

Cyprus

Country Overview

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Country name

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Introduction

The implementation of social and emotional learning (SEL) promotion programmes in Cyprus is relatively recent and came to be in the wake of increasing levels of mental health difficulties among young Cypriot students, as reported by the Ministry of Education in Cyprus. Several studies conducted since 2014 up until recently, performed by the Ministry of Education, with the cooperation of specialised institutions and researchers, such as the Cyprus Pedagogical Institute, have shown an increase of students' emotional difficulties (e.g., low levels of self-confidence, self-image and wellbeing), behavioural problems and school adjustment issues. (Charalambous, 2013; Kali, 2020). This was due to a combination of a school system unprepared to respond to students' emotional needs, a social and economic crisis, and a significant increase in the number of non-Cypriot students in schools. This combination, and its effects on students' mental health, has led to the necessity of integrating a social and emotional development curriculum in classrooms of all academic levels (Kali, 2020).

Development

Early implementation of SEL focused activities in Cyprus dates back to the 1980's, when teachers, using a framework based on the "Reggio Emilia" method, created positive classroom environments. Here, preschool children were able to participate in educational environments that aimed to foster the development of their social, emotional and cognitive competencies (Foersch & Iuspa, 2016). By adopting a child-centred methodology like the "Reggio Emilia" approach, in tandem with other social and emotional development frameworks, teachers managed to create school curriculums focused on developing specific, key skills, such as curiosity, observation, exploration, respect and care for others, managing adversity, resiliency, and problem-solving. Most of the activities used to execute this school curriculum were based on artistic and individual expression such as drawings, sculptures, dancing, pretend-play, modelling or music, to facilitate students' learning, acknowledgment and expression of thoughts and emotions, as well as the connections between them (Kali, 2020).

The national curriculum in Cyprus was officially revised in 2000 by the Educational Reform Commission to integrate several theoretical and methodological approaches focused on promoting social and emotional health in Cypriot students. This addition resulted in the creation of the "Health Education" curriculum, a methodological umbrella under which the social and emotional learning of students is brought together in educational contexts. Educators in Cyprus have since been using "Health Education" methodology to address various social, emotional, psychological, health and educational needs of Cypriot students, namely through improvements of school organisation. "Health Education" is an interdisciplinary programme focused on improving school effectiveness on social and emotional learning, with a close connection to social reality, which is implemented in classrooms by (class) teachers. Since 2011, that "Health Education" has dedicated time to the curriculum, reaching from 40 (younger students) to 80 (older students) minutes per week dedicated to promoting social and emotional learning and development (Kali, M., 2020).

Assessment

The “Mental Health” programme modules are designed to address the development of specific social and emotional skills and knowledge in students. To guarantee their efficient application, teachers must apply them in accordance with Success and Adequacy Indicators of the Cypriot Ministry of Education and Culture. The assessment of SEL based programmes of “Health Education” was conducted mainly with the cooperation of the Centre of Education Research and Evaluation (CERE) of the Department of Psychology of the University of Athens, using qualitative and quantitative measures, namely social and emotional learning questionnaires, responded by teachers, whom also prepared reports and assessed students’ performance on a number of classroom activities. Assessment procedures showed positive effects for students and teachers, namely in terms of:

Improved communication;

Improved emotional expression;

Enhanced self-awareness;

Improved self-respect, and;

Positive impact on teachers’ personal and professional development (Hatzichristou, 2011).

Intervention

“Health Education” courses provide social and emotional skills and resources for students to be attentive to social aspects in schools, and maintain effective relationships with teachers, peers and parents. Also, these courses provide teachers (and educators in general) with important tools for personal and professional development, thus allowing them to be prepared to efficiently execute the courses with their students. Each course is organised into thematic units (or modules), provided with lesson plans, and practical activities, among other materials to support teachers in their work. All materials are designed to target the improvement of students’ physical, mental and social well-being, with the final objective of consolidating social skills and values, such as self-acknowledgement, self-regulation, self-improvement, as an integral part of students’ lifestyle, and consequently enhancing school climate. The general themes of “Health Education” modules were the following:

Social and communication skills (including social diversity, communicating efficiently, working cooperatively with others, handling peer pressure);

Self-awareness (set realistic goals, planning how to achieve goals);

Specific characteristics (identifying family and individual characteristics, diversity training, respecting human rights);

Conflict resolution (identifying and assessing risks, managing conflicts), and;

Educational process (study planning and organisation) (Kali, M., 2020).

Within these main themes, “Health Education” addressed specific issues or problems accordingly with each ages’ needs, such as healthy interpersonal relationships, sexual education, social behaviours, nutrition, road safety, among others. Addressing these issues, and informing students about them, has shown to be effective in improving social, emotional and psychological well-being (Ioannidis, 2003).

Specific for preschool education, one of “Health Education” main courses is “Social and Emotional Education” aims to reach students’ early psychological developmental levels. This course is an adaptation of the original Greek programme “Social and Emotional Education at School: Program for the Promotion of Mental Health and Learning in the School Community” (Hatzichristou & Lianos, 2016). The main concept of this course was to equip children with social and emotional competences from an early age, laying the foundation for a healthy development later, through social and emotional learning adapted to pre-primary level (Kali, M., 2020). Early social and emotional milestones can be achieved by children by engaging in playful activities with classmates (peers), such as the understanding of teamwork, collaboration, empathy, self-awareness, self-esteem and peer pressure, at progressive stages of development (Bulman &

Savory, 2006).

Another social and emotional based programme implemented on Cyprus was the “ARETI”, supported by the Ministry of Justice and Public Order of Cyprus. “ARETI” focused on developing tools to create opportunities for cognitive, emotional and social development in school context (Charalambous & Charalambous, 2017). The programme, applied since 2007 in Cypriot schools, aimed to develop 12 key areas of interpersonal and intrapersonal development, showed effective results in children’s self-esteem, engagement, satisfaction, resiliency cooperation, creativity and diligence, as well as in the decrease of anxiety, bullying, aggressiveness, indifference and negativity.

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