THEORY OF CHANGE

Version 1.0

31 August 2020

Team Up

unicef NETHERLANDS

WAR child

Save the Children

I. INTRODUCTION

TeamUp is a psychosocial support intervention developed by War Child Holland, Save the Children Netherlands and UNICEF Netherlands to meet the urgent psychosocial needs of refugee children. Children are exposed to stress and traumatic experiences during their journeys to safety and often their social and emotional needs are not met - both during their journey and at their (temporarily) destination. Over the past years, TeamUp has grown rapidly and has now developed a scaling strategy with the **ambition to reach one million children by 2025**.

With the plan to scale comes the request for a unified view on - and understanding of - TeamUp and a more solid foundation to build the intervention's evidence base. A Theory of Change (ToC) explains how the activities undertaken by an organisation or intervention lead to a chain of results that contribute to achieving the intended outcomes and impacts. A ToC typically includes a visual representation and a narrative explanation of how these changes take place. Furthermore, it allows for more systematic evidence collection as the intervention develops and is brought to scale in a variety of contexts.

The development of the TeamUp ToC was coordinated by TeamUp's MEAL[i] specialists in collaboration with TeamUp programme and management colleagues, and other experts (see annex 1). However, also being an ongoing process, the ToC will undergo periodic revision based on evidence from the field. The ToC is also the foundation for developing the TeamUp MEAL framework (TMF) - a standardised set of indicators and tools that measure the outcomes in the ToC that MEAL experts and researchers can use to monitor and evaluate TeamUp. This TMF and the tools can be found in a separate document (to be finalised late 2020). We will use these findings to either support the pathways of change or to make adaptations when necessary.

This narrative includes a description of what TeamUp is, several key features, the ToC itself, an explanation of the outcomes and impact of the ToC, an overview of the key assumptions underlying the changes and a literature reference list.

---

[i] MEAL is the acronym for Monitoring, Evaluation, Accountability, and Learning

2. WHAT IS TEAMUP?

TeamUp is a psychosocial support (PSS) intervention of structured movement-based group activities based on play, movement and body awareness for all children aged between six and 18 years. TeamUp has been developed based on the humanitarian principle of 'Leave No One Behind', and is therefore inclusive for all children. Trained (volunteer) facilitators provide non-verbal movement-based facilitation according to a clear, open structure session, consisting of different activities engaging the body. Each activity has a specific goal, related to a social-emotional or psychosocial theme. There are several components that make TeamUp a unique PSS intervention and that contribute to the outcomes as further outlined in the ToC.

- TeamUp is implemented according to a **set of minimum standards that can be contextualised**.

- After the practice-based training, facilitators are **continuously mentored** in their work.

- TeamUp's inclusivity is strengthened by the **non-verbal modality** to enhance inclusion of children from all backgrounds.

- TeamUp should always be implemented along with a **referral system**, where facilitators identify and refer children needing additional support, either to other MHPSS interventions or other services.

- TeamUp is a group activity and implemented according to the following principles: **same place, same face** and **same time.** This creates a sense of stability and normalcy for the children that is needed to realise the outcomes described in this ToC.

NOTES ON THE SCOPE OF TEAMUP

TeamUp builds on a range of social and emotional capacities, but there is a limit to what TeamUp can change, as specified in chapter 7 (Assumptions). The changes in the ToC depend on a certain quality and quantity of sessions attended. If these are not in place (for instance in the case of children in emergency settings where children only attend one or two sessions) TeamUp cannot reach all intended outcomes for children.

The anticipated changes also depend directly on the quality of implementation by TeamUp facilitator teams. If the quality falls short, for example when facilitators are just starting or there is a lack of coordination between team members, it has a direct effect on the outcomes that can be achieved for children. For this reason, an extensive training and mentoring system of facilitators is in place in each context where TeamUp is implemented.

3. HOW DOES TEAMUP WORK?

TeamUp works with two main mechanisms: a non-verbal and movement-based approach and learning through play. These mechanisms lie at the heart of each TeamUp session and are crucial for the intended outcomes and impacts to take place.

A NON-VERBAL AND MOVEMENT-BASED APPROACH

TeamUp's non-verbal modality is based on the premise that movement is a form of communication and self-expression, which strengthens the connection between body and mind.[1] TeamUp draws on a variety of movement-based activities, such as dance and sports-based games, body awareness practices, creative expression and routines that engage the body in playful ways within a non-judgemental environment.

Activities that engage the body in movement can have a wide range of physical and mental health benefits, according to the type of activity. Sports activities, for example, particularly when designed to enhance life skills, can lead to a wide variety of positive outcomes for children.[2] These outcomes include social inclusion[3], improved social connectedness[4] and stress release[5].

Research on body-oriented therapies such as dance movement therapy suggests that bodily cues (i.e. sensations, breath) and movement are necessary to explain the interrelation between behaviours, actions, thoughts and feelings.[6] Adverse events or stressful life events can disrupt children's capacities and abilities to move freely and playfully, leaving them disconnected from their bodies. When children are offered opportunities to safely (re)connect to themselves though movement while attuning to others and their environment, children can strengthen and - where needed - restore the awareness and regulation of sensations, emotions and behaviours.[7] More so, through movement-based activities, children are able to release the piled up stress stored in their body.[8]

During TeamUp sessions, facilitators engage their own body through movements and gestures to demonstrate activities and attune to the children, rather than focusing on verbal instruction, expression and reflection. Movement is offered in a playful and creative way within an open session structure. This allows children to build on a range of social and personal resources and to find support from others in the group. At the same time facilitators guide and contain the expression of emotions and behaviours that arise at individual and group level. The use of different materials and activities such as songs, routines and group formations sustain the session flow. Finally, the non-verbal modality makes it easier for children to participate without needing to understand one another's language.

