School-based interventions supporting refugees and asylum seeking children in mainstream schools

A systematic literature review

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ABSTRACT

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More than 14.000 children who are refugees or asylum seeking are attending compulsory schools in Austria. The refugee crisis is a current topic, which is influencing the everyday school-life in many Austrian schools. Not all schools are prepared for this challenge. In order to point out possibilities for improving the refugee situation in Austrian schools, the aim of this study is to provide a summary of possible school-based interventions, which can support the inclusion of children who are refugees or asylum seeking in mainstream compulsory schools. In order to reach the aim, a systematic literature review was conducted in five different databases. Therefore inclusion and exclusion criteria were defined. Due to the limited amount of studies about the inclusion of refugees, studies were included that focused on topics that might influence the inclusion of refugees (e.g. mental health). Eleven studies were identified in which twelve different interventions emerged. The results show that all interventions had positive effect on supporting refugees in schools. Positive effects were mostly focusing on emotional and behavioural symptoms of refugee children, decreasing trauma symptoms and expressing needs and feelings according to identity issues and acculturation. However, some studies did not report significant results. The main focus of the studies was on mental health related factors, such as reducing trauma symptoms. Other important aspects that occurred in the results and might be of importance for the inclusion of refugees in schools, were relationships of refugees in schools with teachers and peers as well as teachers attitudes. This study shows possibilities of supporting the inclusion of children who are refugees or asylum seeking in mainstream schools.

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Schulbezogene Interventionen zur Unterstützung der Inklusion von Flüchtlingskindern in Regelschulen

Eine systematische Literaturanalyse

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Mehr als 14.000 Flüchtlingskinder sind derzeit an österreichischen Schulen als Schülerinnen und Schüler gemeldet. Die Flüchtlingskrise ist ein aktuelles und wichtiges Thema, welches Einfluss auf das österreichische Schulleben hat. Die Integration von Flüchtlingen in österreichischen Schulen bringt einige Herausforderungen mit sich, welche nicht alle Schulen in Österreich gewachsen sind. Um Möglichkeiten aufzuzeigen, wie man die Inklusion von Flüchtlingskindern in Österreich unterstützen und verbessern kann, ist das Forschungsziel dieser Studie, einen Überblick über mögliche Interventionen zur Unterstützung von Flüchtlingskindern in österreichischen Schulen zu präsentieren. Dabei wurden elf Studien durch eine systematische Literaturanalyse identifiziert, welche zwölf verschiedene Interventionen/Förderangebote beschreiben. Da es nur eine sehr geringe Anzahl an Interventions-Studien gibt, welche sich auf die Inklusion von Flüchtlingen fokussieren, sind auch Studien mit eventuellen Einfluss-Faktoren auf deren Inklusion in Schulen einbezogen (z.B.: Reduktion von Trauma-Symptomen). Die Resultate zeigen, dass alle Interventionen positive Effekte auf die teilnehmenden Flüchtlinge hatten. Auftretende positive Effekte sind zum Beispiel die Verbesserung von mentaler Gesundheit und die Möglichkeit Probleme, wie zum Beispiel Identifizierung und kulturelle Anpassung, zu äußern. Manche Studien zeigen allerdings keine signifikanten Ergebnisse. Die ausgewählten Interventionen präsentieren Möglichkeiten der Unterstützung zur Inklusion von Flüchtlingskindern in Regelschulen.

Schlüsselwörter: *Flüchtling, asylsuchend, Interventionen, Unterstützung, Inklusion, Regelschulen, österreichische Schulen*

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I Introduction

More than 65 million people are displaced and subsequently forced away from their home countries worldwide. 21,3 million people of those are refugees and over half of them are children under the age of 18 years (United Nations High Commissioner for Refugees, 2015). These numbers show that the refugee crisis is a present topic that has to be faced.

In Article 28 of the United Nations (UN) Convention on the Rights of the Child, it is stated that every child has the right to education, regardless of their life situation (United Nations General Assembly, 1989). This means that every child who is fleeing must get access to school, regardless of the country they are currently staying in. In Article 22 it is stated that all children with a refugee status have the right to "receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties" (United Nations General Assembly, 1989). Moreover, the country the child is currently staying in shall assist such child with reunification with his or her family. Refugee children present a particular vulnerable population in schools, which differs from the children who are having a migration background but no refugee background (Hamilton & Moore, 2004).

In Austria the law of school attendance also states that every child, regardless of having the Austrian citizenship or not, has to attend compulsory schooling which lasts nine years and is usually until the age of 15 or 16 years (Bundeskanzleramt Österreich, 2016). In Austrian schools are therefore currently more than 14.000 children (around 3.000 unaccompanied) who are refugees or asylum seeking that try to be included in the everyday school life (bmbf, 2015). Children who fled from home and experienced war in their countries often show signs of traumatization. This can especially be observed or noticed in schools (Boketta & Sachser, 2012). Children who are refugees or asylum seeking in Austria get integrated in the school environment within a few days after they arrived in the new country. An advantage of this way of fast integration is that children get the chance of experiencing a safe daily routine again after leaving the country of origin (Boketta & Sachser, 2012). However this fast process of integrating children with different cultural backgrounds in a new classroom can challenge all participants of the school. Moreover, it has to be noted that the average of educational attainment of immigrants in Austria occurs among the lowest in the Organisation of Economic Co-operation and Development (OECD) (Nusche, Shewbridge & Lamhauge Rasmussen, 2009), which shows the importance of facing the migration topic in schools.

Especially the teacher education in European countries, e.g. Austria, is lacking of special preparations on how to work with children traumatized by war, as well as how to teach children who do not speak the first language of the particular classroom (bmbf, 2012). Not having the skill of coping with the life situation of the children can be a barrier for the child's development (Bornmann & Rose, 2010).

According to Blackwell and Melzak (2000), traumatized children often show behavioural problems, which can challenge the teacher's work in class and can lead to exclusion of peers. The classroom is suddenly even more diverse than before.

Since there is not enough preparation for teachers, it is unclear as to what extent they are informed about the situation of the child in their home country and their current situation in the new country. In combination with the language barrier, it can challenge the communication between the child and the peers, as well as the child and the teachers even more, which can lead to frustration (Blackwell & Melzak, 2000). Furthermore, refugees and asylum seekers can experience social exclusion through attitudes of their surrounding (Beirens, Mason, Spicer, Hughes, & Hek, 2006; Taylor & Sidhu, 2011). According to Bornmann and Rose (2010) the attitudes of teachers can influence the child's learning significantly as a barrier or facilitator. Especially for the refugee settlement process, positive and welcoming attitudes would be essential for the inclusion of refugees (Taylor & Sidhu, 2011). Teachers are challenged with implementing new teaching techniques in order to provide a child-centred environment for a diverse classroom but also to accept this change and eventually adjust their attitudes (Naidoo, 2012). This shows that including a child who is a refugee or asylum seeking in a mainstream school can be challenging and therefore interventions are needed to ensure and improve a safe living for the child as soon as possible.

2   Background

This section provides background information regarding the inclusion of refugees in mainstream schools. This systematic literature review shall be applicable for the Austrian school context. Therefore the Austrian school system and the situation of refugees in Austrian schools will be explained first. Secondly, the currently most relevant concept of education, inclusion, in connection to the Austrian situation will be presented. Finally, the barriers refugees face regarding inclusion will be described in order to understand why school-based interventions are of importance.

2.1   The Austrian school system

The Austrian school system consists of nine compulsory school years. However, one year of compulsory kindergarten was implemented in the education system of Austria in order to prepare children for school. Therefore, children in Austria have to start their education at the age of five years (Bundeskanzleramt Österreich, 2017d). After one year of kindergarten, four years of primary school follow. At the age of ten, children have to choose between three kinds of secondary schools: the first stage of academic secondary school, lower secondary school or "new middle school". Compared to other OECD countries, this is an early age for making the first choice of their further education (Nusche, Shewbridge & Lamhaug-Rasmussen, 2009). After those four years every child has to go one more year to school in order to fulfil the nine years of compulsory schooling. This one last year is either integrated in

one of the many four- or five-year high school programs/second stage of academic secondary school to prepare for University, or can be absolved in a vocational school in order to prepare for a three year lasting vocational training. At the end of compulsory schooling Austrian children are usually 15 or 16 years old. (bmbf, 2016).

Nowadays Austria is a diverse country and therefore influenced by all different cultures of the students in school. Diversity and cultural differences are characterizing nowadays classrooms (Pérez-Cusó, Martínez-Clares, & González-Morga, 2014). More than 16% of the people in the whole Austrian population are born in another country or have another nationality than Austria (bifie, 2009). When only looking at the younger population, the number is rising. This results in more diverse classrooms. Children with a migration background are a heterogeneous group and differ, just like children without a migration background, in gender, age, interests, level of motivation, and many other aspects. Children with a migration background in Austria are defined with having parents born in another country. A distinction is made into two groups: children with a migration background of the first and second generation. Children of the first generation are those who are also born in another country. Children of the second generation are born in Austria but have parents who are born in another country (bifie, 2009).

2.1.1   Refugee and asylum seekers in Austrian Schools

The group of children with a migration background of the first generation who left their country because of life risking reasons are defined as refugees (bifie, 2009). The UN General Assembly and the UN High Commissioner for Refugees (1951) define the term "refugee" in the Convention and Protocol relating the Status of Refugees as a person who due to

> "A well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." [Convention of 1951, Article 1A (2)]

In 1951 the Convention and Protocol relating to the Status of Refugees consisting of 24 articles was set by the UN in Geneva to ensure protection and safety for refugees. It was first implemented in Europe in thought of refugees after the Second World War. However, to meet the requirements of refugees worldwide, the Convention got revised in 1967. Austria is one of the 147 countries that affiliated the Convention and implemented it as a law (United Nations High Commissioner for Refugees, 1951). In Article 22 it is stated that the government of the signed country the refugee is currently staying in has to provide the same rights and opportunities on compulsory schooling as citizens have (United Nations High Commissioner for Refugees, 1951).

