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SOCIAL AND EMOTIONAL LEARNING (SEL) SYSTEMATIC REVIEW

Final Report

August 2021

Funding was provided by the United States Agency for International Development (USAID) from the American people under Contract No. AID-OAA-I-15-00019, Task Order No. AID-OAA-TO-16-00024. The contents are the responsibility of the USAID Research for Effective Education Programming - Africa (REEP-A) Project and do not necessarily reflect the views of USAID or the United States Government. USAID will not be held responsible for any or the whole of the contents of this publication.

SOCIAL AND EMOTIONAL LEARNING (SEL) SYSTEMATIC REVIEW

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August 2021

Prepared for

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Office of Sustainable Development, Education and Youth Division
U.S. Agency for International Development
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Research for Effective Education Programming – Africa (REEP-A)
Contract No. AID-OAA-I-15-00019
Task Order No. AID-OAA-TO-16-00024

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ACKNOWLEDGEMENTS

The authors of this report would like to thank the USAID Bureau for Africa's Office of Sustainable Development, Education and Youth Division for their close collaboration and guidance throughout the development of this report. In particular, Wendy Wheaton, Kalene Resler, Anjuli Shivshanker, and Rebecca Pagel provided direction and feedback that made this report possible.

The authors are immensely grateful to Dana Burde and Matthew Jukes, who served as technical advisors for this report. The advisors offered invaluable feedback and encouragement throughout the process of conducting this systematic review and developing the accompanying Evidence Gap Map.

The authors would like to thank Rebecca Westbrook and Kathryn Norris for their careful review and feedback during the research process and drafting of the report. Jennifer Shin and Ariel Fanger provided management and oversight of the research process, Edna Jamandre offered graphic design assistance, and Sherry Loveless provided editorial support.

Additionally, the authors would like to thank the experts who generously offered their time and insights through interviews and other stakeholders who shared resources to ensure that this report is comprehensive in the research that it synthesizes.

SUGGESTED CITATION

Deitz, R., Lahmann, H., & Thompson, T. (2021). *Social and Emotional Learning (SEL) Systematic Review*. Dexis Consulting Group.

ACRONYMS

3ie	International Initiative for Impact Evaluation
ACR	Afghan Children Read
ADHD	Attention deficit hyperactivity disorder
APFI	Adolescents' Psychosocial Functioning Inventory
ALE	Asegurando La Educación
BE ²	Building Evidence in Education
CARS	Community Action for Reading and Security
CASEL	Collaborative for Academic, Social, and Emotional Learning
CBI	Classroom-based intervention
CBT	Cognitive behavioral therapy
CFS	Child Friendly Spaces
CHS	Children's Hope Scale
CISLE	Cultivating Inclusive and Supportive Learning Environment
COMPASS	Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces
COPE	Creating Opportunities for Patient Empowerment
DAP	Developmental Assets Profile
DFID	United Kingdom Department for International Development
DRC	Democratic Republic of the Congo
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe
DSRS	Depression Self-Rating Scale
EC	Early childhood
ECR	Education Crisis Response
EF	Empleando Futuros
EGM	Evidence Gap Map

EPAG	Economic Empowerment for Adolescent Girls
ESSA	Every Student Succeeds Act
FCS	Fragile and conflict affected situations
FGD	Focus group discussion
GBV	Gender-based violence
GE	Girl Empower
GNI	Gross national income
GPE	Global Partnership for Education
HCR	Healing Classrooms Remedial
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HLC	Health locus of control
IDP	Internally displaced person
IES	Institute of Educational Sciences
IEEES	Integrated Essential Emergency Education
Jordan NOW	Jordan New Opportunities for Women
KII	Key informant interview
LAC	Latin America and the Caribbean
LARA	Literacy Achievement and Retention Activity
LIHC	Learning in a Healing Classroom
LMI COMET	Lower Mekong Initiative Connecting the Mekong through Education and Training
LS	Life skills
LSE	Life Skills Education
MENA	Middle East and North Africa
M-SEL	Mindfulness and Social Emotional Learning
MoE	Ministry of Education

MYDev	Mindanao Youth for Development
NFE	Non-formal education
NGO	Non-governmental organization
NIMHANS	National Institute of Mental Health and Neurosciences
NUYEP	Northern Uganda Youth Entrepreneurship Programme
OECD	Organisation for Economic Co-operation and Development
OVC	Orphans and vulnerable children
PICO	Population, intervention, comparators, and outcomes
PIP	Pedagogical Innovation Project
POC	Protection of Civilians
PRP	Pakistan Reading Project
PSE	Psychoeducation
PSS	Psychosocial support
PSSA	Psychosocial Structured Activities
PTS	Passport to Success
PTSD	Post-traumatic stress disorder
PYD	Positive youth development
QITABI	Quality Instruction towards Access and Basic Education Improvement
RCT	Randomized controlled trial
REEP-A	Research for Effective Education Programming – Africa
RISE	Research Initiative to Support the Empowerment of Girls
RQ	Research question
S.A.F.E.	Sequenced, active, focused, and explicit
SDQ	Strengths and Difficulties Questionnaire
SEL	Social and emotional learning

SES	Socioeconomic status
SET	Social effectiveness training
SRGBV	School-related gender-based violence
SSA	Sub-Saharan Africa
T-FC	Trauma-focused counseling
TGCT	Trauma and Grief Component Therapy
ToC	Theory of change
TRT	Teaching Recovery Techniques
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WCA	World Changers Academy
WLR	We Love Reading
YDP	Youth Development Programme
YiA	Youth in Action
YRI	Youth Resilience Initiative

EXECUTIVE SUMMARY

OBJECTIVES

This systematic review provides an overview of the existing evidence on the effects of social and emotional learning (SEL) and soft skills interventions on social and emotional competencies, academic success, well-being, health, and resilience in development and humanitarian settings. SEL has emerged as a key strategy within education foreign aid, yet the majority of the evidence comes from the Global North. To fill this research gap, USAID commissioned the Research for Effective Education Programming – Africa (REEP-A) Task Order, to conduct a systematic review to examine the emerging evidence on SEL in development and humanitarian contexts. This study aims to catalogue what we know to inform research, policy, and practice. Specifically, this study has three primary aims: 1) to uncover what SEL evidence exists in humanitarian and development settings; 2) to understand what the evidence tells us, and 3) to differentiate the findings by learning context, setting, and population.

RESEARCH METHODS

This systematic review followed the methodology set out by the Cochrane Collaboration and the International Initiative for Impact Evaluation (3ie), leveraging education quality criteria as defined by Building Evidence in Education (BE²). We identified over 5,000 articles through a three-pronged approach: 1) searching academic databases, 2) searching organizational databases, and 3) reaching out directly to relevant networks and organizations. We selected approximately 600 articles based on the inclusion criteria. In total, 136 of these studies met the minimum standard of rigor and were included in this literature review.¹ We analyzed the 136 studies of SEL programs for primary school-age children (6 to 14 years old) and youth (15 to 29 years old) in development and humanitarian settings against our three primary research questions, and in comparison to criteria for best practices based on evidence from the Global North (Durlak, et al., 2011).

BOX 1. INCLUSION CRITERIA

Publication year: 2000 – March 2021

Context: developing or humanitarian

Focus area: addresses SEL/soft skills

Relevance: connects to education or learning

Language: studies written in English

KEY FINDINGS

RQ1: WHAT BREADTH, DEPTH, AND TYPE OF EVIDENCE EXISTS ON SEL AND SOFT SKILLS IN DEVELOPMENT AND HUMANITARIAN SETTINGS?

Our initial search process returned more than 5,000 results. In total, 136 studies of 110 unique interventions targeting primary school-age children and youth were included, and the data identification process returned 29 additional studies targeting early childhood (EC). Contrary to our expectations, the majority (n=85) of these studies were impact evaluations, though they varied in rigor and quality. Nearly half of the studies (n=51) took place in sub-Saharan Africa and the majority (n=61) of the interventions

¹ The research team applied a quality assurance checklist, which was adapted from the Building Evidence in Education (BE²) guidelines, to evaluate the rigor and strength of the evidence for each study.

occurred in a development context. These interventions took place in formal and non-formal education and vocational and livelihoods training programs.

RQ2: WHAT ARE THE EFFECTS OF SEL PROGRAMS ON CHILDREN AND THE COMMUNITIES AROUND THEM IN DEVELOPING AND CRISIS-AFFECTED SETTINGS?

SEL programs targeted a wide range of outcomes. The most frequently mentioned outcomes were social and emotional (n=81), followed by well-being (n=72), academic (n=17) and workforce (n=25) outcomes. Fewer studies mentioned teacher (n=9) and school and community (n=17) outcomes. We also found some key results regarding the effects of SEL programs, their approaches, and outcomes:

- **Targeted, explicit SEL instruction is associated with positive effects** on social and emotional and other outcomes. Interventions that actively engage children and youth, provide focused time on developing SEL skills, and explicitly target specific competencies proven most effective, which reinforces the existing evidence from the Global North.
- Studies that integrated SEL into their programming often saw **promising effects on other (academic, workforce, health) outcomes, even when no effects on social and emotional competencies were found**. The additional focus on SEL seems to correlate with other intended outcomes, perhaps due to the improved teaching practices that accompany SEL training. These effects could also be a result of inaccurate or insufficient measurement of SEL outcomes.
- There is **insufficient research on the effects of teachers' own SEL skills and knowledge** on student outcomes. While some studies found teachers' own knowledge and SEL skills to be correlated with student outcomes, there is a lack of rigorous research on teacher-related outcomes.
- **Interventions targeting primarily SEL did not see improvements in mental health** outcomes, and vice versa. Mental health interventions do not necessarily build SEL skills, and SEL is not a replacement for targeted mental health interventions. Additionally, mental health supports and more targeted services for children and youth with greater needs should be layered on top of SEL programs provided for the general student population.

RQ3: HOW DOES THE EVIDENCE FOR SEL PROGRAMS DIFFER WITHIN AND ACROSS POPULATIONS?

SEL programs led to different effects for male versus female children and youth, which intersects with their other identities and factors, including populations affected by conflict, refugee and displacement status, age, region, ethnicity, disability status, socioeconomic status, and urbanicity.

- **Effects of SEL programs differ by age and gender**. Numerous studies found different effects for boys and girls, or for older and younger children, and youth. These differences interact with other factors, including the specific context and program design, to encourage or discourage positive outcomes.
- **Context matters**. We found multiple studies that assessed the same intervention in different contexts, and across each of them, the effects on their target population differed. The design of

interventions and measures must include consideration of specific contexts and consultations with target populations to ensure programming is responsive to context-specific needs and that SEL approaches are relevant for participants' communities. Without the engagement of local communities, a program may contradict local values, norms, and practices, which can undermine its effectiveness.