LEARNING THROUGH PLAY

Play can be loosely defined as an activity that is personally motivated, actively engaging and results in joyful discovery.[9] Particularly for children, it is also a fundamental context in which children learn.[10] Through play, children can build on many areas of development at the same time, and build skills including motor, cognitive, social, personal and emotional skills.[11] Play is an intrinsic activity for children to undertake and triggers their subconscious learning. The

development stage of the child determines the type of play that they are interested in. In play, children use and develop motor skills, cognitive skills and emotional skills.[12]

Guided play is a type of play that retains the enjoyable and engaging nature of free play, but allows for more targeted learning experiences for children, provided that they are engaging, child-centred and fun.[13] During these playful experiences, children also learn to negotiate personal space, rules and ideas that serve to develop assertiveness and conflict resolution skills.[14] Children also practice abilities related to self-regulation, such as focusing their attention, testing their boundaries and working with the stress of emotions such as fear, anger, and frustration.[15] Traumatic experiences are known to hamper both the neurodevelopment and psychosocial development of children, affecting a child's psychosocial and social behaviour.[16] Guided play is known to help children restore their developmental processes.[17]

TeamUp group activities are movement and play-based, following the format of guided play. TeamUp facilitators establish a common ground based on a set of rules and agreements, creating an environment where children can play openly, as long as they respect others in the group. This ensures inclusion and equity. Activities and games are built up slowly to ensure that children learn to stretch their limits in the game. Once the activities start, facilitators and children can make adaptations and changes in the activities to find ways to respond to the different needs in the group of children. Facilitators actively engage the children by choosing activities the children can relate to, and mediate or regulate the energy flow - using movements and gestures - to support children in transitioning between different parts of the sessions.

4.THE VISUAL

The TeamUp ToC is visualised below. The detailed explanation of the different elements can be found on the following pages. The visual should be read from the bottom up - starting from the inputs, building through the outcomes towards the impacts. The background depicts the context that children come from.
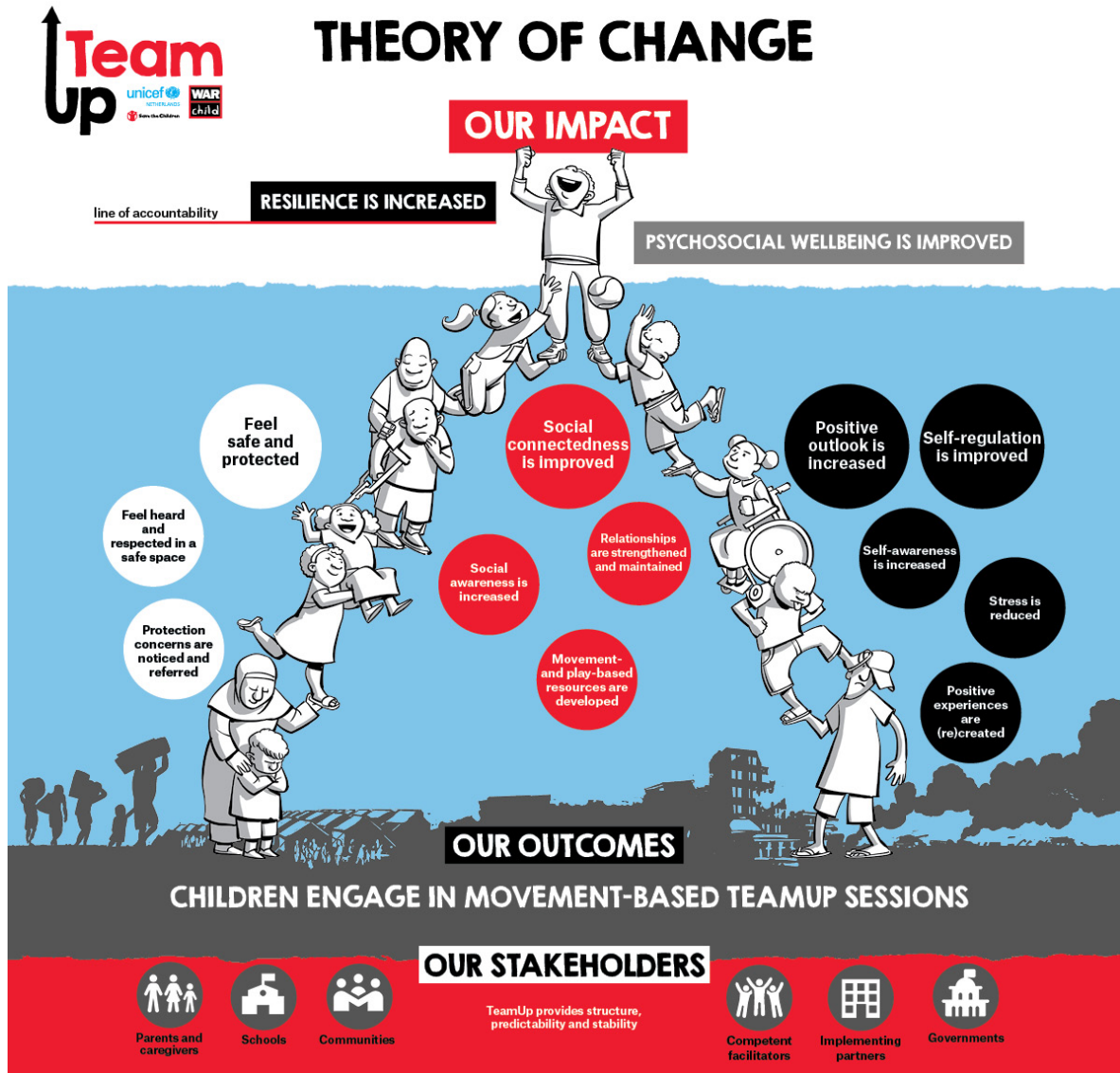
5. THE INPUTS