Austria uses the same definition of refugees as other OECD-countries. The term "refugee" (in German: Flüchtling) or "convention-refugee" is moreover described as a person who sought for asylum but now has positively completed the asylum application. The person can also be called "asylum qualified". A person who is still going through the process of arriving in Austria and seeking for asylum until the asylum application is completed is called "asylum seeker" (in German: Asylwerber/in). To sum up, a person who is fleeing from her or his country and going through the refugee-process is first called "asylum seeker" and after the asylum application "refugee" (Bundesministerium für Bildung, 2016).

The difference between refugees and asylum seekers in the school context is that the chance of refugees staying in the same place is higher than for asylum seekers, who are still going through the asylum application. Therefore children who are asylum seekers often are displaced from the first school in the new country they enter due to organisational structures and regulations of the new country they arrived in (Bourgonje, 2010). Children who are fleeing with their parents or family members get the same status, "asylum seeker" or "refugee", as their parents. However, in 2016 nearly 3.000 children under the age of 18 years arrived in Austria without parents or family members. These children are called "unaccompanied minor refugees" (in German: unbegleitete minderjährige Flüchtlinge). As soon as these children are registered in the asylum procedure, the responsible local child- and youth-service has to plead for them (Bundesministerium für Bildung, 2016).

The regulation of refugees in Austrian schools is stated in three different school-laws. These are the law of compulsory schooling (in German: Schulpflichtsgesetz), the law of classroom settings (in German: Schulunterrichtsgesetz) and the law of school organisation (in German: Schulorganisationsgesetz). The most important facts they state regarding refugees are that every child, regardless of their nationality, has to attend school and that every child who has other primary language varieties than German, is allowed to receive German language lessons. Moreover it is stated that refugees have the status of being "non-regular students" until they are able to follow the curriculum. According to the laws, they are able to follow the curriculum if their German skills are good enough to do so. It has to be mentioned, that none of the school laws include the regulation of psychological support for refugees (Bundeskanzleramt, 2017a; Bundeskanzleramt, 2017b; Bundeskanzleramt, 2017c).

2.2 Inclusion

A current worldwide trend in education, which is also relevant in the Austrian school context, is the concept of inclusion. The most important document regarding inclusion is the Salamanca Statement (Unesco, 1994). The World Conference on Special Needs Education represents 92 governments and 25 organizations, which met in 1994 in Salamanca, Spain to ensure the commitment of Education for All (Unesco, 1994). It is stated that

> "Every child has a fundamental right to education, and must be given the opportunity to achieve
> and maintain an acceptable level of learning; every child has unique characteristics, interests,

abilities and learning needs; education systems should be designed and educational programs implemented to take into account the wide diversity of these characteristics and needs; and those with special educational needs must access regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs; regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; more over, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system." (p. viii-ix)

In Austria, a national action plan for Inclusive Education was created in 2012 with the goal of implementing fully Inclusive Education until 2020 (bmbf, 2015a). Although the goal is that all children, regardless of gender, having a disability or not, speaking the national language or not, shall be included, the planned actions mostly focus on children with disabilities and the reduction of segregating Special Schools. In addition, this action plan is called "National action plan for disabilities 2012-2020" (in German: Nationaler Aktionsplan Behinderung 2012-2020), which already indicates that the main focus is on children with disabilities. Although it is mentioned, that one goal is to include children with another mother language than German, including refugees in particular is not mentioned. Despite the fact that the Austrian school system improved in the integration of children with special needs, integration is a different concept than inclusion (Harman, 2009).

Integration focuses mostly on integrating children with learning disabilities in mainstream classrooms while inclusion is seen as a broader vision with a focus on several problems (Harman, 2009). Moreover, integrating a child in a classroom does not automatically mean that the child is included in the every-day school life (Almqvist & Granlund, 2005). This shows that, as long as a group of children, such as refugees and asylum seeking children, are not only integrated but also included, the Austrian school system is still far away from fully implementing the concept of inclusion.

2.2.1 Factors contributing to inclusion of refugees

In order to implement the concept of inclusion, the school environment with all its aspects has to be adjusted. Different factors can influence how successful inclusion works. As defined above, inclusion means including all children. In order to include all children, infrastructural resources have to be adapted. An open school building with classrooms that allow diversity is an important factor for inclusion (Vislie, 2010). When focusing on including refugee students, it is important to ensure a safe and protecting environment to support traumatized children to cope with trauma related symptoms, for example avoiding hard noises, pictures, or behaviour that could remind of war (Bourgonje, 2010). Other important factors are teaching skills and teacher's attitudes. The attitudes of teachers can influence the overall school performance of children in a classroom (Ennis, 1998). Furthermore, inclusion can only work, if teachers have the ability and skills to use methods, which support the diversity of children. This means not only differing between children with and without disabilities. Looking at the refugee context, teachers need to

consider the different language varieties in a classroom as well as other shaping cultural aspects. It is also worth noting that factors such as the school's policies and legislations can influence the inclusion of refugee children (Taylor & Sidhu, 2011).

Not only externalizing aspects of the environment can contribute to the inclusion of refugee children, also internalizing factors of the refugee itself can influence the inclusion. Research conducted by Almqvist and Granlund (2005) shows that internalizing aspects, such as motivation to participate in the everyday school-life, autonomy, and locus of control are positively contributing to including children in the social life. If a child is traumatized and experiences several post-traumatic stress disorder (PTSD) symptoms, e.g. anxiety, or is suffering from other mental health issues, the inclusion into social as well as academic life can be a barrier. Trauma symptoms can therefore build a blockade in refugee children. Therefore, it is important to support mental health of students in order to ensure inclusion (Hamilton & Moore, 2004).

2.3 Barriers refugees face in mainstream schools

Children who are refugees or asylum seekers usually get integrated in compulsory classrooms or in separate classrooms for refugees within a few days after their arrival in an OECD-country (Bourgonje, 2010). The challenges of adapting to a new culture and creating a new home can cause emotional stress, which can influence the behaviour and academic achievements of a child (Milkie & Warner, 2011). In order to point out where and why interventions are necessary, the following paragraphs describe different barriers that can influence the inclusion of students who are refugees or asylum seeking:

2.3.1 Trauma and risk of mental health problems

The development of mental health of a child is dependable on three aspects: a sense of security, a supportive social network, and opportunities to grow and discover their own potentials and interests. Refugee children often experience a lack of safety to achieve emotional competences, which might lead to low capacity of resilience. Therefore, children who are refugees have a greater risk of developing mental health problems than children who do not go through the process of flight (Van der Veer, 1998). The process of migration can cause traumas, which can disrupt the mental health of a human being. Fleeing from home and therefore experiencing displacement is one of the most impacting traumas and experiences of loss children who are refugees can face (Fullilove, 1996). Traumas can happen in three different stages of migration. Traumas can occur during war, which are therefore traumas of pre-migration. During the process of flight and in transition institutions such as refugee camps, traumas are called traumas of trans-migration. Traumatic experiences can also occur when already settling in the new country and would therefore be defined as traumas of post-migration. Examples for post-migration trauma in school can happen due to a lack of expression of needs and feelings because of language barriers as well as discrimination due to racism or other acculturation issues. Factors that can help to deal with traumatic experiences in either of the different stages of migration are cognitive competences, self-

esteem, coping strategies, a stable emotional relationship with a caregiver or other contact person and access to social services outside of the family (Hamilton & Moore, 2004).

Not all refugee children might show clinical symptoms as a result of trauma. However, every refugee experiences some degree of trauma regarding their background of disruptive family, school life, losses of family and/or friends, effects of war and the family reunification and resettlement issues as a result of flight (Hamilton & Moore, 2004). As already mentioned, symptoms that can occur because of traumas are called post-traumatic stress disorder (PTSD). PTSD symptoms can be divided into four kinds of symptoms: affective, physical, cognitive, and behavioural indicators.

Affective indicators include pessimism, depression, anxiety, guilt, anger, grief and detachment. Physical indicators can be for example nightmares and headaches. Cognitive indicators can be self-blame, loss of interest, impaired memory, suicidal thoughts and lack of concentration. Behavioural indicators are for example isolation, withdrawal or repetitive play. These symptoms can have great impact on the every-day life of children, which includes social life in school as well as academic school performance (Hamilton & Moore, 2004).

Schools play an important role when it comes to adjustment to a new country and mental health of children (Taylor & Sidhu, 2011). Although children who are refugees are usually faster adapting to new situations than adults, research conducted by Rousseau, Drapeau, and Corin (1998) shows that a significant number of children experience emotional problems on resettlement in school (Hamilton & Moore, 2004).

2.3.2 Language barrier

Arriving in a new country, attending a new school, and adapting to a new culture often also includes needing to learn a new language. The difficulty for refugees is not only that they might be traumatized from pre- or trans- migration, also the fact that they cannot express their needs and feelings through their primary language varieties can lead to more traumatic experiences and increase the risk of PTSD-symptoms. Language barriers are one of the biggest challenges when it comes to migration and language support is not well established and supported in every OECD-country (Hamilton & Moore, 2004). According to McBrien (2005) advanced language skills are a predictor for positive adjustments with regard to academic performance in school, social inclusion, and positive acculturation. Therefore, limited language skills might be a risk factor for building social relationships such as friendships in school. As a consequence, limited time spending with the native children of the new country can hinder refugees from learning the new language (Richardson, 2008). This shows that second language acquisition should therefore be one of the main and earliest addressed interventions in the migration process.