- **Marginalized groups targeted and supported within an intervention often outperform nonmarginalized groups** on SEL or other target outcomes. When the specific needs of orphans and vulnerable children, including children with disabilities, are taken into account in the program design, these children often saw the greatest gains from interventions. When their needs were not adequately addressed, these marginalized children did not benefit from the interventions as much as their peers.
- **Structural issues interfere with the effects of SEL programs.** In acute crises, research shows limited effects of SEL programs on children's skills, well-being, and mental health. This was especially true for sub-populations, such as girls who may face additional safety issues or obstacles to achieving academic or workforce outcomes.

PRIORITY RECOMMENDATIONS

Based on the literature examined in this systematic review, we provide the following recommendations for research, policy, practice, and coordination in development and humanitarian contexts for the consideration of donors, implementers and governments.

RESEARCH



There is a critical need to prioritize and better understand the evidence on SEL in diverse contexts. The existing evidence does not yet demonstrate exactly how social and emotional skills are most effectively developed, or how the acquisition of these skills impacts longer-term outcomes. **Additional rigorous research is necessary to better understand how SEL competencies are developed, for whom, and under what circumstances.** There is also little research on the “black box” of what takes place in the implementation of SEL programs. As such, researchers should **conduct additional research on implementation, causal pathways, and long-term outcomes related to SEL.** Current research is based primarily on self-report measures, which can be biased. The field must therefore **develop more objective and transferrable SEL measures**, such as performance-based measures.

POLICY



This study demonstrated the dearth of empirical evidence on SEL policies. However, it also showed the need for **systems and policies that support teachers and schools to implement SEL effectively.** The limited research on policies explored in this review show the potential for a disconnect between policy and practice. Thus, **policies must be tied to resources for training, monitoring, and ongoing support and based on relevant, local evidence.**

PRACTICE



SEL programs that actively engage participants, focus time on building SEL skills, and explicitly teach SEL show the greatest gains in social and emotional competencies and other outcomes. In order to continue to improve programs, and build on the existing evidence base, it is vital to **monitor and assess active, focused, and explicit SEL programs**. Additionally, these programs must **align with the needs and realities of teachers and students** and **provide sufficient training and ongoing support for educators**. The existing literature scarcely addressed educators' own needs, highlighting an important gap for future research. Further, **SEL programs should be developed in collaboration with communities and caregivers** to ensure context relevance and to build an enabling environment for students to develop social and emotional competencies. Finally, SEL programs should also **provide referrals to additional services** for participants who have greater mental health needs. SEL programs, especially when conducted in humanitarian contexts or with particularly vulnerable or marginalized populations, should not be expected to address specific mental health needs.

INTEGRATION AND COORDINATION ACROSS THE SOCIOECOLOGICAL SYSTEM



SEL should **consider the whole socio-ecological system within which a child develops**. Within classroom or learning environments, **SEL skills should be taught in a focused, explicit, and targeted manner**. Teachers, parents, caregivers, and community members should be engaged in the development, implementation, and monitoring of programs. However, children and youth cannot be expected to develop SEL skills and competencies within broader systems that interrupt student well-being.

INTRODUCTION

RATIONALE AND OBJECTIVES

Access and academic skills have long been the primary goals of foreign donors' development and humanitarian aid programs in education.² Yet, as evidence emerged on the impact of social and emotional skills on well-being and academic outcomes (Durlak et al., 2011), foreign donors adjusted their education priorities to account for the potential of these skills. For example, the 2018 United States Agency for International Development (USAID) Education Policy elevated social and emotional skills to be a key priority alongside literacy and numeracy, all of which are “foundational to future learning and success” (USAID, 2018, p. 4). In 2019, USAID released the *Social and Emotional Learning and Soft Skills USAID Policy Brief* to further clarify definitions, intended outcomes, and areas for future learning (USAID, 2019). USAID's prioritization of social and emotional learning (SEL) comes in response to emerging evidence of its effectiveness for improving academic, well-being, and workforce outcomes, primarily from the United States, Europe, and the broader Global North. Nearly half of all USAID education programs self-describe as addressing SEL, demonstrating the high prioritization of these skills alongside literacy and numeracy. Other leading actors in development and humanitarian education³ have also prioritized SEL. Although it has emerged as a key component of development and humanitarian interventions for children and youth, there has not yet been a comprehensive review of the existing evidence on the impact of interventions targeting social and emotional competencies, academic success, well-being, and resilience in these settings.

To fill this research gap, USAID, under the Research for Effective Education Programming – Africa (REEP-A) Task Order, commissioned this systematic review to examine the evidence on interventions that target SEL and soft skills in development and humanitarian contexts and their impact on a range of outcomes including academic, well-being, and workforce outcomes. This first-of-its-kind study will provide guidance on ways in which practitioners, policymakers, and donors can improve the effectiveness of SEL programming for children and youth based on the existing evidence. In addition to this Systematic Review Report, we, the research team,⁴ developed an *Evidence Gap Map* to display existing evidence and highlight key gaps graphically (Snilstveit, et al., 2017a). This report expands on the Evidence Gap Map to present key findings, nuance, and details that a graphic representation cannot capture fully.

A systematic review of the SEL literature that accounts for the diversity of lived experiences across development and humanitarian settings is vital to inform future evidence-based SEL programming within USAID, its implementing partners, and beyond. Evidence from the Global North demonstrates the positive impact of SEL interventions on social and emotional competencies, attitudes, and behaviors, as well as mental health and academic achievement (Cefai et al., 2018; Durlak et al., 2011). Further, longitudinal research from the Global North suggests that these effects can be sustained over time (Sklad et al., 2012; Taylor et al., 2017). Although the evidence consistently shows that SEL interventions lead to positive outcomes, gaps still exist in understanding exactly how they work, under what conditions, and for whom

² For example: USAID Education Strategy, 2011-2017: https://2012-2017.usaid.gov/sites/default/files/documents/1865/USAID_Education_Strategy.pdf.

³ See, for example: OECD, 2015; OECD, 2018; Varela, et al, 2013; Gallagher, 2018.

⁴ Throughout the report, the pronoun “we” refers to the research team and authors of the review.

(Mahoney et al., 2018). Reviews of the existing evidence, primarily from the Global North⁵ suggest that the following programmatic aspects contribute to positive outcomes:

- occur within a positive and safe school/classroom climate and culture
- are school-based and universal (delivered to all children/youth in the education program/school)
- focus on both the inter-personal and intra-personal competencies
- build developmentally appropriate skills and/or are sequenced by grade
- are culturally and contextually responsive and relevant
- meet the “S.A.F.E.” (sequenced, active, focused, and explicit) criteria
- are implemented by classroom teachers and school personnel, contributing to integration of social and emotional competencies across the school day
- are implemented with fidelity

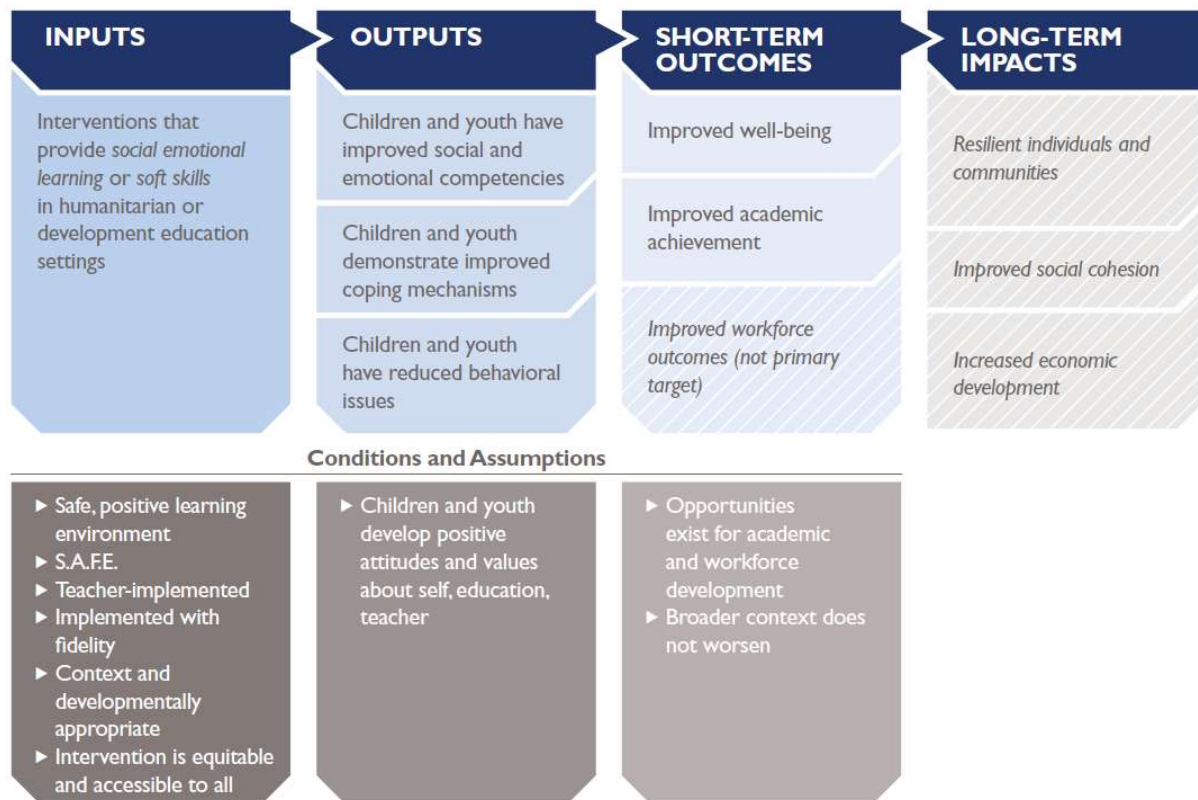
This Systematic Review Report aims to evaluate existing literature on SEL interventions in development and humanitarian settings based on their rigor and in comparison to the best available evidence from prior reviews and rigorous evaluations conducted in the Global North.