STAKEHOLDERS ENSURE THAT CHILDREN HAVE ACCESS

TeamUp's target group concerns vulnerable children, with a special focus on children in and affected by armed conflict, from the age of six up to 17 years old. There are a number of stakeholders essential to facilitate the participation of children:

- **Parents and caregivers** need to understand the value of play to allow their children to participate in TeamUp. Subsequently, parents can be key actors to promote TeamUp in their community. They are engaged through parent sessions or other awareness-raising activities in schools, the community or reception centres.
- **Schools** are a location where TeamUp can be implemented and whole classes can participate. School boards have to grant access to a storage space for the materials and a safe play area.
- **Communities'** support is crucial for TeamUp. Communities keep play equipment safe, can identify facilitators for recruitment, and have available spaces (such as CFSs) where sessions can take place. Community acceptance of TeamUp can stimulate parents to allow their children to participate in the sessions.
- **Governments** - either local or national - support TeamUp's implementation, either by granting permission, by providing funding, and/ or receiving advocacy messages.
- **Implementing partners** - either local or international - are those who implement TeamUp and bring the intervention to scale.

FACILITATORS ARE COMPETENT TO IMPLEMENT TEAMUP IN A SAFE SPACE

TeamUp cannot take place without facilitators who are trained on TeamUp. In terms of basics - they learn about the activities and how to facilitate them, how to prepare and organise a session, and how to use the materials. They learn how to make referrals, are trained on child safeguarding, child protection and how to manage group dynamics. Facilitators have a direct role in achieving the outcomes described in this document. The more competent they are (as individuals and as a facilitator team member), the more likely the intended changes are to happen.

But there is more to this. A sense of safety is essential before any other change can take place.[18] This sense of safety is determined by several factors, including predictability, consistency, reliability and the ability for children to make their own choices.[19] Even though the activities during TeamUp can differ per session, facilitators adhere to the principles of same face (facilitators), same place, same time and same session structure. Furthermore, facilitators promote a safe environment by adopting a non-judgemental approach. Children are given the option to (temporarily) join an activity or not or to step out of the activity when needed in order to settle, take rest and observe.

6. DEFINITIONS OF OUTCOMES AND IMPACT

The pathways of change are explained below and are elaborated on for each main outcome - sense of safety, sense of social connectedness, positive outlook and self-regulation. Each outcome is explained from smaller to higher changes, eventually leading to the impact. Each description contains a brief explanation of why the outcome is relevant for children based on academic theory and research, and an explanation of how the outcome is achieved in TeamUp.

OUTCOME: SENSE OF SAFETY

PROTECTION CONCERNS ARE NOTICED AND ACTED UPON

The second level of the MHPSS[ii] pyramid concerns PSS interventions that work on a community level.[20] TeamUp operates on this level. The interventions on this level are sufficient for the majority of the children, while some children might be in need of additional support, either within or outside the MHPSS care system.[21] TeamUp facilitators are trained to identify and refer children who might need another or the same MHPSS level of support and care. Identification and referral can only take place if; (a) facilitators are well trained in identifying children who might be in need of more support, and; (b) a functional referral system is in place.

FEEL HEARD AND RESPECTED IN A SAFE SPACE

TeamUp facilitators are trained to provide an emotional and physical safe space for all children in the group during the session. They are trained to observe and understand children's behaviour in the group and allow space for the expression of individual emotions and behaviours that arise. Both positive and negative sensations, feelings and thoughts that arise may be noticed, named, and possibly addressed in non-verbal or verbal ways. This creates a holding space in which children feel seen, acknowledged and accepted as who they are by trustworthy adults. Furthermore, by creating this space, TeamUp strives for inclusion and for children to feel safe to participate regardless of their different abilities, cultural, socio-economical and linguistic background.

FEEL SAFE AND PROTECTED

Being in a safe environment can help establish a sense of normalcy, structure and continuity and is a prerequisite to be able to realise any of the other outcomes in this framework. This can be particularly relevant for children whose lives have been disrupted by armed conflict and displacement and where support systems and safety have been severely compromised. Having positive interactions with other children - and being cared for by trustworthy and predictable adults in a safe space - is crucial for these children to reduce risks of harm, fear and anxieties.[22] During TeamUp sessions, trained facilitators constructively work on creating a safe space. They address bullying, discrimination, aggression or other challenging behaviour that may be harmful to a child or the group. In this way, TeamUp aims to enhance children's ability to recognise, experience and develop their own sense of safety. As children can explore their own personal and social behaviour and their boundaries with peers, they also learn how to attune to, support and cooperate with each other. In this way, children can become better equipped to become agents of their own protection and safety.[23]

[ii] MHPSS is the acronym for Mental Health and Psychosocial Support.