2.3.3 Teacher's attitudes

Not only the fact that refugee children are traumatised and in need of learning a new language, also teachers can barrier the inclusion of refugee children in schools (Bourgonje, 2010). Not only do refugees have to adapt to a new school environment but also teachers and the school as a whole have to adapt to the newly arriving children and their needs (Taylor & Sidhu, 2011). Teachers are the only professionals who work with refugees every day, which means that they can have a big impact on the inclusion of refugees in mainstream schools (bmbf, 2015). Teachers often feel a big need for protecting and helping refugee children in school but also when it comes to their outside of school needs. Often there is a lack of information about the refugee child, his or her family and their story, as well as methods to cope with refugee children. It can happen that teachers internalize the pain and trauma refugee students are going through and experience trauma themselves. This can lead to a decrease of confidentiality of the teachers and doubting about their abilities. Other teachers might show rigid and distancing behaviour towards the refugee children as a consequence to protect themselves (Fox, 1995).

The expectations of a teacher can influence the behaviour of the teacher in the classroom and the interaction between teachers and students. Based on the expectations of a teacher regarding levels of achievement, teachers moderate their interactions with students (Ennis, 1998). It is suggested that teachers who have rigid stereotypes and social class biases and who tend to treat students different due to their high and low achievements are more likely to hold negative expectations (Hamilton & Moore, 2004; Ennis, 1998). Refugees have very different cultural characteristics and might follow different values, which can lead to potential for conflicting stereotypes or biases. This can have negative influences on the student-teacher relationship. Therefore, teachers cannot only be the most supportive recourses when including refugees, but also a significant risk factor or barrier (Hamilton & Moore, 2004).

2.3.4 Acculturation and identity problems

Being in a new country, attending a new school and learning a new language can lead to self-questioning of refugee children about where they belong or where they feel at home. For refugee children it can be very difficult to find out how to build and see their own identity next to all the challenges they face during the migration process. Berry (1987) describes four acculturation strategies that human beings use when they have to re-establish their lives in a new country and culture. These are: assimilation, integration, separation and marginalization.

Assimilation means adapting to a new culture while abandoning the own culture. Integration is the adoption of aspects of the new culture while maintaining the own culture. Separation means rejecting the new culture while maintaining the own culture and marginalization means not joining the new culture and also not maintaining the own culture. Integration is seen as being the most positive form of acculturation. However, acculturative stress can produce feelings of isolation, sadness and depression,

which as a consequence can barrier adapting to the new school environment and can affect the inclusion in the new school (Hamilton & Moore, 2004).

In order to point out possibilities for improving the refugee situation in Austrian schools, the aim of this study is to provide a summary of possible school based interventions, which can support the inclusion of children who are refugees or asylum seeking in mainstream compulsory schools. However, due to the fact that there is a limited amount of research studies about refugees in mainstreams schools in Austria, studies from Organization for Economic Co-operation and Development (OECD) countries were included. OECD countries increase the generalizability to the Austrian refugee situation compared to non-OECD countries (Churchill, 1986). The research questions are:

1.) What types of school-based interventions have been implemented in mainstream classes to support inclusion of refugees in OECD countries?
2.) What are the outcomes of the interventions?

3 Method

A systematic literature review was performed between February and April 2017. This method includes a selection of research studies as well as summarizing and critically analysis of their results about one particular topic (Jesson, Matheson, & Lacey, 2013). The selection of relevant studies was made in consideration of specific exclusion and inclusion criteria. Moreover, a quality assessment was performed to identify the quality of the chosen studies. Furthermore a peer-review was done in order to increase the reliability of the research.

3.1 Search procedure

The databases used for this systematic literature review were ERIC, PsycINFO, CINAHL with Full Text, Scopus and Sociological Abstracts. These databases focused on information of the field of social sciences (e.g. education, psychology). Key search terms were defined in order to conduct a systematic search. The key terms can be found in Appendix A. A flowchart of the search procedure can be found in Appendix B.

3.1.1 Inclusion and Exclusion Criteria

First inclusion and exclusion criteria were established in consideration of the aim and the research question, which are presented in Table 1. Since the aim of this systematic literature review was to provide a summary of school based interventions, which can support the inclusion of children who are refugees or asylum seeking in mainstream schools, studies were included if the main focus was on refugees in mainstream school settings. At first, the idea was to focus on Austrian studies in order to generalize the findings to Austrian compulsory schools. However, due to the fact that there was a limited amount of studies about refugees in mainstream schools in Austria, studies from other OECD countries were also

included. As mentioned before, OECD countries increase the generalizability to the Austrian refugee situation compared to non-OECD countries (Churchill, 1986). The age range of the refugee students of the used studies is 6-18, since this is the general school-going age of children in OECD countries (OECD, 2014). The time range of the used studies was 2000-2017. In 1994 the Salamanca statement was implemented, which was a major document for ensuring inclusion in schools (Unesco, 1994). Because it is assumed that the Salamanca Statement resulted in policy changes that take years, and no studies about inclusion in schools were published right after the Salamanca Statement, the time range for published articles was set after 2000.

In addition, only studies which focused on school-based (no community-based) interventions were included, so they could be implemented in the future in Austrian schools in order to improve the inclusion of refugees in mainstream classes and decrease barriers refugees face in schools. It has to be noted that due to the limited amount of studies about inclusion of refugees, also studies were included that did not set their main goal directly on inclusion of refugees. However, as mentioned in the background, several aspects can influence the inclusion of refugees (Hamilton & Moore, 2004). Therefore, studies that focused on factors that might influence the inclusion of refugees e.g. improving mental health and reducing trauma symptoms were included.

Table 1.

Inclusion and exclusion criteria

Inclusion	Exclusion
– German and English language	– Other languages than English or German
– Peer-reviewed articles	– Not peer- reviewed articles
– Children aged between 6 and 18 years	– Children younger than 6 and older than 18
– Articles published after 2000	– Articles published before 2000
– Empirical studies: quantitative, qualitative, mixed-methods	– Systematic literature reviews, other literature reviews, books, curriculum evaluations, reports, grey literature
– Studies about refugees and asylum seekers	– Children with migration background of 1. and 2. generation without experiences of war/any kind of forcibly displacement
– Studies focusing on refugees in mainstream school settings	– Studies mostly focusing on children with migration background but not refugees or studies that focus on refugee children but not in a school setting
– Studies about an intervention	– Studies that focus on special classes only for refugees or refugee camps
– Interventions in schools	– Studies focusing only on describing experiences, no intervention
	– Interventions out of school (e.g. hospital)
– Studies in OECD-countries	– Studies out of OECD-countries
– Articles for free	– Articles which need to be paid

3.1.2 Search terms

After defining inclusion and exclusion criteria, the systematic search through the databases was conducted. The search in ERIC was partly done using Thesaurus terms (e.g. "Refugee", "Intervention", etc.). The Thesaurus terms can be seen in the Appendix A-1. The used search terms were (refugee* OR asylum seek* OR newcomer* OR Flüchtling* OR Asylsuch*) AND (adolesc* OR youth* OR pupil* OR student* OR teen* OR child* OR children* OR Kind* OR Jugendlich* OR Minderjährig*) AND (education* OR school* OR classroom* OR inclusion* OR Schule* OR Bildung*) AND (compulsory* OR elementary* OR mainstream* OR primary* OR secondary* OR high school*) AND (support* OR adapt* OR interven* OR strategies* OR change* OR Therapie* OR Unterstützung*). These search terms can be found in Appendix A- Table 6 and were used in different variations of searches and combined with the thesaurus terms. A total of 273 peer-reviewed scholarly journals were found. The same search terms were used for PsycINFO, which showed a result of 349 peer-reviewed scholarly journals, CINAHL with Full Text with a result of 121 academic journals and Sociological Abstracts with result of 253 scholarly

journals. For the database Scopus the used search terms were (refugee* OR asylum seek* OR newcomer* OR Flüchtling* OR Asylsuch*) AND (interven*) AND (education* OR school* OR classroom* OR inclusion* OR Schule*) and showed a result of 65 articles. The data-base search resulted in a total of 1061 articles being found.

3.2 Selection process

After identifying all relevant articles, the selection process started. The online tool "Covidence" (Mavergames, 2013) was used to filter out all duplicates and to support the selection process. Out of the in total 1061 articles, 340 duplicates were identified and excluded by the tool. The selection process was conducted in two steps. The first step was a title and abstract screening and the second one a full text screening on the remaining articles.

3.2.1 Title and abstract screening

After excluding the duplicates, a title and abstract screening was followed with the remaining 721 articles. 654 articles were excluded because of the missing inclusion criteria, which are described in Table 1.

3.2.2 Full text screening

The remaining 67 articles with relevant information in the title and abstract were selected for a full text screening. 56 studies got excluded because of different reasons. First of all, 14 articles were excluded because the study did not consist of an intervention. Another 13 articles were excluded because no school-based connection was found. Ten studies were excluded because they had a wrong setting, such as studies in refugee camps. Another ten articles had non-fitting study designs for this systematic literature review, such as case studies or no quantitative or qualitative research instruments were used. Five articles got excluded because of wrong population. This category describes studies including immigrants but not refugees or asylum seekers or refugees or asylum seekers out of compulsory school age (before 5 or after 18 years). Two articles got excluded because neither the aim nor the outcome included patterns of including refugees in mainstream schools. One article got excluded because the intervention was mainly focused on the improvement of occupational therapy when working with refugees in schools but not on the inclusion of refugees in schools. One more article got excluded because it did not take place in an OECD-country. In Appendix B a flowchart of the selection process can be found. Therefore, 11 articles remained and were included in this systematic literature review for data-extraction.

