orleans, placing the program outside the school system would likely mean that those most in need of it would not be able to participate. Program resonance was also evident in the fact that since the program was first implemented, SAVE had to do little outreach. Information on the program had largely been shared via word-of-mouth across the network of social workers involved in the local school district.

Discussion

First and foremost, this study confirmed the perspective that children’s need for healing endures well after the physical and infrastructural signs of disaster have been addressed (Weems et al. 2010). Several years after Hurricane Katrina, children required psychosocial programming to build their capacity for dealing with the psychological violence and increased risk of physical violence precipitated by the disruption in their lives. According to the study, the three proposed impact domains identified by UNICEF (Ager 2008) for evaluating psychosocial programming (social well-being, knowledge and skills, and emotional well-being) appropriately capture the type of support required for children after a disaster. The JOH program consisted of only eight sessions, but the child-centered evaluation showed that it had a positive impact in all domains.

Figure 1. Relating three domains of psychosocial programming

The study also suggests that the area of social well-being is particularly important for children, and that it may play a catalytic role in contributing to the achievement of outcomes in the other two domains (see Figure 1). Creating a context in which children feel connected to a community of their peers and respected by adults may be key to establishing an environment in which children can safely explore their
emotions and absorb knowledge. Thus, fostering and connecting children with “positive” resources and relationships is an important entry point for addressing trauma and stress with children (Barrett, Martinez-Cosio and Ausbrooks 2008; Garmezy and Rutter 1983). The study also affirms that individual stress or trauma can be addressed through a collective process (Boyden and Mann 2005). Contrary to the biomedical view, interactions with others enable individual healing (Ungar 2005).

A related finding is the critical role of facilitators in creating a safe environment in which children are supported to form and strengthen positive social attachments, whether to each other or to adults. Facilitators modeled pro-social behaviors focusing explicitly on relationship-building between participants, which encouraged bonds, trust and mutual respect. Also significant was the focus not only on the daily traumas of children’s lives, but also on claiming their rights and identifying more choices for themselves—an approach that embodies the principles of the UNCRC as well as good practices in education programming for children in disaster (Peek 2008). This means that psychosocial programs need to pay particular attention to both content and how programs are facilitated. In replicating the program, facilitators should be trained to use a more rights-based approach to working with children (Blanchet-Cohen and Elliott 2011).

Another critical dimension examined in the study was program relevance. In this case, findings highlighted how the program met a need in New Orleans in schools serving poor neighborhoods, where teachers were overburdened and the education system was generally not supporting the emotional and mental health needs of students. Participants were particularly responsive to the JOH program because the methods resonated with them. The curriculum was also adaptive, with attention paid to the age-appropriateness of activities. The relevance of the material to children’s lives supported their processing of knowledge and skills as assessed against and applied to their actual lived experiences. This program provides a stark reminder that design and consideration of local assets and resources are critical to the learning process—elements that cannot be met when psychosocial programs are external and expert-driven (Boyden and Mann 2005; Duncan and Arnston 2004).

Further research, however, would be required to conclude if this type of program would be replicable and universally successful. Perhaps the JOH program had such great impact because of the unique context of New Orleans. The events surrounding Hurricane Katrina caused displacement that disrupted many communities and also exacerbated daily traumas and crises which existed prior to Katrina, including poverty, homelessness, and a range of forms of violence and abuse (Curtis, Mills and Leitner 2007; Kilmer and Gil-Rivas 2010). Certainly, in replication one must consider context, in terms of receptivity and also in how the program itself can be adapted while both remaining responsive to local needs and using the JOH principles and relevant content.

In terms of sustainability, this study suggests that programs introduced post-disaster by external agencies also need to target key adults and institutions in the
systems that affect children's lives and sometimes contribute to the psychological violence and neglect they experience—not just the children themselves. In fact, due to budgetary considerations, SAVE cut JOH funding at the end of the evaluation. Its delivery now depends on local partner agencies. Indeed, external agencies' focus on design and delivery of programs must not take place at the expense of building the capacity of local partners; mechanisms to transfer knowledge and ownership need to be built into the delivery of post-disaster psychosocial programs in order to avoid the risk of successful and much-needed programs disappearing upon the departure of external agencies (Landau 2007).