OUTCOME: IMPROVED SOCIAL CONNECTEDNESS

PLAY AND MOVEMENT RESOURCES ARE STRENGTHENED

Play and movement allows children to not only develop cognitive skills but can set the foundation for the development of social and emotional knowledge and skills. Play sparks creativity, imagination, and allows children to explore different emotions and ways of behaving.[24] It is therefore a vital process in a child's development.[25] Body movement is crucial for brain development and also has numerous mental and physical health benefits.[26] In TeamUp different ways of moving are offered through play with sport-based games, creative movement and dance activities. Children are encouraged to explore and engage in different movement experiences in playful ways, embedded in a safe environment.

SOCIAL AWARENESS IS INCREASED

Social awareness can be defined as the ability to feel empathy for others and to understand different perspectives and/or situations, regardless of one's background.[27] Attuning to understanding and respecting others is important in establishing and maintaining social relationships.[28] Taking on someone's movement in mirroring activities, participating in a movement circle, and running together during a rally race, all helps children to attune to one another and bring about mutual understanding. This can contribute to increased social awareness leading to an appreciation and tolerance of diversity.[29] During TeamUp activities, children engage in play and movement with a group of children of diverse backgrounds and abilities, including children they would normally not choose to play with. TeamUp's non-verbal modality allows children to interact positively with other children from different cultural and/or linguistic backgrounds and abilities. This supports their overall ability to build relationships with other children. Activities allow children to forgive each other when there are confrontations and support each other when someone is upset. Children are encouraged to share activities and songs from their own culture, enhancing an appreciation of diversity.

RELATIONSHIPS ARE STRENGTHENED AND MAINTAINED

Through positive interactions with others, children learn crucial socio-emotional skills that help them to establish, maintain and strengthen peer relationships.[30] Children primarily learn from their interactions with their peers rather than with adults.[31] Throughout the activities, TeamUp facilitators guide children to support each other, to mediate conflicts, to reduce all kinds of verbal and physical aggression and to cooperate in finding solutions. This strengthens their ability to connect with others, to form and sustain new friendships, while at the same time developing co-regulating capacities.

SOCIAL CONNECTEDNESS IS IMPROVED

Social connectedness is the perceived closeness that children feel in relation to others.[32] It is a direct result of the relationships they build and form, and is determined by the quality of these relationships and the degree to which they feel accepted and supported by others.[33] Improved social connectedness can lead to an increased sense of belonging, an extended social network, and engagement in pro-social activities.[34] The stronger the perceived connectedness, the larger the benefits on physical and mental health for an individual.[35]

Crises disrupt earlier established connections, either by physical or emotional separation. In their new life setting, children need to build new connections with peers and adults and reinstate their sense of belonging and ability to build new connections. In TeamUp, children engage in group activities which allows them to connect with peers though movement-based activities. These various interactions among children can strengthen both the individual and the group's sense of connectedness.

OUTCOME: IMPROVED SELF-REGULATION

STRESS IS REDUCED

Ongoing exposure to stressful life events and the aftermath of traumatic events can have a significant impact on the body and mind.[36] This can be manifested in the body. In addition, prolonged stress and tensions may impact upon children's abilities to relate to others and themselves, creating additional stress. Children may not always understand the sensations and feelings in their bodies or know how to deal with their behaviours. Coping mechanisms which promote calming or regulate the nervous system are useful to release accumulated stress and tensions in the body.[37] Using exercises to release tension and stress through the body in movement can - from a very first exercise - benefit children's mental and physical health.[38] Regular physical activity has a positive effect on physical and mental health and the ability to cope with stressful events.[39] Children may release stress in different ways. Some may need activating activities while others may need calming or settling exercises, such as movement circles, body relaxation or breathing practices that can ground the body in the present moment. TeamUp caters for these different needs. The structure of the session, build up and flow allow children to mobilise their bodies to feel energised or to settle to feel relaxed and calm.

SELF-AWARENESS IS INCREASED

Self-awareness relates to the ability to notice and reflect upon one's inner emotions, feelings, sensations, strengths and limitations.[40] Among other things it helps children to see the perspectives of others, practice restraint and brings pride to children.[41] Children can reflect on their behaviour or emotions in interactions with others, when others share, or by noticing and reflecting on their experiences during the session. A child can (re)learn this through body movement, as this generates sensations and may foster an increased awareness of the body.[42] In TeamUp, as children interact and respond to each other, they become aware of the space around them, sensations in their body, feelings and how their behaviour may affect others. Facilitators actively promote and invite self-awareness during the session.

SELF-REGULATION IS IMPROVED

The ability to self-regulate one's behaviour, emotions and attention is a vital asset in life.[43] It includes the ability to shift attention when needed, activate and regulate behaviour as needed, and adapt behaviour and emotional reaction in social interactions.[44] Traumatic experiences and chronic stress can overload the body's nervous system, which in turn compromises and inhibits the development of self-regulatory abilities.[45] Once these abilities are restored and acquired, children can facilitate lifelong learnings which in return may contribute to building and sustaining friendships and relationships.[46]

The flow of a TeamUp session regulates moving from activating to more relaxing states. This is how children learn to move across different energy levels, which in return may improve attention and concentration. As they engage and interact with other children, they modulate, activate and adjust their sensations, emotions and behaviours. This supports their self-regulating abilities both within the group and ultimately on a personal level as well.