3.2.3 Quality assessment

A quality assessment was done using two quality assessment tools. The full quality assessment tool as well as the results of the assessment tools can be seen in Table 8 and 10 in Appendix C. Two different tools were used to assess the quality of the quantitative and qualitative research studies. No article included mixed methods. To assess the quality of the three included qualitative studies (Bačáková, & Closs, 2013; Dogutas, 2016; Naidoo, 2009) the checklist of the Critical Appraisal Skills Programme

(CASP) with ten different questions regarding the quality of an article was used (2013). While the formulation of the first and second questions was adapted, the content stayed the same. All three qualitative articles showed low quality (L) due to different reasons, such as missing ethical considerations. Details can be seen in Table 7 and 9 in Appendix C.

The quality of the remaining eight quantitative studies (Baker & Jones, 2007; Ehntholt, Smith & Yule, 2005; Ellis et al., 2013; Fazel, Doll & Stein, 2009; O'Shea et al., 2000; Rousseau, et al., 2007; Rousseau et al., 2005; Schottelkorb, Doumas, & Rhyan, 2012) was assessed with the quality assessment tool CCEERC (2013) for quantitative research studies. The original tool includes 11 questions with three different answer-options. Every answer is assigned with -1, 0 or 1 point. If no answer is fitting, the option "not applicable" can be chosen. For this study, the quality assessment tool was adapted. The option "not applicable" got excluded and the points got changed into 2, 1 and 0 (Richert, 2016). In addition, one question about general information and two questions about the interventions were added to the consisting 11 questions. As a result, the quality assessment tool consisted of 14 questions to assess the quality of the information in the articles, which were divided in General information, Intervention, Population and Sample, Measurement and Analysis. Four articles showed middle high quality (MH) and four articles showed middle low quality (ML). More detailed information regarding the tool and the results can be found in Table 7, 8, 9 and 10 in Appendix C.

All articles were included for this systematic literature review after the quality assessment. Low quality articles were also included due to the limited number of articles collected for data analysis.

3.3 Data extraction

The data was extracted and analysed by using an extraction protocol. The protocol included general information about the included studies (e.g. authors, year, title, journal, OECD-country, study rational, study purpose, research question), about the participants (number of participants, gender, age range, grade and type of school they are in, country of origin, time spent in new county, language skills) and about the study design (methodology, study instruments, what was assets and who was involved in the assessment, ethics). Moreover, it included information about the interventions, such as kind of intervention, procedure, place, duration and frequency of the interventions, if teachers were involved or not, the goal, pre- and post- assessments, and the different outcomes.

The protocol was filled in an Excel-sheet containing of 41 columns and 13 lines. The author can provide this sheet with all information about the used studies on demand. The information of the studies was compared and the studies were analysed to answer the research questions and fulfil the aim of this systematic literature review.

3.4 Peer Review

In order to increase the reliability a peer review with a second researcher was done. Therefore five random selected articles as well as the inclusion and exclusion criteria were sent to the second researcher. The second researcher did a full text screening with these five articles according to the inclusion and exclusion criteria. Afterwards both researchers discussed the results of the full text screening. The second researcher included and/or excluded the same articles, except one, as the first researcher had done. The second researcher would include one article, although the first researcher excluded it before. However after a discussion about this article, both researchers agreed 100% on excluding this article. Moreover the clarity of the inclusion and exclusion criteria was discussed. The second researcher stated that the criteria are clear and comprehensive to her.

<u>4</u> Results

A total of 1061 articles were found in the databases ERIC, PsycINFO, CINAHL with full text, Sociological Abstracts and Scopus. Title and abstract screening was done with 721 articles of which 67 were selected for full text screening. Finally, 11 studies (Baker & Jones, 2007; Bačáková, & Closs, 2013; Dogutas, 2016; Ehntholt, Smith, & Yule, 2005; Ellis, Abdi, Barrett, Miller, & Blood, 2013; Fazel, Doll, & Stein, 2009; Naidoo, 2009; O'Shea, Hodes, Down, & Bramley, 2000; Rousseau, et al., 2007; Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch 2005; Schottelkorb, Doumas & Rhyan, 2012) that describe interventions for children who are refugees or asylum seeking were included for this systematic literature review. These articles were published between 2000 and 2016. The journals were related to Education, Special Education, Psychology and Play therapy. The 11 studies took place in six different countries: Canada, the United States of America (USA), the United Kingdom (UK), Australia, Turkey, and Czech Republic (see Table 2). The studies show varieties in approach, methodology, target group and type of intervention. An overview of the included studies can be found in Table 12 in Appendix E.

The quality of the 11 studies (three qualitative studies, eight quantitative studies) was analysed through two different quality assessment tools (see Appendix C). Four studies showed middle high (MH) quality, four other studies showed middle low quality (ML) and the remaining three studies showed low quality (L). Due to the small amount of included studies for the data analysis, all 11 studies were used for this literature review.

Due to the fact that this systematic literature review's aim is to provide a summary of possible school based interventions, which can support the inclusion of children who are refugees or asylum seeking in mainstream compulsory schools, the main focus is on the implemented interventions of the studies. Therefore, a description of the studies, the types of interventions and their content, the intended outcomes of the interventions and the outcomes of the interventions are described in the following paragraphs.

4.1 Description of the studies

All 11 included studies had their main focus on children who are refugees or asylum seeking. However, Rousseau et al. (2005) also included immigrant children of other minority groups in their study. Fazel et al. (2009) compared refugee children with children of non-refugee ethnic minority groups and indigenous white groups. Only one study (Bačáková & Closs, 2013) focused on teachers in their intervention. Schottelkorb et al. (2012) is the only study that included parents in the study. All studies but two (Dogutas, 2016; Naidoo, 2009) reported that the parents got informed about the research and/or had to sign a consent form.

The places of origin of the participating refugee or asylum-seeking children were mostly countries in the Middle East or Africa. Other reported countries were Eastern-European countries, Myanmar, India and countries in South America. The age of the participants ranged from 5 to 18 years. In all studies that reported the gender of the participants, more boys than girls were included. Only one study (Baker & Jones, 2007) included more female than male participants (11 boys, 20 girls). The interventions of the studies took place in elementary, middle, and high schools. The time refugee children spent in the new country varied from one week until five years. However not all studies reported this.

Six studies mentioned the language skills of the main language in the newly arrived OECD-country of the refugee children. Baker and Jones (2007) stated that the language skills differed within the participants, and Dogutas (2016) reported that the children showed low language skills. Ehntholt et al. (2005), Rousseau et al. (2007) and Rousseau et al. (2005) reported that the language skills of the participating children were good enough to attend the interventions. Three studies (Ellis et al., 2013; O'Shea et al., 2000; Schottelkorb et al., 2012) included interpreters in their studies in order to support language understanding.

The duration of the interventions of the studies varied from six weeks until two and a half years. Not all studies reported the frequency of the sessions of the implemented interventions. However, those who stated it offered weekly intervention sessions.

4.2 Types of Intervention

The types of interventions were implementing continuing professional development (CPD) seminars for teachers (Bačáková, & Closs, 2013), a music therapy service (Baker & Jones, 2007), implementing personal assistants for every refugee child in a Turkish school (Dogutas, 2016), cognitive-behavioural therapy (CBT) (Ehntholt, et al., 2005), a mental health project called SHIFA (Supporting the Health of Immigrant Families and Adolescents) (Ellis et al., 2013), school-based mental health service (Fazel et al., 2009), after-school homework tutoring (Naidoo, 2009), individual mental health services (O'Shea et al., 2000), a school drama therapy program (Rousseau, et al., 2007), a creative expression workshop (Rousseau et al., 2005) and child-centred play therapy (CCPT) and trauma- focused cognitive

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behavioural therapy (TF-CBT) (Schottelkorb et al., 2012). Every intervention-study is given an Identification Number (IN) in order to refer to the intervention-studies in the following sections without naming all authors and years. Table 2 shows the identification numbers, types of interventions, first author and year of publication, and the countries where the interventions took place.

Table 2

Identification Number, Country, Type and First Author and year of intervention-studies

IN [a]	Type of intervention	First Author and year	OECD-Country
1	CPD-seminar	Bačáková 2013	Czech Republic
2	Music therapy service	Baker 2006	Australia
3	Refugee assistant	Dogutas 2016	Turkey
4	CBT	Ehntholt 2005	UK
5	SHIFA	Ellis 2013	USA
6	Mental health service	Fazel 2009	UK
7	Homework tutoring	Naidoo 2009	Australia
8	Individual mental health service	O'Shea 2000	UK
9	Drama therapy	Rousseau 2007	Canada
10	Creative expression workshop	Rousseau 2005	Canada
11	CCPT	Schottelkorb 2012	USA
11a	TF-CBT	Schottelkorb 2012	USA

Note.[a] IN= Identification number of the intervention-studies.

All studies took place in mainstream schools and included school-based interventions. In total 12 different interventions were identified in the 11 included articles. Every article presents at least one school-based intervention. One article (Schottelkorb et al., 2012) compared two different interventions, child-centred play therapy (CCPT) and trauma-focused cognitive behavioural therapy (TF-CBT). Another study (Ehntholt et al., 2005) also used cognitive behavioural therapy (CBT). However, it is not mentioned as being trauma-focused, therefore it is seen as a different type of intervention in this systematic literature review. In order to understand that the CCPT and TF-CBT were implemented in one study, the CCBT is identified with the IN 11 and the TF-CBT-Intervention in the study of Schottelkorb et al. (2012) is identified with the IN 11a.

4.2.1 Content of the interventions

The interventions of the selected studies showed differences in their content. Not all studies reported in detail about that. However the following paragraphs summarize the information about the content of the interventions, which was provided in the studies. Table 3 gives an overview of the content of the interventions. It includes the IN, type, content focus and activities of the interventions.