THEORY OF CHANGE

Our Theory of Change (ToC) illustrates the pathways connecting SEL and soft skills interventions with the intended impacts that we explored and expected to find through this systematic review. Our ToC (Figure 1) is based on the hypothesis that interventions supporting SEL and soft skills in humanitarian and development settings (*Inputs*) will lead to improved social and emotional competencies, improved coping mechanisms, and reduced behavioral issues in children and youth (*Outputs*). These outputs lead to improved well-being and academic achievement in children and youth participants (*Short-Term Outcomes*). For illustrative purposes, we include “improved workforce outcomes” as an expected short-term outcome, though these were not the primary target of this study due to the study, “Soft Skills and Youth Workforce Development in sub-Saharan Africa: A Review of the Literature.” This complementary study was commissioned by USAID under the REEP-A contract to explore the relationship between soft skills and workforce development outcomes in sub-Saharan Africa. We also explore the pathways between the intervention, social and emotional competencies, and academic and well-being outcomes. *Long-Term Impacts* include the connections that we theorize generate broader societal outcomes, including more resilient individuals and communities, improved social cohesion, and improved economic development. These outcomes appear in striped boxes with italicized text to indicate the limited evidence on long-term effects.

⁵ See Cefai et al., 2018; Durlak et al., 2011; Sklad et al., 2012; Taylor et al., 2017; Wigglesworth et al., 2016 for more information.

FIGURE 1. THEORY OF CHANGE



RESEARCH QUESTIONS

The SEL Evidence Gap Map and Systematic Review Report aim to uncover existing SEL evidence in humanitarian and development settings, develop understanding of that evidence, and differentiate the findings by learning context, setting, and population. Specifically, this study aims to answer the following research questions (RQs):

RQ1: What breadth, depth, and type of evidence exists on SEL and soft skills in development and humanitarian settings?

RQ2: What are the effects of SEL programs on children and their communities in developing and crisis-affected settings?

RQ2A: What pathways or skills/competencies contribute to which outcomes of interest?

RQ2B: What are the effects of different implementation approaches and factors?

RQ3: How does the evidence for SEL programs differ within and across populations?

RQ3A: To what extent is the existing evidence relevant to sub-Saharan Africa?

SCOPE OF THE STUDY

We developed a set of basic inclusion criteria to establish parameters for this study. We included literature fitting the following criteria in the systematic review: 1) published between January 2000 and March 2021; 2) occurred in a developing or humanitarian context; 3) targeted children and youth; 4) addressed SEL/soft skills; and 5) connected to education or learning. This review includes both peer-reviewed academic literature and relevant “grey” literature that met the rigor and quality criteria, as discussed in greater detail in the [Data Selection](#) section below. Given that this review can only include published studies and reports, or draft studies and reports shared by authors, the Systematic Review Report and Evidence Gap Map serve as a snapshot of previous investigations—not ongoing or future opportunities for research related to SEL and soft skills.

BOX 2. INCLUSION CRITERIA

Publication year: January 2000 – March 2021

Context: development or humanitarian

Focus area: addresses SEL/soft skills

Relevance: connects to education or learning

Language: studies written in English

Due to the limited scope of work and unique priorities and approaches for social and emotional development within early childhood (EC), we only included research primarily targeting EC (ages 3 to 5) in the first phase of review in response to RQ1.⁶ Thus, literature targeting EC did not undergo a full quality review, and its inclusion in this report and the Evidence Gap Map does not verify the quality or rigor of these studies. Research targeting primary school-age children (ages 6 to 14) and youth (ages 15 to 29) went through a full review, including a review for quality assurance in phase two, and an evaluation of data according to the overarching research questions and SEL best practices in phase three.

KEY TERMS AND DEFINITIONS

We consistently use and apply the following key terms and definitions across the Evidence Gap Map and the Systematic Review Report. These terms stem from seminal literature from the Global North, key USAID documents, and other relevant literature on development and humanitarian contexts. Additional key terms are defined throughout the report and within a comprehensive glossary embedded within the Evidence Gap Map.

Social Emotional Learning and Soft Skills: In alignment with the USAID *Social and Emotional Learning and Soft Skills Policy Brief* (2019), this study uses the terms “social and emotional” and “soft skills” to refer to the set of social, emotional, and cognitive skills that children and youth need to interact with one another and their surrounding environment. In alignment with USAID (2019) definitions, “SEL” generally refers to basic education and “soft skills” to youth development and higher education, but in this review, we use these terms interchangeably because much of the literature does not make these distinctions. USAID defines SEL as both the set of skills and the process for developing those skills, “cognitive, social, and emotional competencies that children, youth, and adults learn through explicit, active, focused, sequenced instruction that allows them to understand and manage their emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (2019, p. 2). The USAID definition draws heavily from the Collaborative for Academic, Social, and Emotional Learning (CASEL) definition, “the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (CASEL, 2019). USAID

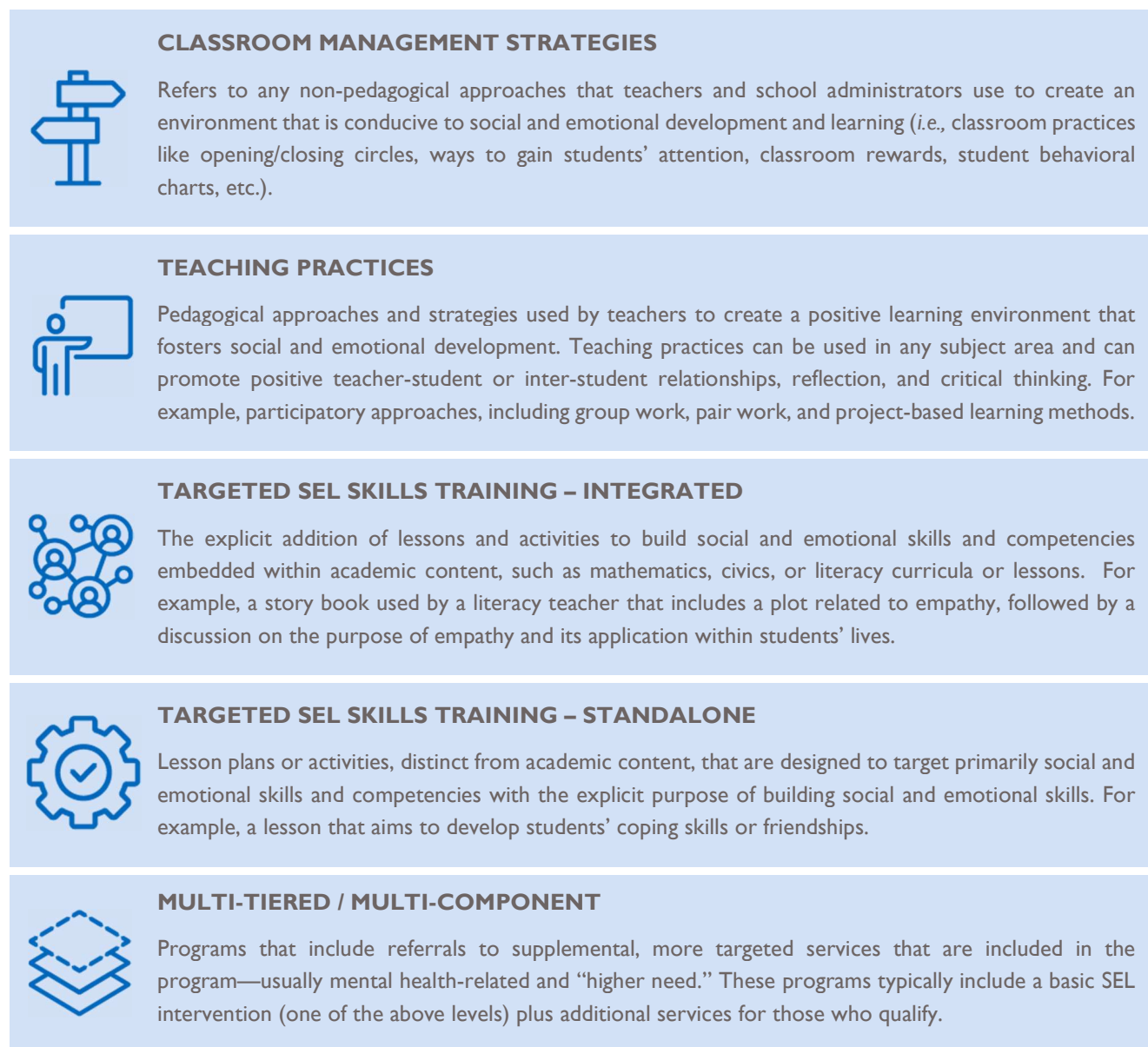
⁶ For more information, please see [Appendix I](#) and the [Systematic Review Protocol](#).

defines “soft skills” as a “broad set of skills, behaviors, and personal qualities that enable people to effectively navigate their environment, relate well with others, perform well, and achieve their goals” (2019, p. 2). In addition to these two key terms, we include terms and constructs⁷ often used to refer to related skills, such as *non-cognitive skills* or *citizenship skills*.

SEL APPROACHES

We grouped interventions into five categories according to their approach to developing SEL and soft skills, as described in Figure 2.

FIGURE 2. SEL APPROACHES



⁷ For a full list of search terms, see [Annex C](#).

CONTEXTS

This study focuses on both development and humanitarian settings. In alignment with the USAID Education Policy, we look across the “humanitarian-development” divide to address the gaps that occur when aid remains separated by fragility or acute crisis (Steets, 2011). We use the terms *developing*, *low and middle income*, and *Global South* interchangeably. We define “low and middle income” countries based on the World Bank income classification: “low-income economies are defined as those with a gross national income (GNI) per capita, calculated using the World Bank Atlas method, of \$1,035 or less in 2019; lower-middle income economies are those with a GNI per capita between \$1,036 and \$4,045” (World Bank, 2020). For a full list of included countries, see [Annex B](#).

We use *humanitarian*, *emergency*, and *conflict and crisis-affected* to refer to situations in which a community has been disrupted by armed conflict, natural disaster, or other humanitarian emergency that has made the community unstable (Burde et al., 2015).⁸ We include *acute*, meaning recently occurring or increase in intensity of crises; *protracted*, as defined by the United Nations High Commissioner for Refugees (UNHCR) as a crisis that has lasted for five or more years (UNHCR, 2008); and *forced displacement*, including refugees, internally displaced populations, and host community children from both human-made and natural disasters. We include countries that do not fit within the “low and middle income” classification if they qualified as humanitarian contexts. Table I defines the terms we employed to investigate effects on specific populations and sub-groups within development and humanitarian settings.