POSITIVE EXPERIENCES ARE (RE)CREATED

Recreating opportunities for frequent and repetitive positive experiences can help children overcome their negative memories and experiences.[47] Positive experiences give children a sense of empowerment, allowing children to work from their existing strengths instead of their shortcomings.[48] This positivity allows space to sense and experience joy and laughter, which helps both children's development and learning.[49] TeamUp offers possibilities for playfulness where children may experience humour and joy through a sense of togetherness with peers.

POSITIVE OUTLOOK IS INCREASED

Feeling hopeful about the future and overall optimism are important predictors of resilience and the development of coping mechanisms.[50] Moreover, positive feelings such as joy, interest and compassion can bring about increased wellbeing.[51] TeamUp provides children with structured movement-based activities on a weekly basis. The activities are fun and engaging; something children may look forward to meet and play with peers and trustworthy adults. During the sessions, children may learn new games or revisit culturally familiar activities that they enjoy and are familiar with. As they build on a range of personal and social skills, children can increase their feelings of empowerment and overall optimism.

IMPACT

PSYCHOSOCIAL WELLBEING IS IMPROVED

TeamUp ultimately aims to impact the psychosocial wellbeing of children. Conventional definitions of wellbeing explain the concept as a positive state of being, related to how happy, healthy and satisfied children are.[52] However, other definitions of wellbeing define the concept as a balance between one's internal resources and the faced challenges.[53] In this regard, wellbeing is not the absence of negative emotions or experiences, but depends on how one is able to respond cope and cope in adverse circumstances. Psychosocial wellbeing emerges from their psychological state of being (e.g. sensations, thoughts and emotions) in interaction with social factors (e.g. family, peers and their community). Psychosocial wellbeing is therefore improved when children can fulfil their individual and social needs.[54] TeamUp addresses the different components of wellbeing through the main outcomes as defined in this ToC (sense of safety, increased social connectedness, positive outlook and self-regulation). This supports children to build upon their existing resources and also strengthens and develops a wide range of capacities on social, physical, mental, cultural and emotional levels.

RESILIENCE IS INCREASED

Resilience is a complex concept, shaped by many factors.[55] Resilience can be described as the ability to draw from one's own resources and the ones available in the immediate environment in culturally relevant ways.[56] Children affected by armed conflict and forced displacement have been exposed to a wide range of chronic stressors which over time may or may not have a negative impact on their development.[57] In order to overcome these stressors, children are not only dependent on their personal restorative capacities but on existing protective resources in their environments; including their parents, school and community.[58] TeamUp focuses on strengthening existing resources within a child by building upon a range of personal and social capacities. However, given the fact that resilience can be strengthened by different factors in the environment of children, we place resilience above the line of accountability.

7. ASSUMPTIONS

There are a number of assumptions that come with the formulated ToC. The main assumptions are listed below. This list, however, is not exhaustive and the assumptions will be tested in the MEAL work that will be based on this ToC.

- The capacities that the child builds during the TeamUp sessions are replicated by the same child outside the sessions in contexts such as school or the family setting.
- Children participate in TeamUp long enough to be able to work on the intended changes.
- Children feel comfortable to engage their bodies.
- A functioning training and mentoring system is in place for TeamUp facilitators. This enables them to create a safe space for children participating in TeamUp.
- Facilitator teams are relatively stable and enduring.
- Parents accept TeamUp as a suitable activity for their children and allow them to participate.
- Space is accessible and safe for all children.
- Referral services are available and accessible.
- Guided play is an effective format for children to reach the intended outcomes.
- The movement-based mechanisms realise the intended outcomes.
- The non-verbal modality is sufficient for children to reflect and to increase self-awareness.
- There is sufficient sustainability in the context in which TeamUp is implemented, in terms of safety and security and the continuation of the intervention.

8. ANNEX

ANNEX I - TOC DEVELOPMENT PROCESS

The ToC was developed using a participatory approach. The steps outlined below were followed:

- Through a series of workshops, programme staff from different settings defined the changes TeamUp wants to make as an intervention at impact and outcome level, the interconnections between the outcomes, and the explanation of how TeamUp achieves the outcomes.

- Input from various country teams implementing TeamUp was incorporated, including Uganda, Colombia and the occupied Palestinian territory.

- In further workshops, assumptions were reflected on, and the change pathways were consolidated with a core team of TeamUp programme staff, management, researchers, and MEAL specialists.

- To ensure that the outcomes reflect the reality in the field, an abbreviated outcome harvesting exercise was done, by checking outcomes achieved through TeamUp that were identified in international reports, research and MEAL data in different countries. Findings were aligned with the change pathways defined earlier.

- A literature study was conducted to streamline the outcomes, relating concepts and explanations with academic theory and research, in order that they can be measured more clearly. This led to minor rewording of several concepts relating to the ToC outcomes and positioning of the outcomes in the change pathways. Literature was also used to write the outcome descriptions.

- A core group consisting of researchers, master trainers, managers and MEAL specialists consolidated the final first version.

ANNEX 2 - OUTCOMES WRITTEN IN I-VERSION

Outcome: feeling of safety	
Protection concerns are noticed and acted upon	I can get extra help when needed
Feel heard and respected in a safe space	I feel seen, heard and respected
Feel safe and protected	I feel safe and protected
Outcome: social connectedness	
Play and movement resources are strengthened	I strengthen my play skills. I can play and move with others
Social awareness is increased	I respect the behaviour and emotions of other children
Relationships are strengthened and maintained	I can get to know other children and make friends
Social connectedness is improved	I feel more connected to my peers
Outcomes: positive outlook and self-regulation	
Stress is reduced	I experience less stress
Self-awareness is increased	I am aware of my sensations, feelings, thoughts and behaviours
Self-regulation is improved	I can regulate my emotions and behaviour and focus my attention
Positive experiences are (re)created	I have positive experiences
Positive outlook is increased	I am optimistic
Impact: resilience	
Psychosocial wellbeing is improved	I feel better
Resilience is increased	I can bounce back

9. REFERENCES

1. McGonigal, K. (2019). The Joy of Movement: How exercise helps us find happiness, hope, connection, and courage. Penguin.