Table 3

Identification Number, Type, Content Focus and Activities of intervention-studies

IN[a]	Type of intervention	Content Focus	Activities
1	CPD-seminar	Teaching skills seminar	Discussing, sharing experiences of teachers
2	Music therapy service	Music therapy	Singing, dancing, writing songs, recording songs
3	Refugee assistant	Assistance	No detailed explanations given
4	CBT	Mental health therapy	Discussing pictures and stories, drawing, dream restructuring
5	SHIFA	Mental health therapy	Trauma systems therapy: e.g. stabilizing in current life situation
6	Mental health service	Mental health therapy	No detailed explanations given
7	Homework tutoring	Tutoring	No detailed explanations given
8	Individual mental health service	Mental health therapy	Consulting between key worker and teacher, observing child
9	Drama therapy	Drama/Play therapy	Discussing, acting, writing play
10	Creative expression workshop	Art therapy	Telling stories, drawing, writing, presenting, discussing
11	CCPT	Play therapy	Addressing trauma through playing with multicultural dolls and instruments
11a	TF-CBT	Mental health therapy	Addressing trauma through images and books

Note.[a] IN= Identification number of the intervention-studies.

The CPD-seminar (1) was part of a bigger study and implemented for teachers, who work with children who are refugees or asylum seeking and staff of the Ministry of Education (MoE). During the seminar the participants got the opportunity to talk about their work experiences and express their feelings

towards their work with refugees. Moreover possible teaching techniques and methods were presented in order to improve their teaching skills.

Three interventions (2, 9, 10) were implemented in the school subject lessons of Music, Art and Drama. The music therapy service (1) lasted five weeks in total and was divided into two parts. During the first part, when the English language skills of the refugees were minimal, sessions consisted of instrumental improvisations, dancing, song learning, singing and students shared pre-recorded music from their cultures or current popular songs. During the second part, sessions included greater verbal techniques such as song singing, discussions and song writing. The therapist structured the content of the created songs of the children and recorded them with them. The songs were saved on CD's and given to the children. The drama therapy (9) consisted of nine weekly sessions in which the refugees where telling stories about their life. The play director gathered this information and created a play that could be joined by all participating adolescents. Teachers could join as well. The lacking English language skills were supported by sounds, movements and images. The Creative expression workshop (10) consisted of three parts. The first one was about telling a story about a character the refugees chose (human or not) who has been through a migration process. The children drew a picture, talked and wrote about the character's story. During the second part, myths where added to expand the role of metaphor in the representation of the child's experiences. Also, the children connected the myths to their own story of their families. In the third part activities were implemented, which combined verbal and non-verbal means of expression (e.g. drawing a painting and telling a story about it). The children combined personal work time and times in which the children got together to listen and present what they did.

The intervention that implemented refugee assistants in a Turkish school (3) and the intervention that implemented homework tutoring for children who are refugees (7) did not provide information about the content of the interventions.

Six interventions (4, 5, 6, 8, 11, 11a) implemented mental health services. The CBT (4) was divided into six sessions. In every session different topics were addressed (e.g. sleep hygiene, relaxation techniques, common experiences in war). Used activities were mostly discussing pictures or stories related to war, drawing or dream restructuring with the therapist. The study that also implemented CBT but focused on trauma (11a) was divided into nine weekly sessions with durations of 30 minutes. The TF-CBT (11a) included parents, however the authors reported that not all parents joined every session due to the fact that parents did not show up or language issues occurred. The activities of the TF-CBT are not described in the study. However it is mentioned that books and images were used to address the trauma of the child. The CCPT (11) was compared with the TF-CBT (11a). The CCPT was held twice weekly for 12 weeks. This

intervention focused on trauma through playing with multicultural dolls, musical instruments and play food. The parents got informed about the play progress the children made.

The intervention SHIFA (5) consisted of four different parts, which are called tiers. The refugees got signed to the different tiers regarding their severity of experiences and current mental health. Children who showed severe trauma symptoms received trauma systems therapy (tier 4). This therapy is about surviving and stabilizing in their current life situation. Tier 3 also included trauma systems therapy and was about enduring/understanding and school-based skill-building. Tier 2 was about building child resilience through based skills groups and tier 1 was about building community resilience through engagement, education & outreach. Detailed activities within these therapies were not provided in the study.

The mental health service (6) connected a linked teacher of the school with one key-worker (mental health professional) of the study. Those had weekly consultation meetings in which they discussed the process of the refugee children. The teachers got support from the key workers in order to be able to improve the child´s situation in school. If severe cases occurred, direct therapy was provided individually or as a family therapy to the children. The individual mental health service (8) was about providing refugee children with mental health support. However detailed information about the service and implemented activities was missing.

4.3 Intended outcome of the interventions

Not all studies described their main purposes and goals of interventions to improve or support the inclusion of refugee children in schools. Only one study (7) stated the goal to include refugees in the society. However, all studies addressed different aspects that might influence the inclusion of refugee children in the new country. The studies focused on different areas and therefore state different goals.

All studies, except two (1, 3), included mental-health related goals. Eight studies implemented interventions (4, 5, 6, 8, 9, 10, 11, 11a) that focused on reducing trauma-symptoms and/or emotional and behavioural symptoms of refugee students. Three interventions focused on improving the self-esteem of refugee children (2, 9, 10). Another studies goal (1) was it to equip schools and teachers with relevant information and resource material for including refugees in schools and decrease school staff's anxiety about the new experience of education.

As already mentioned, three interventions (2, 9, 10) were related to the subjects Music, Drama and Art. The drama therapy (9) focused on improving school performance. The goal of the music therapy (2) was improving self-esteem in adolescents with emotional, learning and behavioural disorders, to facilitate the process of self-expression. Another intervention (3) was implemented in order to improve the

adaptation of refugee children to Turkish schools. To achieve this outcome, university students were selected to be personal assistants for refugee students in the daily school-life. They were focusing on improving their language skills by implementing face-to-face meetings between the assistant and the refugee child in a conference room in the particular school. More specific goals were missing here.

An overview of the intended outcome of the interventions can be seen in Table 4. 11 interventions (2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 11a) were implemented on refugee or asylum seeking children. However, all studies included the teachers for identifying refugee students and/or assessing the effects of the interventions (e.g. filling out questionnaires). One intervention (1) was done on teachers who work with refugee or asylum seeking students and on people who are part of the Ministry of Education in the Czech Republic. A seminar was implemented to inform them about how to support refugee children in schools and how to include them. One study (3) focused, amongst other aspects, on improving language skills of refugees. However, the most common intended outcome was reducing trauma-symptoms.

Table 4

Overview of Intended Outcome of Interventions

Intended outcome of intervention	Identification number (IN [a])											
	1	2	3	4	5	6	7	8	9	10	11	11a
Self-expression		X					X					
Improving self-esteem		X							X	X		
Improving school-performance									X			
Improving teaching skills	X											
Reducing trauma-symptoms				X	X	X		X	X	X	X	X
Improving child's adaption to school			X						X			
Improving language skills			X									
Secure identity							X					

Note.[a] IN= Identification Number of intervention-studies, see Table 2.

4.4 Outcome of interventions

The following paragraphs point out the most important outcomes of the included interventions-studies. The effects of the interventions were measured with pre- and post-tests. However not all studies included pre- and post-tests. Notwithstanding all studies reported results on the implemented interventions. All studies reported positive effects of the interventions, however not all changes were significant.

Table 5 provides an overview of the outcome of the interventions. Most of the interventions achieved their goal and had the same outcome as intended outcome (see Table 4). The outcomes in Table 5 are either marked as x or **X**. **X** means that the outcome of the intervention was significant, while x means that the outcome was given but not significant or the study did not report on statistical significance.

The outcome of the intervention that was implemented on teachers and staff of the Ministry of Education (MoE) (1) showed that the CPD seminars lead to positive effects. The teachers got informed about MoE grants and the seminar was a model for collaboration between a non-governmental organisation (UNHCR), the MoE and schools, as well as for the collaboration among teachers. Moreover, the participants got the opportunity to share experiences and concerns and explained in the interviews that this helped them to overcome their anxieties and/or improve their attitudes. However, the authors reported that the seminar was only implemented once and therefore did not allow topics to be addressed in optimal depth (Bačáková, & Closs, 2013). Moreover, no clear post-test was described and no statistical analysis was done.

The outcomes of the two other qualitative studies (3, 7) were assessed through interviews with teachers of the refugee children. The outcome of the intervention, which was to offer a personal assistant (university student) to every refugee child (3), showed that the participating refugee children improved their language and communication skills in reading, writing and speaking. Due to the improvement of communication skills, the relationships between the child and the teachers as well as the child and his or her class colleagues improved. Moreover, the principal showed positive attitude regarding including refugees. However not all refugee students attended school regularly and therefore improved. How many children improved their adaptation to the new school and how many could not profit from the intervention was not reported in the article. The results of the interviews after and during the after-school homework tutoring-intervention (7) showed that the refugee students got the opportunity to be in interaction with other students and to build friendships with tutors. Some of the students had the same or similar ethnic origins and some tutors had a refugee background themselves, which helped to secure their identity. Moreover, the participating refugees increased their ability to socially engage with people when they entered the after-school homework place. This gave them the opportunity to gain enough social capital to interact with peers, tutors and teachers in their school.