TABLE I. POPULATIONS IN DEVELOPMENT AND HUMANITARIAN SETTINGS

CONTEXT	DEFINITION
Conflict-affected	Populations affected by ongoing or recent human-made war, violence, or conflict.
Crisis-affected	Populations affected by natural disaster and other acute crises.
Development context	Populations living in countries with lower rates of industrialization and lower Human Development Index scores—classified as low or lower-middle income by the World Bank.
Host community	Populations that have received internally displaced persons or refugees.
Internally displaced	Populations that have fled their homes to seek safety within another part of the same country from where they fled.
Post-conflict	Populations that are in the period of recovery immediately following a conflict as described by the authors of the study under review.
Refugee	Populations that fled their home country and have crossed an international border to seek safety.
Orphans and vulnerable children	Referring to groups of orphans and other highly vulnerable populations of children and youth.

⁸ We include countries classified by the World Bank classification as “Fragile and conflict affected situations (FCS)” based on the Harmonized List of Fragile Situations beginning in 2006, when the World Bank only began cataloguing FCS.

ORGANIZATION OF THE REPORT

The following section outlines the research methodology used to conduct this systematic review. In particular, it details the process used to identify, select, extract, and analyze the literature included in this review to comprehensively answer the RQs in addition to outlining several important limitations and the positionality of the authors.

The remainder of this report is organized by the primary research questions. The first section, *Breadth, Depth, and Type of Evidence* provides descriptions of the literature that was identified and analyzed for this review. We divide this section into two parts: 1) descriptive statistics for the literature that underwent a full review, which focused on primary school-age (6 to 14) and youth (15+) and 2) descriptive statistics of the literature focused on early childhood. The second section, *The Effects of SEL Programs on Children and Communities*, which corresponds to RQ2, examines the effects of SEL programs on children and youth, including social and emotional, academic achievement, well-being and workforce, and teacher and community-level outcomes. It then explores causal pathways that emerged in the literature and the effects of implementation factors. Section three, *The Effects of SEL Programs across Sub-Populations*, discusses how the evidence for SEL programs differs within and across various sub-populations, including differences by humanitarian and development contexts, participants' age, gender, disability status, and displacement status. The final section, *Discussion*, summarizes the key findings from the synthesis of the literature and provides recommendations for further research, policy, and programming.

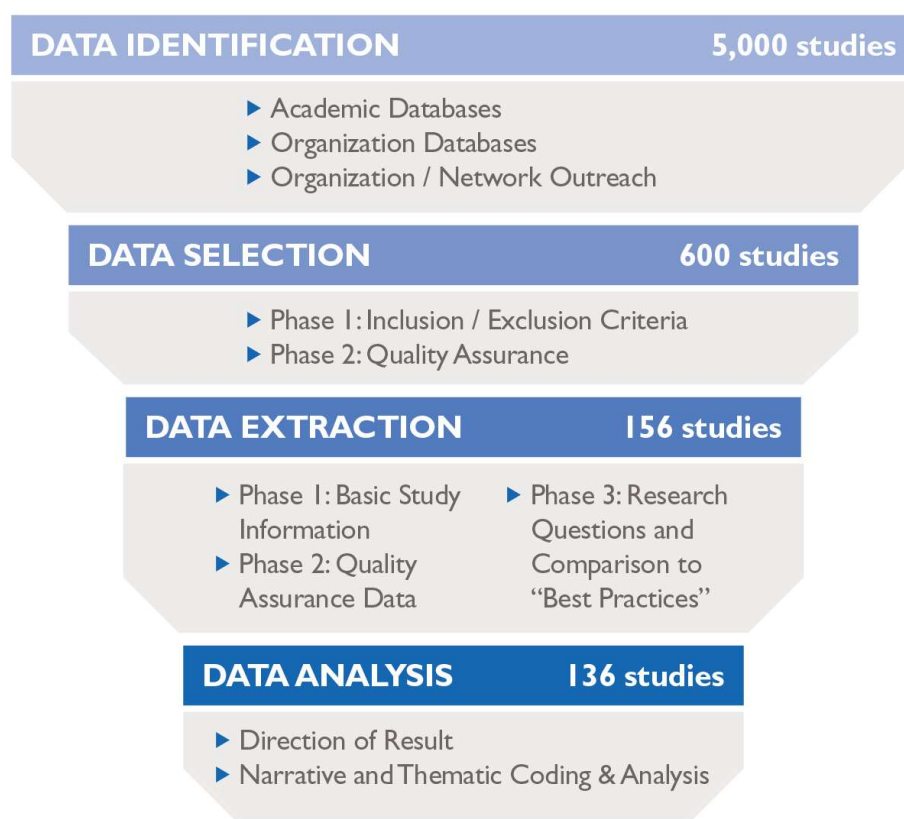
As part of this systematic review, we developed an Evidence Gap Map and accompanying SEL Evidence Database. For each study within the database, we assigned a unique numerical identifier from 1 to 110 for those that underwent a full review, or from 200 to 226 for the literature that focused on EC. Throughout the report, in-text citations include the author(s), year of publication, and database number (e.g., Velásquez et al., 2015 #1) to enable readers to easily look up the study within the SEL Evidence Database to identify additional information of interest.

RESEARCH METHODOLOGY

A systematic review is “a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review” (p. 751, Cochrane Collab. 2003, as cited in Siddaway et al., 2019). This systematic review follows the methodology set out by the Cochrane Collaboration and International Initiative for Impact Evaluation (3ie), leveraging education quality criteria as defined by Building Evidence in Education (BE²).

We utilized a four-step process to conduct the review (see Figure 3): 1) data identification (n=5,000); 2) data selection, based on inclusion criteria (n=600); 3) data extraction (n=156); and 4) data analysis (n=136) for those studies that met the quality threshold. We also created an Evidence Gap Map to highlight the key findings and existing evidence in a graphic and user-friendly manner.⁹

FIGURE 3. RESEARCH METHODOLOGY



⁹ We include a copy of the [Evidence Gap Map](#) graphic at beginning of RQ1. The interactive version is available in a separate Microsoft Excel worksheet to allow users to work with an offline version.

DATA IDENTIFICATION

We aimed to identify relevant literature published in English¹⁰ between January 2000 and March 2021. To do so, we used a three-pronged approach to retrieving literature: 1) searching 18 academic databases, 2) searching 27 organizational databases, and 3) reaching out directly to relevant networks and organizations. We included both peer-reviewed academic and relevant “grey” literature to capture the diversity of interventions as well as the nascent nature of the field of study in the review. We searched a cross-disciplinary pool of academic databases, as well as organizational databases focused on development and humanitarian aid for relevant grey literature. For a full list of academic and organizational databases, see [Annex A](#).

We aligned key search terms with the RQs described above. Our search terms were roughly based on the PICO (Population, Intervention, Comparators, and Outcomes) criteria outlined in the Cochrane Handbook for systematic reviews of interventions (Higgins et al., 2019). They include: the broad *population* (children and youth plus humanitarian/development settings), *intervention* (education/training), and *outcomes* (SEL/soft skills). We did not require all studies to have *comparators* (a control group or comparisons between interventions or populations), but we highlighted those studies that do make comparisons in the report. To ensure we captured all elements of the criteria, we included country and/or setting (i.e., conflict-affected, development) terms, plus synonyms for SEL/soft skills, plus education-related terms (i.e., education, training, academic, teacher), plus terms for children or youth. Specific search strings were developed based on each database’s functionality, ensuring that the key aspects of the study were included. For an illustrative list of the key search terms, see [Annex C](#).

In addition to the above searches, we reached out to education-focused development and humanitarian networks and organizations to solicit additional relevant literature for inclusion. We requested all relevant evidence, including preliminary results, policy briefs, project reports, and ongoing studies. We conducted outreach within our own professional networks, including Inter-agency Network for Education in Emergencies, Education in Crisis and Conflict Network, USAID SEL Working Group, and Karanga: The global alliance for SEL and life skills.

Our systematic search returned over 5,000 studies to be screened for selection.

DATA SELECTION

We selected data in three steps. First, we read the titles and abstracts of all studies (n>5,000) to identify the literature that met the inclusion criteria (occurring in a relevant context, targeting an appropriate population, and implementing SEL/soft skills program). All studies that initially met these criteria (n≈600) went through a second review. The second, closer review eliminated studies that did not meet the basic criteria, that did not target an intervention, or that did not target primary school-age children and youth (i.e., early childhood or adults).¹¹ The remaining studies (n=156) were selected to go through a full quality assurance review, which is described below. Twenty studies were eliminated due to low scores on the

¹⁰ Although we understand that this introduces bias, we only included studies published in English as the predominant language of publication, the primary language of USAID publications, and the language of the research team.

¹¹ As described in the [Scope of the Study](#) section above, research primarily targeting early childhood (ages 3 to 5) was only included in a first phase of review in response to RQ1.

quality assurance review. We selected 139 documents that passed the quality assurance check (136 studies, plus three meta-reviews¹²) for final inclusion.

To assess the rigor of the study, we designed and applied a *Quality Assurance Checklist*. We utilized “principles of high quality studies” to assess the evidence (BE², n.d., p. 16), including 1) **conceptual framing**: explicit explanation of how the research fits within existing theory or relevant concepts; 2) **openness and transparency**: disclosure of how the research was carried out including design, methods, sample, limitations, and potential conflicts of interest; 3) **robustness of methodology**: selection and application of appropriate methods to credibly address the research questions and context; 4) **cultural appropriateness/sensitivity**: selection and application of appropriate measures/tools/instruments and analytical processes sensitive to the local cultural context; 5) four types of **validity**, including: *measurement* (suitability of the indicators employed), *internal* (whether the design accounts for other factors that may have caused the result), *external* (replicability and generalizability of the findings), and *ecological* (consideration for how the research itself may have biased results); 6) **reliability**: accuracy and consistency of measures, and 7) **cogency**: clarity of logic and argument. We assigned a quality score out of 40 and categorized studies according to the levels outlined in Table 2, below.

TABLE 2. STUDY QUALITY ASSESSMENT

STUDY QUALITY	DEFINITION
Very High (35-40)	Demonstrates strong adherence to principles of appropriateness/rigor, validity, and reliability; strongly demonstrates principles of conceptual framing, openness/transparency, cogency, cultural appropriateness, and value for money.
High (30-35)	Demonstrates adherence to principles of appropriateness/rigor, validity, and reliability; likely to demonstrate principles of conceptual framing, openness/transparency, cogency, cultural appropriateness, and value for money.
Moderate (20-30)	Some deficiencies in appropriateness/rigor, validity and/or reliability, or difficulty determining these; may or may not demonstrate principles of conceptual framing, openness/transparency, cogency, cultural appropriateness, and value for money.
Low (0-20)	Major and/or numerous deficiencies in appropriateness/rigor, validity, and reliability; may/may not demonstrate principles of conceptual framing, openness/transparency, cogency, cultural appropriateness, and value for money.