2. Danish SJ, Forneris T, Wallace I. Sport-based life skills programming in the schools. Journal of Applied School Psychology. 2005;21(2):41-62.

3. Corazza M, Dyer J. *A new model for inclusive sports?: an evaluation of participants' experiences of mixed ability rugby.* Social Inclusion. 2017;5(2):130-40.

Rossi R, De Alencar R, Rossi M, Pereira A. Sport and social inclusion. *Study of the program "Segundo Tempo" in Feira de Santana, Bahia-Brazil.* Journal of Physical Education and Sport. 2014;14(4):446.

4. Hoye R, Nicholson M, Brown K. *Involvement in sport and social connectedness.* International Review for the Sociology of Sport. 2015;50(1):3-21.

Spaaij R. *Refugee youth, belonging and community sport. Leisure Studies.* 2015;34(3):303-18.

5. Yogman M, Garner A, Hutchinson J, Hirsh-Pasek K, Golinkoff RM, Committee on Psychosocial Aspects of Child and Family Health. *The power of play: A pediatric role in enhancing development in young children*. Pediatrics. 2018;142(3).

6. Price CJ, Hooven C. *Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT).* Frontiers in psychology. 2018;9:798.

Fuchs T, Koch SC. *Embodied affectivity: on moving and being moved*. Frontiers in psychology. 2014;5:508.

7. Koch S, Kunz T, Lykou S, Cruz R. *Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis.* The Arts in Psychotherapy. 2014;41(1):46-64.

Betty A. *Taming tidal waves: A dance/movement therapy approach to supporting emotion regulation in maltreated children.* American Journal of Dance Therapy. 2013;35(1):39-59.

8. Price CJ, Hooven C. *Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT).* Frontiers in psychology. 2018;9:798.

9. Yogman M, Garner A, Hutchinson J, Hirsh-Pasek K, Golinkoff RM, Committee on Psychosocial Aspects of Child and Family Health. *The power of play: A pediatric role in enhancing development in young children*. Pediatrics. 2018;142(3).

10. Hirsh-Pasek K, Golinkoff RM, Berk LE, Singer D. *A mandate for playful learning in preschool: Applying the scientific evidence.* Oxford University Press; 2009.

11. White RE. *The power of play: A research summary on play and learning*. Rochester: Minnesota Children's Museum. 2012.

12. Bratton SC, Ray D, Rhine T, Jones L. *The efficacy of play therapy with children: A meta-analytic review of treatment outcomes.* Professional psychology: research and practice. 2005;36(4):376.

Whitebread D, Neale D, Jensen H, Liu C, Solis SL, Hopkins E, Hirsh-Pasek K, Zosh J. *The role of play in children's development: a review of the evidence.* LEGO Fonden; 2017.

13. Toub TS, Rajan V, Golinkoff RM, Hirsh-Pasek K. *Guided play: A solution to the play versus learning dichotomy*. InEvolutionary perspectives on child development and education 2016;117-41.

Weisberg DS, Hirsh-Pasek K, Golinkoff RM, Kittredge AK, Klahr D. *Guided play: Principles and practices.* Current Directions in Psychological Science. 2016;25(3):177-82.

14. Kornblum R, Halsten RL. *In-school dance/movement therapy for traumatized children. Creative arts therapies manual: A guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, drama, and poetry therapies.* 2006:144-55.

15. White RE. *The power of play: A research summary on play and learning.* Rochester: Minnesota Children's Museum. 2012.

Yogman M, Garner A, Hutchinson J, Hirsh-Pasek K, Golinkoff RM, Committee on Psychosocial Aspects of Child and Family Health. *The power of play: A pediatric role in enhancing development in young children.* Pediatrics. 2018;142(3).

16. Putnam FW. *The impact of trauma on child development.* Juvenile and Family Court Journal. 2006;57(1):1-1.

17. Yogman M, Garner A, Hutchinson J, Hirsh-Pasek K, Golinkoff RM, Committee on Psychosocial Aspects of Child and Family Health. *The power of play: A pediatric role in enhancing development in young children.* Pediatrics. 2018;142(3).

18. Wanless SB. *The role of psychological safety in human development*. Research in Human Development. 2016;13(1):6-14.

Bath H. *The three pillars of trauma-informed care.* Reclaiming children and youth. 2008;17(3):17-21.

19. Bath H. *The three pillars of trauma-informed care.* Reclaiming children and youth. 2008;17(3):17-21.

20. Inter-Agency Standing Committee. *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland: IASC 2006. 2006.

21. World Health Organization. *Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings.* World Health Organization; 2012.

22. Kostelny K, Wessells M. *The protection and psychosocial well-being of young children following armed conflict: Outcome research on child centered spaces in northern Uganda.* The Journal of Developmental Processes. 2008;3(2)13-25.

Bath H. *The three pillars of trauma-informed care*. Reclaiming children and youth. 2008;17(3):17-21.