The three interventions (2, 9, 10), which were related to Music, Drama and Art, showed different results. The Music therapy service (2) showed that significant change over time could be seen for emotional behaviour and Behavioural Symptom Index (BSI). There was no significant result in changing adaptive skills. This intervention significantly reduced the severity of classroom externalising behaviours of the participants, which are hyperactivity, aggressive behaviours and conduct problems. The music therapy treatment allowed students to channel their frustration, anger and aggression. Moreover, some students could express their feelings according to exploring issues of self-identity, adjustment to the new culture, acculturation, anti-racism and feelings of failure. The results of the drama therapy (9) showed that there was no significant difference between the control and experimental group regarding emotional and behavioural symptoms before and after the intervention. However, the statistical tests, which were a paired sample t-tests and regression analysis showed a significant effect of the intervention on the refugees' self-reported impairment perception. There was a decrease in reported symptoms that impacted

different life aspects. For example, the refugees reported less interference with friendships. Moreover, for self-esteem no significant result was found between the control and experimental group or between pre- and post-test. The results of the measuring instruments used by the teachers did not show any significant change. However, a significant result could be seen regarding school performance of the experimental and control group. Both groups showed significant change in oral expression and the experimental group showed significant improvement in mathematics. No significant improvement in overall performance in French of either group was reported. The results of the creative expression workshop (10) showed that the intervention had a positive effect on the self-esteem of refugee students. Compared to the control groups, the participants of the experimental groups showed lower mean levels of internalizing and externalizing symptoms and higher mean levels of feelings of popularity and satisfaction at the end of the intervention process.

Three intervention-studies (5, 6, 8) implemented different kinds of mental health service as an intervention in mainstream schools. The results of the project Supporting the Health of Immigrant Families and Adolescents (SHIFA; means health in Somali) (5), a multi-tier mental health program, showed improvement in mental health of the refugees. The participating refugee showed changes in symptoms of PTSD, changes in symptoms of depression and decrease in resource hardship over time. It should be noticed that these results were not statistically significant. However, the refugees who got all treatment in this study showed a significant result in reducing symptoms of depression. Another Mental health service (6) implemented as an intervention showed that the score of the SDQ (Strengths and Difficulties Questionnaire), filled in by teachers, in both experimental and control groups decreased. This score consists of 25 items divided by five scales about scores of emotional symptoms, conduct problems, hyperactivity, peer problems and prosaically behaviour (Fazel et al, 2009). The biggest changes were in the peer problem scale and the hyperactivity scale. The effects in the experimental group, which was the group of refugees, were stronger than in the control group. However, the other groups (minority groups, indigenous white groups) showed changes too. The third intervention that focused on mental health was an implementation of an Individual mental health service (8). The outcomes were also measured with the SDQ score filled in by teachers of the refugee children. The reported results are that "the change in the SDQ score after intervention showed a downward trend approaching significance. This supports the idea that the intervention was beneficial to the children." (O'Shea et al., 2000, p. 200)

Two intervention-studies (4, 11) were implementing CBT as in intervention. The intervention of the study of Schottelkorb et al. (2012) (11a) was specified as trauma-focused cognitive-behavioural therapy (TF-CBT). In addition, these authors compared the outcomes of the TF-CBT with those of child-centred play therapy (CCPT) (11). The outcomes of the CBT (4) showed that overall severity of post-traumatic stress symptoms of the refugees decreased significantly. Moreover, overall behavioural difficulties and emotional symptoms of refugees decreased. Children of the control group did not show any significant improvements over the same period of time. The outcomes of the TF-CBT also showed a significant result. The results of the post-test showed that PTSD symptoms of the refugee children decreased. The

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same outcome occurred in the group of children who received CCPT.

Table 5

Outcome of Interventions

Outcome of the intervention	Identification number (IN[a])											
	1	2	3	4	5	6	7	8	9	10	11	11a
Self-expression		x										
Improving self-esteem										X		
Improving school-performance									X			
Teachers got informed and shared experiences	x											
Reducing trauma-symptoms				X	X			X			X	X
Improving child's adaption to school			x									
Improving language skills			x									
Improving relationships in schools			x			X	x		X			
Secure identity		x					x					
Reducing emotional behaviour (e.g. hyperactivity)		X		X		X						
Change in attitudes	x		x									

Note.[a] IN= Identification Number of intervention-studies, see Table 2.

5   Discussion

The following paragraphs will discuss the findings of this thesis and will place them in a greater perspective. First of all, relevant findings will be discussed. Afterwards practical implications will be described in order to look at the applicability of the interventions to the Austrian school system. This is followed by a discussion of methodological limitations and issues of the current study. The limitations will result in suggestions for future research.

As the results show, all articles focused on topics, which might influence the inclusion of children who are refugees or asylum seeking. Furthermore, all studies reported some kind of positive results. The biggest focus of the included studies was on mental health related aspects. Eight studies focused on reducing trauma-symptoms of the participating refugees. Five of those showed positive significant results. As mentioned earlier, literature shows that children who are traumatised tend more to experience mental health issues than children who are not. Therefore it is of high importance to face this problem. Although literature points out the importance of helping refugees coping with trauma, the particular needs of children who are refugees have been ignored by policy makers in education (Taylor & Sidhu, 2011). This leads to a lack of policies and organisational frameworks about how to cope with trauma and as a consequence, how to improve the inclusion and support of children who are refugees in schools. An example therefore is the Austrian school laws, which do not provide statements about the possibility of mental health services for refugees or asylum seekers in schools (Bundeskanzleramt, 2017c). Therefore these interventions could be remarkable in improving the refugee situation in Austrian schools.

Three more studies (2, 4, 6) looked at mental health aspects and showed positive results in reducing emotional behaviour, such as aggression and/or hyperactivity, which is a crucial factor for inclusion. Research shows (Garrote Sermier Dessemontet, & Moser Opitz, 2017; Koster, Pijl, Houten, & Nakken, 2007) that children who show emotional behaviour, such as aggression, tend to be less participating and included in the everyday school life than their peers. Inclusive education involves overcoming barriers to student's participation (Ainscow, Dyson & Weiner, 2013). Therefore the interventions, which are focusing on decreasing emotional behaviour of refugee children, could improve the inclusion of refugees in schools.

Another aspect of mental health is self-esteem. As mentioned before, Hamilton and Moore (2004) described that healthy adjustment after trauma experiences depend on the factor self-esteem. Therefore it is worth looking at interventions that focused on this factor. The drama therapy (9) and creative expression workshop (10) addressed self-esteem. Surprisingly, only the creative expression workshop showed significant results. The authors of the drama therapy argue, "this absence of effect may be a sign of limited transcultural validity of the self-esteem scale" (Rousseau, et al., 2007).

Focusing on the mental health of refugees, and in particular on reducing trauma symptoms, is often seen as the biggest task in improving the refugee situation. However, Matthews (2008) states that refugee education is dominated by psychological approaches, which could lead to the risk of focusing only on the

individual and overlooking the issue of inequality and disadvantage. Therefore it is important to also address other aspects when trying to improve the refugee situation in schools.

Another aspect could be relationships of refugees. The results of this thesis present that four studies (3, 6, 7, 9) showed positive results on improving relationships of refugees in school, although this was not mentioned as a goal or intended outcome in the studies. The mental health service (6) and drama therapy (9) showed even significant outcomes. Children´s social relations with teachers and peers are reported to be crucial for the participation in class and also for their learning outcomes (Eriksson, Welander & Granlund, 2007). It also has to be said that establishing social relationships in school can have a positive effect on social skills in later adulthood (Koster et al., 2010). Especially for children who are refugees or asylum seeking social relationships can be crucial in the inclusion process. As mentioned before, children who are refugees or asylum seeking might face identity issues and ask themselves, where do they belong? According to Fullilove (1996) adapting to a new country also includes the process of building up social networks and friendships and establishing new attachments. Moreover, building friendships with natives might help to overcome the language barrier and could help to improve language skills (Berry, 2001). In the included studies of this thesis, refugees built friendships with peers and tutors as well as improved their relationships with teachers. Therefore these interventions can be essential for the inclusion of refugees in schools.

Another important outcome of two studies (1, 3), which was not a goal or intended outcome, was a change in attitudes of teachers and headmasters. The findings were not significant due to the fact that the conducted studies were qualitative. One of these studies (1) implemented a CPD-seminar for teachers in order to improve their knowledge about refugees and to give them the opportunity to express their feelings and experiences about teaching refugees. It was reported that the participating teachers showed more positive attitudes towards refugee students. The other study (3) conducted an intervention, in which university students were assisting refugee children in school in order to help them adept to the new school and country and to improve their language skills. Here it was reported that the headmaster of the school showed a more positive attitude towards the participating refugees through this project. As mentioned before, Bornmann & Rose (2010) point out that teacher's attitudes can influence the child´s learning as a barrier or facilitator. When looking at the refugee topic, teachers often do not get enough information about the background of the newly arrived refugees (Hamilton & Moore, 2004). Forlin (2010) shows that teachers are also lacking knowledge and skills about inclusive education and therefore should be trained more in teaching in inclusive settings. The OECD-report about Austrian education regarding migration also shows that Austrian teachers are lacking knowledge and skills about this topic (Nusche, Shewbridge & Lamhauge Rasmussen, 2009). Moreover, the lack of information and different behavioral patterns due to cultural differences and value might lead to biases and negative stereotypes (Hamilton & Moore, 2004). Furthermore, Jones and Rutter (1998) state that refugees are often seen as a problem, rather than children who have potential to bring positivity to the classroom (cited in Taylor & Sidhu, 2011). This shows that teacher's knowledge and as a consequence, their attitudes need to be discussed. Therefore, the two

interventions focusing on changing attitudes might be of importance. However, the CPD-seminar was only implemented once. Bačáková and Closs (2013) mentioned that one seminar would not be enough to achieve significant change in attitudes or improvement in teaching skills. Ultimately, it has to be taken into consideration that a CPD-seminar would need to be implemented more often.