Note. Adapted from BE², n.d.

DATA EXTRACTION

We extracted data from the studies into a Microsoft Excel database in three phases. In the first phase, we extracted basic information for studies (n≈600) that targeted all ages (including EC). The basic information included bibliographic details, setting, population, content, and context. Then we extracted data for those studies (n=156) that examined an intervention and targeted primary school-age children and youth in

¹² Three of the resources were “meta-reviews” of other studies – one of the USAID-funded NORC Case Studies, one on a review of Child Friendly Spaces (Metzler), and one that compiled the assessments of two different studies of the Compass program (Stark).

phase two. We compiled data related to the rigor and quality of these studies based on BE² standards described above. Finally, we extracted data from the studies (n=136) that met the quality threshold (quality score \geq 20) in the third phase of review. These data addressed the three overarching RQs and connected to evidence on SEL “best practices” stemming from the Global North.

Data extraction tools were piloted by two reviewers for a small sample of studies to test for inter-coder reliability and to complete final revisions before data collection began. For further details on the data extraction tools used, see [Annex D](#).

DATA ANALYSIS

We analyzed the data for all studies that met the quality assurance threshold (n=136). For these studies, we wrote a short narrative synthesis that described the intervention model and the effectiveness of the intervention, along with any factors that could influence the outcomes. We coded data within the Microsoft Excel database by intervention type, outcomes, and target population to explore commonalities and themes. Then, we coded the data by themes as they emerged, including trends and additional findings within each outcome area.

We categorized the overall direction of result for each study. For example, if a study showed one or more positive results of the program (i.e., achieved intended outcome(s) and/or had positive implications for the individual or community), we categorized the direction of result as “positive,” even if some outcomes were null. We categorized a study as having a “negative” direction of result if the outcome(s) was the opposite of the intended result and/or had negative implications for the individual or community. Some studies had contradicting outcomes (i.e., one positive, one negative) for different populations or different measures. We categorized these as having an “inconclusive or contradictory” direction of result. We categorized studies that did not lead to any measurable change as having a “null” direction of result.

We merged the data for multiple studies that focused on a single intervention and presented them together as “unique interventions” in order to avoid giving undue weight to interventions that produced multiple reports or articles, except for where the “total studies” more accurately answered a question.¹³ A total of 136 total studies representing 110 unique interventions, targeting primary school-age children and youth underwent a full review. An additional 29 studies (26 unique interventions) targeting only the EC (ages 3 to 5) group were culled from the relevant searches and outreach. As described above, the EC literature did not undergo a full review.

KEY INFORMANT INTERVIEWS

We conducted three key informant interviews (KIs) with researchers and practitioners to fill in information gaps for relevant programs including implementation strengths and challenges, fidelity, and links between implementation factors and study findings. We purposively selected studies to target for the KIs based on a few criteria: located in sub-Saharan Africa, received a high or very high quality score, and targeted a particular gap in the literature that warranted further investigation (i.e., gender transformative, disability inclusive, culturally responsive, and/or a promising design).

¹³ In some cases, multiple reports from a single intervention were counted individually. For example, studies that targeted both primary school-age children and youth were classified and counted in both age groups. Therefore, the data in certain categories may add to a number greater than the total number of interventions.

We conducted all interviews via Google Meets using video when bandwidth allowed, and only audio when there were connectivity issues. We designed and utilized a semi-structured interview protocol based on gaps that emerged in the literature. The protocol included questions about program challenges and successes, training teachers, implementation fidelity, how implementation affected outcomes, and whether there was anything overlooked/omitted from published material. All key informants consented to participate in the interviews. Each KII contributed to a “call-out” box or “highlight” on a program featured in the report.

LIMITATIONS

This review examines literature on interventions that target SEL and soft skills in development and humanitarian contexts and their impact on a range of outcomes, including academic, well-being, and workforce. Based on the literature that was identified and analyzed, several important limitations are evident.

First, **the timeframe and size of the team limited the extent of our searches and collation of the literature.** Although we conducted searches in 18 academic and 27 organizational databases, there may be relevant literature that we overlooked. It is possible that some literature was not captured by our search terms because of the ambiguity and diversity of definitions of SEL and soft skills. We limited our searches to articles in English, the primary language of USAID and the research team, and therefore, we may have missed vital resources in other languages. Moreover, we did not conduct a full review of the EC literature, so we are unable to speak to the rigor, quality, and details of early childhood SEL, and there may be a greater number of rigorous studies on this age group than noted, here. Our approach to outreach may have introduced bias, as we reached out to our own networks and the organizations that we knew were engaged in relevant work. Thus, we may have overlooked other lesser-known organizations and interventions. Only one researcher reviewed each article, which may have introduced some level of bias. To address this bias within the constraints of the study, we conducted an inter-coder reliability check of the review protocol.

Second, **our ability to make comparisons and conclusions was limited based on the literature retrieved.** Some of the literature did not name the intervention, therefore it is possible that there were studies of the same intervention that were not coded as the same unique intervention. Additionally, there is inconsistency in the terminology and frameworks tied to SEL, non-cognitive, and soft skills. While including literature that focused on psychosocial support and life skills provided an opportunity to deepen and expand our investigation of relevant and rigorous studies, it also opened up the range of outcomes and definitions and made drawing comparisons challenging. To mitigate this limitation, we attempted to organize our discussion of findings according to the outcomes defined in the *ToC* and the *Key Terms* defined above. We also encountered limitations in our ability to compare results by population or context in the way we had hoped because in the literature findings and data were not consistently disaggregated across populations and sub-groups. Similarly, the research we reviewed was narrow in its description of the skills targeted and measured, which limited our conclusions about specific skills that led to specific outcomes. However, we did explore the preliminary and promising trends emerging from the limited literature that addressed these distinctions.

Relatedly, **we found inconsistency in the ways the same or similar outcomes were measured,** limiting our ability to compare outcomes from studies across and within countries and populations. Most of the SEL measures cited in this study were only used in one or two studies, limiting the ability to make

comparisons across them. Further, not all studies that met the quality assurance criteria demonstrated measurement validity. Some measures that are commonly employed, even those that demonstrate measurement validity, may be incompatible with the culture and location where they were used. While we intended to highlight the ways interventions and studies addressed contextual needs or adapted to be more culturally relevant, the sparse address of these themes within the literature constrained our discussion. We tried to mitigate this gap by focusing the KIs on programs that demonstrated clear efforts to address cultural and/or contextual relevance.

Finally, **we suspect that this review is also limited by publication bias**, which occurs when the outcome of a study affects the decision on whether to publish the results and which results to publish. This often skews the focus of published materials toward positive findings, thus hindering potential lessons that could be derived from negative or null findings and is a common limitation across systematic reviews (Higgins et al., 2019). We attempted to counterbalance this potential bias by highlighting areas where we found null and negative findings in the literature and discussing potential causes for unintended or undesirable outcomes.

POSITIONALITY OF THE RESEARCHERS

As the international development and humanitarian aid sectors seek to grapple with and address racialized and colonial legacies and their resulting power imbalances, biases, and inequities, we, the research team, believe it is essential to be transparent about our identities and the positionalities we bring to this work. We are three white, female, United States citizens with expertise in education in conflict and crisis settings and SEL, who earned or are in the process of completing graduate degrees from New York University's International Education program. We have all worked extensively in humanitarian and development settings and engaged with education programs in these contexts as researchers as well as practitioners for more than 25 years, collectively. We aimed to address potential biases by structuring and adhering to a systematic approach to our study, which we submitted to USAID before beginning the review process. We also deliberately searched for details in interventions and studies on approaches to address inequities (and the lack thereof), cultural and contextual relevance, and providing solutions for the most marginalized groups. While our experience and expertise provide us with extensive knowledge about education and development and humanitarian aid, and specifically SEL, we acknowledge that the privileges tied to our race, citizenship, and access to education influences our values, attitudes, and biases.

BREADTH, DEPTH, AND TYPE OF EVIDENCE

RQ1 explores the breadth, depth, and type of evidence that exists on SEL and soft skills in development and humanitarian contexts. As this is the first systematic review of its kind, our initial task was to understand how many studies exist and assess their rigor and quality. For each study, we catalogued information about the target population, location, age group, and setting. We also classified the research methodology, program design, targeted outcomes, and measurement tools.

RQ1. What breadth, depth, and type of evidence exists on SEL and soft skills in development and humanitarian settings?



In this section, we first present the results from the Evidence Gap Map. Then, we outline the findings for those studies that underwent a full review (*i.e.*, that targeted primary school-age children and youth) by study quality, target populations and settings, and approach and outcomes. We then outline the summary findings on EC programs. The majority of the findings in response to RQ1 refer to unique interventions ($n=110$), rather than the total number of studies ($n=136$). For RQ1 only, we included EC¹⁴ studies for the first phase of review, and studies targeting primary school-age children and youth, which were fully reviewed in phases two and three. We present findings related to breadth and depth of the EC literature at the end of this section.

EVIDENCE GAP MAP

As part of the systematic review, we developed an Evidence Gap Map (see Exhibit 1 below) that visually displays the state of the evidence (Snilstveit, et al., 2017a) on SEL in development and humanitarian contexts. The Evidence Gap Map shows the density of studies by age group, approach, and outcomes targeted, with higher densities of studies shown in darker colors and lower densities shown in lighter colors. The highest density of studies used a standalone, targeted SEL skills training approach and targeted social and emotional outcomes for primary school-age children and youth. The next highest density of studies targeted well-being and mental health issues for the same age groups, also with slightly more studies for primary school-age children than youth. We identified major gaps in the evidence, especially with regard to teacher outcomes. No studies targeted teacher social and emotional skills or mental health, despite compelling evidence that teachers face extreme stress and are at high risk of burnout (Falk et al., 2019). The evidence also lacks a focus on broader school and community outcomes. Additional details on these outcome areas are discussed in RQ2.

¹⁴ Note that EC refers to studies that exclusively targeted early childhood (ages 3 to 5) and did not undergo a full review.