23. Kostelny K, Wessells M. *The protection and psychosocial well-being of young children following armed conflict: Outcome research on child centered spaces in northern Uganda.* The Journal of Developmental Processses. 2008;3(2):13-25.

24. Wilkes S, Cordier R, Bundy A, Docking K, Munro N. *A play‐based intervention for children with ADHD: A pilot study*. Australian occupational therapy journal. 2011;58(4):231-40.

Archer C, Siraj I. *Measuring the quality of movement-play in Early Childhood Education settings: Linking movement-play and neuroscience.* European Early Childhood Education Research Journal. 2015;23(1):21-42.

25. Wilkes S, Cordier R, Bundy A, Docking K, Munro N. *A play‐based intervention for children with ADHD: A pilot study*. Australian occupational therapy journal. 2011;58(4):231-40.

26. Kleinjan D. *Movement Matters: The Importance of Incorporating Movement in the Classroom*. Available from: https://nwcommons.nwciowa.edu/education_masters/211/ [Accessed July 30th, 2020].

Archer C, Siraj I. *Measuring the quality of movement-play in Early Childhood Education settings: Linking movement-play and neuroscience.* European Early Childhood Education Research Journal. 2015;23(1):21-42.

27. CASEL. *Competencies.* Available from: https://casel.org/wp-content/uploads/2019/12/CASEL-Competencies.pdf [Accessed August 31st, 2020].

28. Joireman JA, Needham TL, Cummings AL. *Relationships between dimensions of attachment and empathy.* North American Journal of Psychology. 2002;4(1):63-80.

Sallquist J, Eisenberg N, Spinrad TL, Eggum ND, Gaertner BM. *Assessment of preschoolers' positive empathy: Concurrent and longitudinal relations with positive emotion, social competence, and sympathy.* The Journal of Positive Psychology. 2009;4(3):223-33.

29. Kornblum R, Halsten RL. *In-school dance/movement therapy for traumatized children. Creative arts therapies manual: A guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, drama, and poetry therapies.* 2006:144-55.

30. Robert Wood Johnson Foundation. *With a little help from my friends: The importance of peer relationships for social emotional development.* Available from: https://www.rwjf.org/en/library/research/2018/11/with-a-little-help-from-my-friends--the-importance-of-peer-relationships-for-social-emotional-development.html [Accessed on July 29th, 2020].

31. Rubin KH, Bukowski WM, Bowker JC. *Children in peer groups.* Handbook of child psychology and developmental science. 2015;24:1-48.

32. Lee RM, Robbins SB. *The relationship between social connectedness and anxiety, self-esteem, and social identity.* Counseling Psychology. 1988;45(3):228-35.

33. Townsend KC, McWhirter BT. *Connectedness: A review of the literature with implications for counseling, assessment, and research.* Journal of Counseling & Development. 2005;83(2):191-201.

Barber BK, Schluterman JM. *Connectedness in the lives of children and adolescents: A call for greater conceptual clarity.* Journal of Adolescent Health. 2008;43(3):209-16.

34. Foster CE, Horwitz A, Thomas A, Opperman K, Gipson P, Burnside A, Stone DM, King CA. *Connectedness to family, school, peers, and community in socially vulnerable adolescents. Children and youth services review.* 2017;81:321-31.

35. Barber BK, Schluterman JM. *Connectedness in the lives of children and adolescents: A call for greater conceptual clarity*. Journal of Adolescent Health. 2008;43(3):209-16.

Townsend KC, McWhirter BT. *Connectedness: A review of the literature with implications for counseling, assessment, and research.* Journal of Counseling & Development. 2005;83(2):191-201.

Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, De Jong JT, Layne CM, Maguen S. *Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence.* Psychiatry: Interpersonal and Biological Processes. 2007;70(4):283-315.

Jose PE, Ryan N, Pryor J. *Does social connectedness promote a greater sense of well-being in adolescence over time?.* Journal of research on adolescence. 2012;22(2):235-51.

36. Van der Kolk BA. *The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress.* Harvard review of psychiatry. 1994;1(5):253-65.

Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, De Jong JT, Layne CM, Maguen S. *Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence*. Psychiatry: Interpersonal and Biological Processes. 200;70(4):283-315.

37. Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, De Jong JT, Layne CM, Maguen S. *Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence*. Psychiatry: Interpersonal and Biological Processes. 2007;70(4):283-315.

38. Best JR. *Effects of physical activity on children's executive function: Contributions of experimental research on aerobic exercise.* Developmental review. 2010;30(4):331-51.

Stults-Kolehmainen MA, Sinha R. *The effects of stress on physical activity and exercise.* Sports medicine. 2014;44(1):81-121.

39. Strong WB, Malina RM, Blimkie CJ, Daniels SR, Dishman RK, Gutin B, Hergenroeder AC, Must A, Nixon PA, Pivarnik JM, Rowland T. *Evidence based physical activity for school-age youth.* The Journal of pediatrics. 2005;146(6):732-7.

Best JR. *Effects of physical activity on children's executive function: Contributions of experimental research on aerobic exercise.* Developmental review. 2010;30(4):331-51.

40. CASEL. *Competencies.* Available from: https://casel.org/wp-content/uploads/2019/12/CASEL-Competencies.pdf [Accessed August 31st, 2020].

41. Silvia PJ, O'Brien ME. *Self-awareness and constructive functioning: Revisiting "The human dilemma".* Journal of Social and Clinical Psychology. 2004;23(4):475-89.

42. Dieterich-Hartwell R. *Dance/ movement therapy in the treatment of post-traumatic stress: A reference model.* The arts in psychotherapy. 2017;54:38-46.