A final implication of this study concerns the value of a child-centered evaluation. As discussed earlier, no child-centered program should be considered a success if it is not accountable to children. Yet, evaluations are rarely designed to take into account or give priority to children’s perspectives (Ben-Arieh 2008). The use of a mixed-method approach in this evaluation served to capture children's views, although obtaining children’s perspectives required extra care and time (Teddlie and Tashakkori 2009). For instance, extensive piloting of the questionnaire was necessary to ensure that items were understood by children with below-standard reading levels, and that the lines of enquiry resonated with the children’s lived experiences. The process also involved extra communication and follow-up with social workers to obtain consent forms from parents and/or guardians.

The above notwithstanding, a post-disaster setting constrains the evaluation design. The ongoing instability still being experienced by children in New Orleans and the highly transitory nature of the children’s lives limited the evaluation in several ways. In most cases, the schools have little contact with students’ families due to transitory living situations, long working hours, the reality that many children no longer live with their parents or immediate families due to forced migration in the wake of Katrina, and other poverty issues. Thus, it was not possible to interview participants or parents outside the school grounds. This limited the evaluators’ ability to assess the sustainability of impacts in participants who were involved in the program in previous years.

**Conclusion**

This evaluation reinforces the value of child-centered and locally adapted psychosocial programming. The experience of developing, adapting and implementing the JOH program in New Orleans shows that disaster recovery involves supporting children’s healing journey to acquire ways of dealing positively and non-violently with their emotions by giving them information and strategies in ways that are fun, creative, age-appropriate and relevant to their daily lives. Consistent with the UN Convention on the Rights of the Child, these programs help to prepare children to make better decisions for themselves and their immediate surroundings in ways that are unavailable through universal and biomedical approaches to psychosocial programming.

As the need for evidence on the effectiveness of psychosocial interventions on children in the context of disaster continues to grow, this study provides a valuable framework for capturing the type of changes that are most desirable in psychosocial
programming from the perspective of children. In addition to suggesting the appropriateness of the three impact domains identified by UNICEF (Ager 2008), the study points to the importance of children’s social well-being as an entry point to improve their emotional well-being and enhance knowledge. Such principles may inform external agencies in designing and delivering future psychosocial programming in other post-disaster settings.

Acknowledgements

We would like to thank Save the Children for the funding, in particular the support from the New Orleans teams, Kathleen Whalen, Tara Powell and Harpreet Samra. We also would like to acknowledge the International Institute for Child Rights and Development, particularly Michele Cook, for their support while carrying out this evaluation.

Natasha Blanchet-Cohen, Ph.D., is Assistant Professor in the Department of Applied Human Sciences at Concordia University and International Institute for Child Rights and Development Associate. She has worked extensively on children’s rights issues in Canada and abroad as research director at the International Institute for Child Rights and Development from 2000 to 2009. Her applied research and publications center on issues around child agency and child protection, the creation of child-youth friendly cities, bridge-building across cultures and practices, and developmental approaches to monitoring and evaluation.

Rebeccah Nelems, MA, is a Senior Consultant in Monitoring and Evaluation (M&E) and knowledge management, and a Senior Associate with the International Institute for Child Rights and Development (IICRD). Rebeccah has led or participated in 17 research and evaluation mandates for more than 15 NGOs, government, research and multilateral agencies, including organizations delivering programming for children and youth. With expertise in the development of participatory, gender-sensitive evaluation methodologies, Rebeccah has extensive experience assessing institutional capacities in the areas of M&E, knowledge management, child and youth-centered accountability, and gender equality. Rebeccah has a MA in Social and Political Thought (SPT) from York University.

References


Blacher-Wilson, Felicia (2008). *Three Years Post Katrina: A Look at Education in New Orleans.* Available from: [http://cnx.org/content/m17358/1.1](http://cnx.org/content/m17358/1.1).