EXHIBIT 1. SEL EVIDENCE GAP MAP¹⁵

SOCIAL AND EMOTIONAL LEARNING (SEL) AND SOFT SKILLS SYSTEMATIC REVIEW

Evidence Gap Map

The Gap Map presents the number of unique interventions from the review that exist in each intersecting category of age, approach, and outcome. The totals for each category are shown at the end of each row/column. Note that a single intervention may fall into multiple age groups, approaches, and/or outcomes, so row/column totals may exceed the Total Number of Interventions.

INTERVENTION			OUTCOMES																		Total Number of Unique Interventions (per Age Group + Approach)
			Child/Youth Outcomes												Intermediate Teacher Outcomes				Community Outcomes		
			D1	D2	D3	E1	E2	E3	F1	F2	F3	F4	G1	G2	H1	H2	I1	I2	J1	J2	
			Social and Emotional Competencies			Academic/Education			Well-being				Livelihoods/Workforce		Teacher Well-being		Teacher Skills		School Climate	Community Outcomes	
Age		Approach	Social	Emotional	Cognitive	Academic Attainment	Literacy	Numeracy	Decreased Risk Behaviors	Decreased Mental Health Issues	Physical Health	Other Well-being Outcomes	Technical Skills	Increased Employment/Earnings	Sense of Efficacy	Decreased Mental Health Issues	Social/Emotional	Teaching			
Early Childhood (3–5)	A1	Approaches not disaggregated	28	26	17	2	10	10	1	0	6	4	0	1	1	0	0	2	4	2	34
Primary school-aged (6–14)	B1	Organization/Classroom Management Strategies	5	4	0	1	3	1	0	1	0	1	0	0	0	0	0	3	6	3	17
	B2	Teaching Practices	8	9	3	3	6	4	0	1	0	0	0	0	2	0	0	5	8	3	27
	B3	Targeted SEL skills training–Integrated	11	9	3	2	5	3	5	5	2	0	0	2	0	0	0	3	4	3	20
	B4	Targeted SEL skills training–Standalone	37	44	8	2	9	7	5	20	4	29	1	1	0	0	0	3	6	3	67
	B5	Multi-tiered/ multi-component	1	2	0	0	3	2	1	2	0	0	0	0	0	0	0	1	2	0	8
Youth (15+)	C1	Organization/Classroom Management Strategies	2	2	1	0	0	0	1	0	0	1	1	1	0	0	0	0	0	0	3
	C2	Teaching Practices	5	4	2	1	1	1	2	0	0	1	1	3	1	0	0	2	0	1	11
	C3	Targeted SEL skills training–Integrated	9	5	3	1	2	1	4	1	1	1	1	5	0	0	0	2	1	1	13
	C4	Targeted SEL skills training–Standalone	38	38	5	2	4	3	9	16	6	28	6	13	0	0	0	2	1	3	60
	C5	Multi-tiered/ multi-component	3	2	1	0	1	1	1	4	1	1	0	2	4	0	0	0	0	1	12
Total Number of Unique Interventions (per outcome, including all age groups)			116	114	45	11	27	22	21	40	20	49	12	27	3	0	0	15	18	9	

KEY Number of unique interventions: 1–5 (lightest), 6–10, 11–20, 21–30, 31+ (darkest). □ SEL literature did not undergo a full quality and content review.

¹⁵ **Disclaimer:** SEL literature targeting Early Childhood did not undergo a full quality and content review. Therefore, inclusion in the Gap Map is not a verification of the quality of rigor of the studies included in this section.

STUDY QUALITY

Our data extraction process culled a total of 156 studies (plus 29 exclusively EC studies). We excluded twenty of those studies that received a “low” quality score on the *Quality Assurance Checklist*, thereby reducing the number of total studies to 136. Figure 4 shows the distribution of quality ratings across all 156 studies, including those eliminated for low quality scores. Some literature (n=10) was used to provide additional information based on different studies on the same intervention and did not receive a quality score (N/A). Figure 5 below disaggregates the literature by the research methods they employed. The largest proportion of studies culled in the review were impact evaluations (n=85). An additional 25 qualitative, 16 mixed methods, and 10 descriptive quantitative studies met the quality assurance threshold. However, we identified no Implementation Studies for inclusion in the review (see Figure 5).

FIGURE 4. STUDY QUALITY

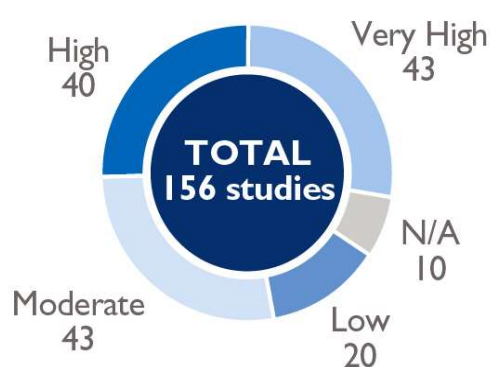
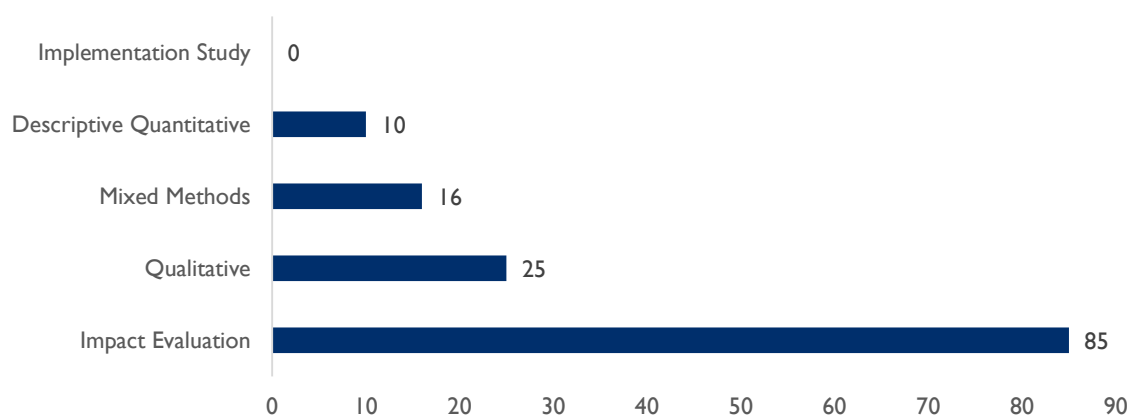


FIGURE 5. NUMBER OF STUDIES BY RESEARCH TYPE



TARGET POPULATIONS AND SETTINGS

One of the aims of this review is to better understand the effects of SEL and soft skills programs across different ages, geographic contexts, and target populations. In this section we present an overview of the distribution of studies by category to highlight existing evidence and evidence gaps.

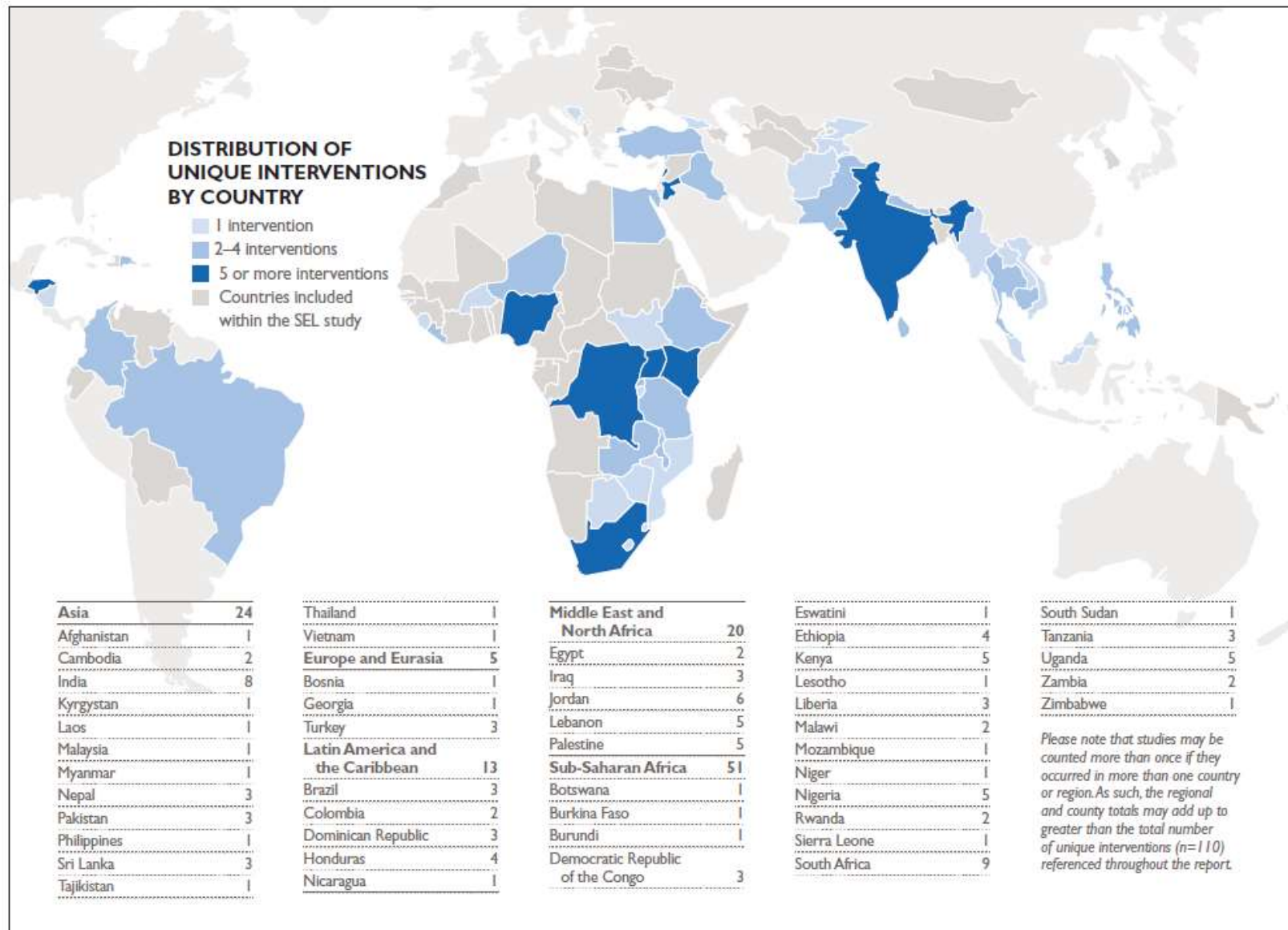
AGE

Based on the evidence identified and analyzed in this systematic review, the largest proportion of the interventions (n=79) targeted primary school-age children (ages 6 to 14). Nearly as many studies (n=69) targeted youth (ages 15 to 29).