As mentioned before, Austria is following the strict definitions of the terms "refugee" and "asylum seeker" of the Convention and Protocol relating the Status of Refugees (Bundesministerium für Bildung, 2016). The included intervention-studies in this systematic literature review used the same definition or did not state a clear definition of refugees. None of the studies addressed the issue that categorizing or defining human beings as a refugee can lead to labelling. However research shows (Hoon, Song, 2013) that labelling can change the lives of a large number of people. People who get defined as a refugee are more likely to receive opportunities to be safe but they are often ignored or stigmatized by the society and their lives become more endangered (Hoon, Song, 2013; Zetter, 1991). This shows that schools do not only have to provide a safe environment for children with the status of being a refugee or asylum seeking, but also a place where they can just be individual children with their own interests and personalities without a status given by created laws (Taylor & Sidhu, 2011).

5.1 Practical implications for Austrian mainstream schools

As reported earlier, no included intervention-studies of this systematic literature review took place in the Austrian mainstream schools. In order to fulfil the aim of this study, which focuses on the Austrian school context, the following paragraph will discuss the applicability of the interventions to Austrian schools. Interventions that are applicable have a higher chance of being implemented in practice.

In order to look at the applicability of the interventions to Austrian schools, the persons of instructions of the interventions in the included studies were identified. In these interventions, the persons of instruction were mostly psychologists or mental health professionals. As mentioned before, the Austrian school laws do not explicitly mention the possible use of psychologists or mental health services for students who are refugees or asylum seekers in schools. Moreover, no law states about multidisciplinary work between health branches (e.g. doctors, therapists) and education (e.g. teachers, principals). According to Anders and Christiansen (2016) it is possible to implement interventions, which are instructed by trained people without medical or psychotherapeutically pre-knowledge and experience. Therefore it should be taken into consideration, that teachers, who are a big resource in school, could implement school-based interventions. All studies included teachers of refugee or asylum-seeking children to a different extent. Some studies only included them for the assessment of the effects of the interventions (e.g. Schottelkorb et al., 2012), while others (e.g. Fazel et al., 2009) involved the teachers during the actual procedure of the interventions. It was identified if the teacher was actively involved during the intervention process or not (see Table 11 in Appendix D). When the teacher in the study was

actively involved, it is considered as increasing the applicability of implementing the intervention in Austria.

Furthermore, it was identified at what times during the school day and at which places in the school buildings the interventions took place. Interventions that took place during the actual school-time and in the classroom (e.g. Baker & Jones, 2007) seem to be more applicable to Austrian schools because no extra resources (time and space) are needed to implement interventions. Table 11 in Appendix D shows, if the interventions took place in the classroom and during school-time as well as if the teachers were involved during the intervention process. It was also looked at, if the results of the interventions have been reported as significant or not. If the applicability-aspects are only answered with "no", the level of applicability is defined as low, more than one "yes" indicates a middle level and more than two "yes" indicates high level of applicability. Three interventions, which are music therapy (2), drama therapy (9), creative expression workshop (10) showed high applicability for implementation in Austrian classrooms. The drama therapy and the creative expression workshop both took place in the classroom, during school-time and involved the teachers. The music therapy took place during school-time and in the classroom. However, the teachers were not actively involved. According to Anders and Christiansen (2016) it is possible to implement interventions, which are instructed by trained people without medical or psychotherapeutically pre-knowledge. Therefore it should be taken into consideration, that teachers, who are a big resource in school, could implement school-based interventions. It has to be noted that in other OECD-countries different recourses might be available to implement the interventions, which could therefore indicate a different applicability. An example therefore can be the Swedish school-system, in which students always have the possibility to make use of mental health support (Eriksson, Hochwälder, Carlsund & Sellström, 2011). Therefore, interventions, which have to be implemented by a mental health professional, are more realistic for the Swedish school context than for the Austrian school context.

Apart from looking at interventions implemented for children who are refugees, also the CPD-seminar for teachers might be applicable in the Austrian school-system. Although this intervention was not conducted during actual school-time in the school, it might be applicable for staff-meetings or workshops for teachers in order to improve teaching skills.

5.2 Limitations and methodological issues

While this systematic literature review provides new insight into interventions that can promote successful inclusion of asylum seeking and refugee children, there are some limitations that need to be addressed. First of all, the use of different databases can be difficult due to the fact that many databases have different search procedures and therefore need different search terms. For example, not all databases use thesaurus terms. However, the use of different databases might have increased the number of articles relating to the aim of the study.

A second limitation of this systematic literature review was the validity and reliability. The study was conducted by one person only, which decreases the reliability of the study. Furthermore, the quality assessment showed that three studies were of low quality. Excluding these articles after the quality assessment would have increased the reliability of the study. However, due to a limited amount of included studies, all studies, regardless of their quality were included.

A third limitation is that the effects of the interventions of the included studies were measured with different research tools. Therefore, it is difficult to compare the outcomes and effects of the interventions, which also decreases generalizability of the findings of this study. Lastly, the findings of the current study have a limited generalizability to the Austrian school context, which can be considered a limitation of the current study.

A fourth limitation is that studies focusing on improving language skills were mostly excluded due to the fact that these studies did not mainly focus on refugee students but on immigrant children in general. However, as described in the background, language barriers can hinder children to be socially and academically included in the school (McBrien, 2005). In order to fulfil the aim of the study, which was to describe interventions, that can support the inclusion of refugees in schools, it would have increased the reliability of the topic to also include these studies.

A fifth limitation is that this systematic literature review included low quality and middle low quality studies. In order to increase the quality of studies, the inclusion criteria could have been re-formulated so that the chance of finding high quality studies would have increased.

5.3 Future research

The limitations of this study result in suggestions for future research. During the research process it was noticed that most of the intervention-studies provide limited information about the intervention itself. In order to understand what were the reasons that caused the change after the interventions, it would be important to not only mention what intervention was implemented, but also the factors that actually influenced the process of change. Therefore, it is recommended to provide more information in further research about what factors influence the inclusion of refugees in mainstream school in order to support the migration of refugee students in school.

Moreover, due to the fact that there was no study that directly focused on the inclusion of refugee students in mainstream schools, also studies were included that indirectly focused on inclusion, by setting goals of improving factors that might influence the inclusion of refugee children in mainstream schools (e.g. reducing PTSD-symptoms). However, it was not measured in the studies, if these indirect factors influenced the inclusion of the participating refugees. Therefore, it is suggested that future studies focus directly on the inclusion of refugee children in mainstream schools.

A third recommendation is to include researching about the family situation of a refugee child in future studies. Many of the included studies in this systematic literature review did not include the parents in the study. However, the development of a child is mostly depending on their parent's and family's culture, values and every-day life (Bronfenbrenner, 1999; Weisner & Coots, 1997) and should therefore be included in future studies.

Furthermore during the research process, it was noticed that there was a limited amount of studies that actively include the teachers in the intervention-processes. However, teachers are those who work with refugee children and their class colleagues every day. Interventions that are mostly implemented by psychologists might need more financial resources as well as time and location resources. Therefore, it is recommended that further research should focus on planning and implementing interventions that can be fulfilled by teachers in order to increase realistic applicability. To achieve an absolute positive result, more multidisciplinary work with refugee students should be considered. A teacher alone might not be able to reduce all trauma symptoms of a refugee child, however with support of a psychotherapist, the inclusion might be of bigger success.

6   Conclusion

The aim of this study was to provide a summary of possible school based interventions, which can support the inclusion of children who are refugees or asylum seeking in mainstream compulsory schools in order to point out possibilities for improving the refugee situation in Austrian schools. The research questions were: "What types of school based interventions have been implemented in mainstream classes to support inclusion of refugees in OECD countries?" and, "What are the outcomes of the interventions?". Twelve types of interventions were identified, which focused on different factors that might influence the inclusion of children who are refugees or asylum seeking in mainstream schools. The outcomes were overall positive due to the fact that all studies reported some kind of positive results. However practical implications showed that not all OECD-countries, such as Austria, might have the essential resources for all of these interventions. When looking at the applicability to the Austrian school system, the interventions music therapy, drama therapy, creative expression workshop and CPD-seminars for teachers showed that they might be possible for the Austrian context.

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Appendix

Appendix A- Thesaurus terms and search terms

Table 6

Search terms

Population terminology	Age terminology	Setting terminology	Setting-form terminology	Outcome terminology
Refugee* OR	Adolescent* OR	Education* OR	Compulsory* OR	Support* OR
Asylum seek* OR	Youth* OR	School* OR	Elementary* OR	Inclusion* OR
Newcomer* OR	Pupil* OR	Bildung* OR	Mainstream* OR	Adapt* OR
Flüchtling* OR	Student* OR	Schule* AND	Primary* OR	Interven* OR
Asylsuch* AND	Teen* OR		Secondary* OR	Strategies* OR
	Child* OR		High school* AND	Change* OR
	Children* OR			Therapie* OR
	Kind* OR			Unterstützung*
	Jugendlich* OR			
	Minderjährig* AND			

Appendix A-1 Thesaurus terms

Thesarus terms: Intervention, Refugees, Mainstreaming, Inclusion, Social Integration, Minority Groups, Elementary School Students, Middle School Students, Children

Appendix B- Flowchart

| Eric (*n*=273) | PsycINFO (*n*=349) | CINAHL with Full Text (*n*=121) | Sociological Abstracts (*n*=253) | Scopus (*n*=65) |

Total (*n*=1061) → Duplicates (*n*=340)

Title and abstract screening (*n*=721) → Excluded because of Inclusion and Exclusion Criteria (*n*=654)

Full text screening (*n*=67) → Excluded (*n*=56)
- No intervention (*n*=14)
- Not school-based (*n*=13)
- Wrong setting (*n*=10)
- Wrong study design (*n*=10)
- Wrong patient population (*n*=5)
- Not inclusion-focused (*n*=2)
- Focus mostly on occupational therapy (*n*=1)
- No OECD-country (*n*=1)

Included (*n*=11)

Appendix C- Quality assessment tools and Results

Table 7

Results of Quality assessment for qualitative studies

First author and year	Questions CASP[a]										Quality score
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	
Bačáková 2013	Yes	Can't tell	No	No	No	No	No	No	No	Yes	**L**
Dogutas 2016	Yes	Can't tell	Yes	No	Yes	No	No	No	No	Can't tell	**L**
Naidoo 2009	Yes	Can't tell	Yes	No	Yes	No	No	No	No	No	**L**

Note. [a] See Table X Questions CASP for the complete questions adapted from CASP (2013) and the scale for the Quality score.