43. Shanker S. *Calm, alert and happy*. Retrieved July. 2013;27:2016.

Halle TG, Darling-Churchill KE. *Review of measures of social and emotional development*. Journal of Applied Developmental Psychology. 2016;45:8-18.

44. Halle TG, Darling-Churchill KE. *Review of measures of social and emotional development. Journal of Applied Developmental Psychology.* 2016;45:8-18.

45. Kinniburgh K, Blaustein M. *Attachment, self-regulation, and competency: A comprehensive framework for intervention with complexly traumatized youth. A treatment manual.* Author, Boston. 2005.

46. Ontario, Ministry of Education. *Thinking about self-regulation and well-being.* Available from: https://www.ontario.ca/document/kindergarten-program-2016/thinking-about-self-regulation-and-well-being [Accessed July 27th, 2020].

47. Donaldson SI, Dollwet M, Rao MA. *Happiness, excellence, and optimal human functioning revisited: Examining the peer-reviewed literature linked to positive psychology.* The Journal of Positive Psychology. 2015;10(3):185-95.

48. Kinniburgh K, Blaustein M. *Attachment, self-regulation, and competency: A comprehensive framework for intervention with complexly traumatized youth. A treatment manual*. Author, Boston. 2005.

49. Zosh JN, Hopkins EJ, Jensen H, Liu C, Neale D, Hirsh-Pasek K, Solis SL, Whitebread D. *Learning through play: a review of the evidence*. LEGO Fonden; 2017 Nov.

Malchiodi CA, Steele W, Kuban C. *Resilience and posttraumatic growth in traumatized children. Creative interventions with traumatized children.* 2008:285-301.

50. Educator Social-Emotional Reflection and Training. *Optimistic thinking guide.* Available from: https://apertureed.com/wp-content/uploads/2020/03/Optimistic_Thinking_EdSERT_Aperture-Education-320-1.pdf [Accessed May 20th, 2020].

Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, De Jong JT, Layne CM, Maguen S. *Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence. Psychiatry: Interpersonal and Biological Processes.* 2007;70(4):283-315.

51. Fredrickson BL. *The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions*. American psychologist. 2001;56(3):218.

52. Pollard EL, Lee PD. *Child well-being: A systematic review of the literature. Social indicators research*. 2003;61(1):59-78.

Ryff CD. *Happiness is everything, or is it? Explorations on the meaning of psychological well-being*. Journal of personality and social psychology. 1989;57(6):1069.

53. Dodge R, Daly AP, Huyton J, Sanders LD. *The challenge of defining wellbeing. International journal of wellbeing*. 2012;2(3).

54. Inter-Agency Network for Education in Emergencies**.** *INEE thematic issue brief: Psychosocial well-being*. Available from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/INEE_Thematic_Issue_Brief_Psychosocial.pdf [Accessed on May 19th, 2020].

55. Parsons M, Glavac S, Hastings P, Marshall G, McGregor J, McNeill J, Morley P, Reeve I, Stayner R. *Top-down assessment of disaster resilience: A conceptual framework using coping and adaptive capacities*. International Journal of Disaster Risk Reduction. 2016;19:1-1.

Bonanno GA, Romero SA, Klein SI. *The temporal elements of psychological resilience: An integrative framework for the study of individuals, families, and communities.* Psychological Inquiry. 2015;26(2):139-69.

Mollica RF. *Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World.* Nashville, TN: Vanderbilt Univ Press; 2008

56. Zautra AJ, Hall JS, Murray KE. *Resilience: a new definition of health for people and communities.* In: Reich JW, Zautra AJ, Hall JS (Eds.), *Handbook of adult resilience*. The Guilford Press. 2010:3-29.

Bonanno GA, Romero SA, Klein SI. *The temporal elements of psychological resilience: An integrative framework for the study of individuals, families, and communities.* Psychological Inquiry. 2015;26(2):139-69.

Mollica RF. *Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World*. Nashville, TN: Vanderbilt Univ Press; 2008

57. Miller KE, Omidian P, Rasmussen A, Yaqubi A, Daudzai H. *Daily stressors, war experiences, and mental health in Afghanistan.* Transcultural Psychiatry. 2008;45(4):611-38.

58. Ungar M, Brown M, Liebenberg L, Othman R, Kwong WM, Armstrong M, Gilgun J. *Unique pathways to resilience across cultures.* Youth Studies Australia. 2008;27(2):63-4.

Panter-Brick C, Eggerman M. *Understanding culture, resilience, and mental health: The production of hope.* In: *The social ecology of resilience*. Springer, New York, NY. 2012:369-86.

Filename: 200904_WCH_TU_DOCUMENT_TOC_EN_RR.docx
Directory:
                    /Users/rob/Library/Containers/com.microsoft.Word/Data/Docu
     ments
Template:
                    C:\Users\Kyra.Pedersen\Downloads\200708_WCH_TU_TEMP
     LATE_Word_To_Design_EN.dotx
Title: Data Management Plan
Subject:
Author: Kyra Pedersen
Keywords:
Comments:
Creation Date: 10/09/2020 15:54:00
Change Number: 15
Last Saved On: 25/09/2020 13:08:00
Last Saved By: Rob Reitsma
Total Editing Time: 11 Minutes
Last Printed On: 25/09/2020 13:09:00
As of Last Complete Printing
     Number of Pages: 20
     Number of Words: 7.414 (approx.)
     Number of Characters: 42.266 (approx.)