GEOGRAPHIC REGION

Figure 6 demonstrates the geographic distribution of unique interventions included in the review by country and region. Because some studies occurred in more than one country or region, the regional and county-level totals add up to greater than the total number of unique interventions referenced throughout the report (n=110). Slightly fewer than half of the studies took place in sub-Saharan Africa (n=51), with the rest of the studies nearly evenly spread across Asia (n=24), Latin America and the Caribbean (n=13), and the Middle East and North Africa (n=20). Only five studies took place in Europe and Eurasia. Given the focus on development and humanitarian contexts and the date range (2000-2021), the low number in Europe and Eurasia is likely the result of their respectively higher levels of development and lower levels of humanitarian crises during this time. Countries in sub-Saharan Africa were more likely to meet our inclusion criteria. However, a greater number of studies does not necessarily indicate a greater number of interventions, nor does it indicate that SEL research is taking place.

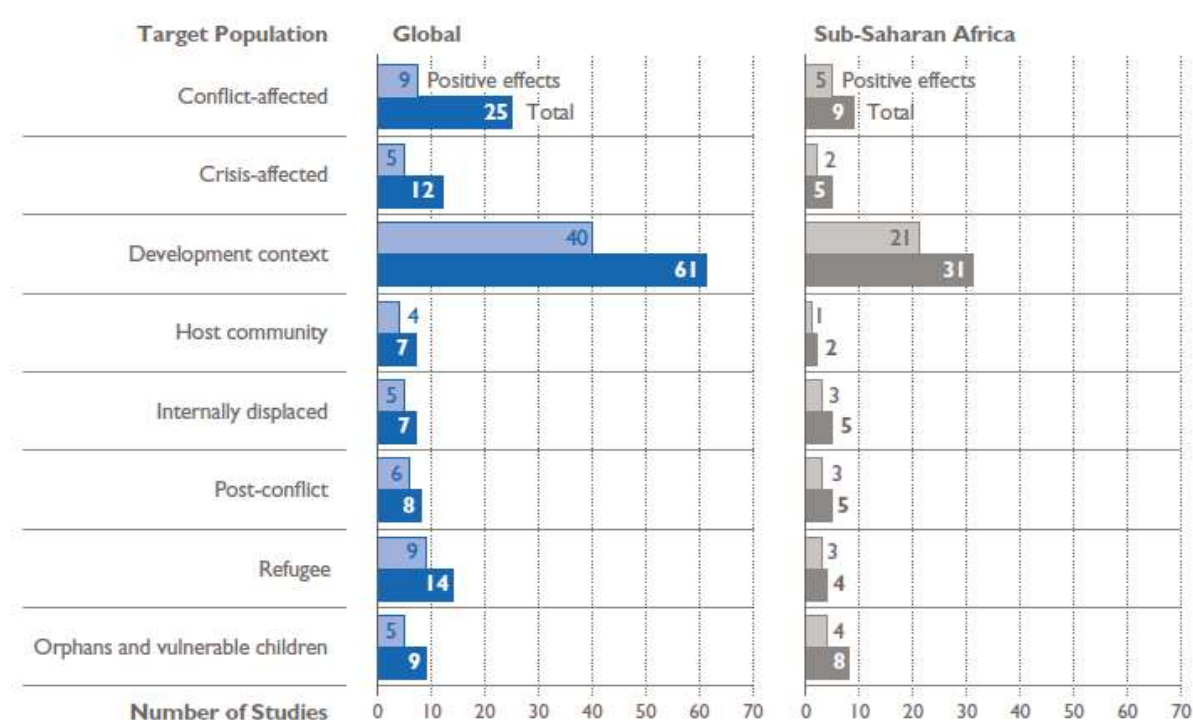
FIGURE 6. DISTRIBUTION OF UNIQUE INTERVENTIONS BY GEOGRAPHIC REGION



TARGET POPULATION

We further disaggregated “development” and “humanitarian” settings into categories, as shown in Figure 7. Some interventions targeted more than one sub-population, so the numbers add to more than the total number of unique interventions. We included definitions for each sub-population in the [Key Terms](#) section. Slightly more than half of the unique interventions took place in a development context (n=61), though these included some overlap with orphans and vulnerable children (n=9), post-conflict (n=4), and host community (n=2). A total of 49 unique interventions focused on “humanitarian” contexts, including conflict-affected (n=25), refugees (n=14), crisis-affected (n=12), post-conflict (n=8), host communities (n=7), and internally displaced persons (n=7). The trends are similar when sub-Saharan Africa is disaggregated on its own, as shown in Figure 7.

FIGURE 7. DISTRIBUTION OF STUDIES BY TARGET POPULATION: GLOBAL VS. SUB-SAHARAN AFRICA



INTERVENTION SETTING

Table 3 disaggregates the literature by the education setting in which each unique intervention took place. Studies primarily occurred in formal education (n=43) or non-formal education—extracurricular settings (n=41). Twenty-three studies occurred in non-formal education—academic settings, such as tutoring and basic literacy and numeracy classes. An additional 18 studies took place in vocational or livelihoods training settings. A few studies included multiple components that led to being categorized across multiple intervention settings (n=14).

TABLE 3. NUMBER OF STUDIES BY INTERVENTION SETTING

INTERVENTION SETTING	UNIQUE INTERVENTIONS
Formal education	43
Non-formal education - Academic	23
Non-formal education - Extracurricular	41
Vocational / Livelihoods	18
Total	125

APPROACH AND OUTCOMES

SEL APPROACH

In addition to the outcomes measured, we catalogued the different SEL approaches used across the studies. Table 4 presents the number of unique interventions that adopted each SEL approach. Some interventions utilized multiple approaches; thus, the sum of this table is greater than the total number of unique interventions. The most utilized SEL approach was standalone, targeted SEL skills training (n=77), which accounted for nearly three-quarters of the unique interventions. The remaining studies were evenly distributed across classroom management strategies (n=11), teaching practices (n=19), targeted SEL skills training—integrated (n=20), and a multi-tiered / multi-component approach (n=11). Additional analysis on the effects of these different approaches is discussed in [RQ2B](#).

TABLE 4. NUMBER OF INTERVENTIONS BY SEL APPROACH

SEL APPROACH	UNIQUE INTERVENTIONS
Classroom management strategies	11
Teaching practices	19
Targeted SEL skills training - Integrated	20
Targeted SEL skills training - Standalone	77
Multi-tiered / Multi-component	11

OUTCOMES

We disaggregated the outcomes targeted by each unique intervention based on the ToC: social and emotional; academic; well-being; and livelihoods outcomes for children and youth; teacher well-being and teacher skills; school climate; and broader community outcomes. The largest number of unique interventions fell into the social and emotional category (n=81). Very few studies targeted teacher, school, or community-wide outcomes. We discuss additional analysis by outcome in the next section, under RQ2 (See [Table 6](#) under RQ2 for the total number of unique interventions by the outcomes they targeted).

We also found a wide range of measurement tools used to assess SEL and soft skills (see *Annex E* for a full list of measures). In total, we found more than 100 different measures in use across the literature. Given the scope of this review, we were unable to validate the quality and applicability of each measure to the construct it aimed to assess. The majority of measures were only used in one study. The use of so many different measures, especially unvalidated measures, makes comparing studies and outcomes difficult, if not impossible. Included in Table 5 are the measures used in more than five studies. Researchers have described the Strengths and Difficulties Questionnaire (SDQ), used in the highest number of studies (n=22), as an inappropriate measure for SEL because it primarily measures deficits rather than positive skills (see Tubbs Dolan, 2018). We further discuss challenges with measurement in the discussion section.

TABLE 5. SEL MEASURES USED IN >5 STUDIES	
SEL MEASURES USED	NUMBER OF STUDIES
GRIT Scale	6
Depression Self-Rating Scale (DSRS)	7
Children’s Hope Scale (CHS) / Hope Scale	8
Developmental Assets Profile (DAP)	8
Rosenberg Self-Esteem Scale	13
Strengths and Difficulties Questionnaire (SDQ)	22

EARLY CHILDHOOD

Twenty-nine studies targeted EC (ages 3 to 5). Twenty-six of these studies exclusively targeted EC, while the other three interventions spanned multiple age groups. As with the primary school-age and youth studies, the largest proportion of EC studies (n=12) came from sub-Saharan Africa. Interestingly, the next largest proportion of EC studies (n=7) came from Europe and Eurasia. Although fewer countries within this region are considered “developing” or “humanitarian crises,” we suspect that this higher number is a result of the greater focus on EC education in Europe and Eurasia than in many of the other regions. Figure 8 below highlights the number of EC studies culled in this systematic review by geographic region.

FIGURE 8. NUMBER OF EC STUDIES BY GEOGRAPHIC REGION

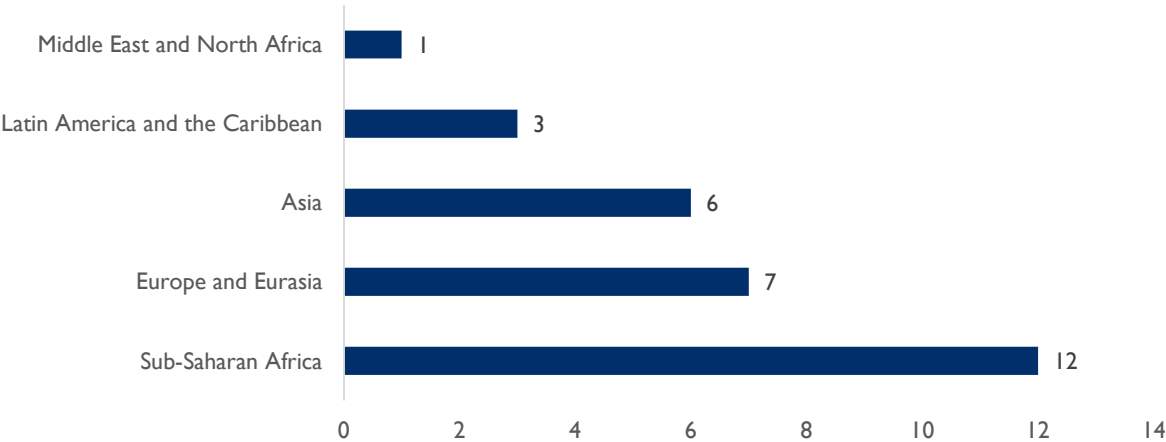


Figure 9 highlights the proportion of EC studies by research type. Similar to the trend for studies targeting primary school-age children and youth, the majority of EC studies selected were impact evaluations (n=23). In addition, there were four studies that employed mixed methods and one study each that used qualitative and descriptive quantitative methods, respectively. Similar to the literature that targeted primary school-age children and youth, no implementation studies were culled.