Table 8

Questions CASP

CASP, 2013
Scale: Answered with: Yes, Can't tell, No Total of 'yes' answers: High quality (L): 9-10 Middle quality (M): 4-7 Low quality (L): 0-3

1. Was there a clear statement of the aims of the research?
 	
   a.) Was the goal of the study clearly stated?
   b.) Why it was thought important?
   c.) Its relevance
 	
2. Is a qualitative methodology appropriate for this study?
 	
   a.) If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants?
   b.) Is qualitative research the right methodology for addressing the research goal?
 	
3. Was the research design appropriate to address the aims of the research?

a.) If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?

4. Was the recruitment strategy appropriate to the aims of the research?

a.) If the researcher has explained how the participants were selected?
b.) If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
c.) If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Was the data collected in a way that addressed the research issue?

a.) If the setting for data collection was justified

b.) If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)

c.) If the researcher has justified the methods chosen

d.) If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?
e.) If methods were modified during the study. If so, has the researcher explained how and why?
f.) If the form of data is clear (e.g. tape recordings, video material, notes etc)
g.) If the researcher has discussed saturation of data

6. Has the relationship between researcher and participants been adequately considered?

a.) If the researcher critically examined their own role, potential bias and influence during
   (i) Formulation of the research questions
   (ii) Data collection, including sample recruitment and choice of location
b.) How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration?

a.) If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
b.) If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
c.) If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous?

a.) If there is an in-depth description of the analysis process
b.) If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?

c.) Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
d.) If sufficient data are presented to support the findings
e.) To what extent contradictory data are taken into account
f.) Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings?

a.) If the findings are explicit
b.) If there is adequate discussion of the evidence both for and against the researchers arguments
c.) If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
d.) If the findings are discussed in relation to the original research question

10. How valuable is the research?

a.) If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy? Or relevant research-based literature?
b.) If they identify new areas where research is necessary
c.) If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Table 9

Results of Quality assessment for quantitative studies

First author & year	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	Total	Quality Score
Baker 2006	1	1	1	1	2	1	2	1	0	1	0	1	0	1	**13**	**ML**
Ehntholt 2005	0	0	2	1	1	1	2	1	1	1	0	1	1	1	**13**	**ML**
Ellis 2013	2	1	0	1	1	1	2	1	0	1	1	2	1	2	**16**	**MH**
Fazel 2009	0	2	2	2	1	2	2	0	0	1	0	0	0	1	**13**	**ML**
O'Shea2000	0	0	0	1	1	0	2	0	0	1	1	1	0	1	**8**	**ML**
Rousseau 2005	2	1	2	1	2	2	2	1	2	2	0	1	0	1	**19**	**MH**
Rousseau 2007	1	2	2	1	2	2	2	1	1	1	0	1	0	1	**17**	**MH**
Schottelkorb2012	2	2	2	1	1	1	2	2	1	1	0	1	1	2	**19**	**MH**

The header "Questions CCEERC" spans columns 1. through 14.

Notes. [a] See Table X for the complete questions adapted from CCEERC (2013) and the the scale for the Quality score.

Table 10

Questions CCEERC

CCEERC, 2013
Scale: Answered with: 2, 1, 0
Total of points: High quality (H): 22-28, Medium High quality: (MH) 15-21, Medium Low quality: (ML) 7-14, Low quality: (L) 0-6
General information
1. Aim and research question(s). Where the aim and research question(s) stated in the study? [2] Both the aim and research question(s) are stated clearly [1] The aim is stated clearly but there are no research question(s) stated in the article

[0] There is no aim or research question(s) stated in the article.

Intervention

2. Information about the intervention. Did the article contain sufficient information about the intervention?

If so, was that information stated clearly? Was it enough information to understand the intervention?

[2] The information about the intervention was sufficient and clear.

[1] The article contain some information about the intervention but it was not sufficient.

[0] The article did not contain any information regarding the intervention.

3. Control group. Did the study have a control group?

[2] Yes

[1] No

[0] It was no mentioned if there was a control group or not.

Population and Sample

4. Population. Does the population that was eligible to be selected for the study include the entire population of interest? Or, is the eligible population a selective subgroup of the population of interest? For example, are all the children in the nation eligible to be selected for the study (the entire population of interest)? Or, were only children in New York City eligible to be selected for the study (a selective subgroup)? Or, were only children in one day care center in New York City eligible to be selected (a very selective subgroup)?

[2] Eligible population includes entire population of interest or a substantial portion of it
[1] Population represents a limited, atypical, or selective subgroup of the population of interest

[0] No description of the population

5. Randomized Selection of Participants. Were study participants randomly selected for the study? Or, did study participants volunteer (nonrandom)? Or, were they located through specific organizations (nonrandom) or through acquaintances of the researchers (nonrandom)?

[2] Random selection

[1] Nonrandom selection
[0] No description of the sample selection procedure

6. Sample Size. How many participants were selected for the study? Does the sample include enough participants from key subgroups to accurately assess subgroup differences? This is best used in comparison to other studies.

[2] Sample size larger than similar studies
[1] Sample size the same as similar studies
[0] Sample size smaller than similar study or sample size not given

7. Response and Attrition Rate. What proportion of the selected sample completed the study? In longitudinal studies, what proportion of sample members participated in follow-up studies?

[2] High response or participation rate (over 65% response rate, over 90% participated in follow-up studies)
[1] Moderate to low response rate (response rates of less than 65%)
[0] No information on response rate or participation rate

Measurement

8. Main Variables or Concepts. Are each of the main variables or concepts of interest described fully? Can the main variables or concepts be matched to the variables in the tables?

[2] Accurately described and can be matched
[1] Vague definition or cannot be matched
[0] No definition of main variables or concepts

9. Operationalization of Concepts. Did the authors choose variables that make sense as good measures of the main concepts in the study? Have these variables been used in previous studies or are they an improvement over previous studies?

[2] Key concepts are measured with variables that make sense. Or, variables have either been previously used in research or are improvements over previous measures.

[1] Key concepts are measured with variables that do not make sense, and variables have not been used in previous research studies
[0] Variable operationalization is not discussed

Analysis

10. Numeric Tables. Are the means and standard deviations/standard errors for all the numeric variables presented?

[2] Means and standard deviations/standard errors presented

[1] Means, but no standard deviations/standard errors presented

[0] Neither means nor standard deviations/standard errors presented

11. Missing Data. Are the number of cases with missing data specified? Is the statistical procedure(s) for handling missing data described?

[2] Number of cases with missing data are specified and the strategy for handling missing data is described

[1] Number of cases with missing data specified, but these cases are removed from the analysis

[0] Missing data issues not discussed

12. Appropriateness of Statistical Techniques. Does the study describe the statistical technique used? Does the study explain why the statistical technique was chosen? Does the study include caveats about the conclusions that are based on the statistical technique?

[2] Statistical techniques, reasons for choosing technique, and caveats are fully explained

[1] Statistical technique is explained, but the reasons for choosing technique or the caveats are not included.

[0] Statistical technique, reasons for choosing technique, and caveats are not explained.

13. Omitted Variable Bias. Could the results of the study be due to alternative explanations that are not addressed in the study?

[2] All important explanations are included in the analysis

[1] Important explanations are omitted from the analysis

[0] Variables and concepts included in the analysis are not described in sufficient detail to determine whether key alternative explanations have been omitted

14. Analysis of Main Effect Variables. Are coefficients for the main effect variables in the statistical models presented? Are the standard errors of these coefficients presented? Are significance levels or the results of statistical tests presented?

[2] Model coefficients and standard errors or hypothesis tests for the main effects variables are presented

[1] Either model coefficients or hypothesis tests for the main effects variables are presented

[0] Neither estimated coefficients or standard errors for the main effects variables are presented

Appendix D- Applicability of interventions in Austrian Schools

Table 11

Applicability of interventions to Austrian Schools

IN	In Classroom	During school-time	Teacher involved	Person of instruction	Significant outcome	Level of Applicability
1	No	No	Yes	Authors of article	No	Low
2	Yes	Yes	No	Music therapist	Yes	High
3	Yes	Yes	No	Author+ University students	No	Middle
4	No	No	No	Clinical Psychology trainee	Yes	Low
5	No	No	No	Clinicians	Yes	Low
6	Not reported	Not reported	Yes	Mental health key worker and one teacher	Yes	Middle
7	Not reported	No	No	Tutors	No	Low
8	No	No	No	Mental health professional	Yes	Low
9	Yes	Yes	Yes	Play director	Yes	High
10	Yes	Yes	Yes	Art therapist and psychologist in conjunction with the teacher	Yes	High
11	No	Not reported	No	Mental health professional and University students	Yes	Low
11a	No	Not reported	No	Mental health professional and University students	Yes	Low

Notes. These results are only applicable for the Austrian School context but not for OECD- countries in general.