FIGURE 9. NUMBER OF EC STUDIES BY RESEARCH TYPE



OUTCOMES

Among studies that targeted EC, the largest number of studies targeted social and emotional competencies, with 28, 26, and 17 studies measuring social, emotional and cognitive outcomes, respectively. Approximately one-third of studies also measured academic outcomes (n=10), while a smaller number of studies (n=6) measured children’s well-being and mental health. Few studies targeted teacher, school climate, or community-level outcomes. For more information on these studies, including the specific outcomes measured, see the Evidence Gap Map and the SEL Evidence Database embedded within it.

KEY FINDINGS ON THE BREADTH, DEPTH, AND TYPES OF EVIDENCE

As depicted in the Evidence Gap Map and described in this section, most studies across EC, primary school-age, and youth targeted social and emotional competencies. A large number of studies that targeted primary school-age and youth also focused on well-being and mental health outcomes, specifically decreases in mental health issues. A small number of studies at the primary school-age level used various SEL approaches to target school climate outcomes. Very few studies targeted teacher and community-level outcomes across all age groups. Most interventions employed a standalone, targeted SEL skills training approach, while very few employed multi-tiered/multi-component approaches. Key gaps remain in the evidence base to be addressed through future research.

THE EFFECTS OF SEL PROGRAMS ON CHILDREN AND COMMUNITIES

In RQ2 we explored the effects of SEL programs on their target audience, including short-term and long-term outcomes, as indicated in the ToC. We catalogued *causal*¹⁶ interventions on social and emotional competencies, academic achievement, well-being, livelihoods, teacher-focused, and broader community outcomes for primary school-age children and youth.¹⁷ As noted in RQ1, more

than half of all studies that met the quality assurance criteria were considered impact evaluations, though many did not meet the causal criteria (i.e., including a control group and level of rigor). However, we include additional promising evidence to reinforce findings from impact evaluations or when there were no relevant causal studies. In this section, we first outline the existing literature on the effects of SEL programs in development and humanitarian settings on children, teachers, school climate, and the broader communities, summarizing the literature by outcome. Then, we explore the two sub-questions.

RQ2. What are the effects of SEL programs on children and the communities around them in developing and crisis-affected settings?



Research question 2A addresses the pathways and intermediate skills or competencies that emerged in the literature. Research question 2B explores the effects of different implementation approaches and other implementation factors, including comparing the literature in this review to the evidence-based¹⁸ “best practices” emerging from research in the Global North.¹⁹ This “best practice” criteria include universal implementation; inter- and intra-personal competency targets; developmental appropriateness; implementation fidelity; and sequenced, active, focused, and explicit (S.A.F.E.) activities.²⁰

OUTCOME SUMMARY

Table 6 summarizes the number of studies that target each outcome. The most frequently mentioned outcomes were social and emotional (total studies n=99; unique interventions n=81). The majority of these studies cited both social and emotional outcomes, yet only 24 total studies (19 interventions) mentioned cognitive outcomes. The second largest number of studies mentioned well-being outcomes (total studies n=86; unique intervention n=72), though there were fewer overlaps in the sub-outcomes. Academic outcomes (total studies n=24; unique intervention n=17) and workforce outcomes (total studies n=31; unique intervention n=25) were less frequently cited. Only a small number of studies mentioned teacher, school climate, and wider community outcomes. No studies measured decreases in teacher mental health issues or teachers’ social and emotional skills.

¹⁶ We define “causal” in alignment with the BE² criteria and the ESSA criteria applied by CASEL for quality SEL program selection, which is based on the Institute of Educational Sciences’ (IES) What Works: Clearinghouse Procedures and Standards Version 3 (Institute of Educational Science, 2019, as cited in CASEL, 2020).

¹⁷ See [Annex G](#) for explanation of exclusion of early childhood for RQ2 & RQ3.

¹⁸ The CASEL Guide is due to be updated in 2021, so the approaches outlined here also reference the updated criteria released in December 2020.

¹⁹ See Cefai et al., 2018; Durlak et al., 2011; Sklad et al., 2012; Taylor et al., 2017; and Wigglesworth et al., 2016 for more information on best practices from the Global North.

²⁰ See the review protocol in [Annex G](#) for more information on these criteria.

TABLE 6: NUMBER OF UNIQUE INTERVENTIONS CITING EACH OUTCOME + IF POSITIVE AND CAUSAL

OUTCOMES	TOTAL	UNIQUE	UNIQUE + POSITIVE EFFECT	UNIQUE + POSITIVE + CAUSAL CRITERIA
Social / Emotional outcomes	99	81		
Social	87	71	50	28
Emotional	89	72	48	29
Cognitive	24	19	16	8
Academic outcomes	24	17		
Academic attainment	9	6	5	3
Literacy	18	12	10	5
Numeracy	12	9	8	4
Well-being outcomes	86	72		
Other well-being outcomes	45	42	27	14
Decreased risk behaviors	21	17	12	7
Decreased mental health issues	40	31	16	13
Physical health	12	9	7	4
Workforce outcomes	31	25		
Technical skills	12	9	7	2
Increased employment / Earnings	26	21	10	6
Teacher outcomes	16	9		
Sense of belonging or efficacy (teacher)	3	2	2	0
Decreased mental health issues (teacher)	0	0	0	0
Social / Emotional (teacher)	0	0	0	0
Teaching skills (teacher)	15	8	9	3
School and community outcomes	25	17		
School climate	17	11	9	4
Community outcomes	8	6	3	0
Total	136	110	63	39

Table 7 below summarizes the outcomes, direction of the result, and rigor or study quality of the 72 studies that met the causal criteria, including those that studied the same intervention. Additional information on how to read the table has been included directly below it for reference. We included all studies (rather than unique interventions) for this analysis because some studies of the same intervention used different methodologies, and therefore, one may be causal while the other was not. We defined the direction of effect as “positive” if it had a positive effect on at least one SEL outcome, even though it may have had no effect (null) on other SEL outcomes. We defined studies as “inconclusive or contradictory” when the findings differed across populations or outcomes; “null” when they did not have an effect on the SEL outcomes; and “negative” when they had at least one negative outcome for the study population. Due to publication bias, we expected to see more positive than negative results.

The majority of causal studies had a very high level of rigor (n=38), and about half as many (n=21) had a high level of rigor or moderate level of rigor (n=13), each. Among the causal studies, 15 measured one category of outcome, 43 measured two, 13 measured three, and 1 study measured four categories of outcomes. None of the causal studies measured community outcomes. Thirty-nine of the causal studies led to positive outcomes. More than half of the studies in each outcome area showed positive, causal outcomes, with the exception of workforce (47 percent). A notable proportion of studies had inconclusive or contradicting results ranging from 20 to 40 percent for each outcome area. This includes studies with negative findings on one or more outcomes. These two findings show that even the most rigorous studies had diverging outcomes. We further discuss these complex findings throughout the rest of RQ2 and RQ3, with the aim of shedding light on the nuance and complexities involved in implementing and studying SEL interventions, and understanding what works, for whom, and under what circumstances.

TABLE 7: NUMBER AND PERCENT OF CAUSAL STUDIES BY THE DIRECTION OF THE RESULT AND SEL OUTCOMES

RESULT	SOCIAL / EMOTIONAL		ACADEMIC		WELL-BEING		WORKFORCE		TEACHER		SCHOOL		COMMUNITY	
STUDY QUALITY / RIGOR	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Inconclusive / Contradicting	22	39%	3	27%	21	40%	3	20%	1	25%				
Moderate	5	23%	1	33%	4	19%	1	33%						
High	3	14%	1	33%	4	19%	1	33%	1	100%				
Very High	14	64%	1	33%	13	62%	1	33%						
Null	5	9%	1	9%	5	9%	5	33%						
Moderate														
High	2	40%			1	20%	2	40%						
Very High	3	60%	1	100%	4	80%	3	60%						
Positive	30	53%	7	64%	27	51%	7	47%	3	75%	4	100%		
Moderate	6	20%			5	19%	2	29%	2	67%	1	25%		
High	10	33%	2	29%	7	26%	2	29%	1	33%	2	50%		
Very High	14	47%	5	71%	15	56%	3	43%			1	25%		
Grand Total	57	100%	11	100%	53	100%	15	100%	4	100%	4	100%	0	0%

Note. Rows in gray show the percent of studies that demonstrated that direction of result measuring the outcome in that column. Each white row shows the percent of studies for each level of rigor or study quality corresponding to the direction of result in gray above and the outcome column.

In the next section, we describe the studies that addressed each of the target outcome areas: social and emotional, academic, well-being, workforce, teacher, and school and community outcomes. Many of the studies discussed and/or measured multiple outcome areas, so are addressed in more than one section.

SOCIAL AND EMOTIONAL OUTCOMES

The greatest number of studies (n=99 total; n=81 unique) targeted social and emotional outcomes. Although these were the most targeted outcomes, how they were defined and what outcomes were achieved varied greatly across the literature. Approximately half of the causal literature targeting social and emotional outcomes had a positive effect (see Table 7 above), while none of the studies had negative effects on SEL outcomes. This section is organized based on thematic elements of SEL interventions that emerged through the analysis of the literature. First, we describe three elements that the evidence shows improve social and emotional outcomes: targeted SEL approaches, active participation of the children and youth, and caregiver and community engagement. Then, we discuss programs that did not have an effect on SEL outcomes, followed by a discussion of programs that saw different SEL effects when implemented in various locations or at different points in time. Last, we provide an overview of key findings on social and emotional outcomes.

BOX 3. SOCIAL / EMOTIONAL / COGNITIVE DEFINITIONS

SOCIAL: Inter-personal skills and competencies that enable one to build relationships, work with others, and solve social problems.

EMOTIONAL: Intra-personal skills and competencies that allow one to recognize, express and control emotions, as well as understand and empathize with others.

COGNITIVE: Cognitive skills and competencies are necessary for one to focus, prioritize and set and achieve goals.

TARGETED SEL APPROACHES

More than half of all studies that employed standalone, targeted SEL skills training saw positive effects on social and emotional outcomes. The vast majority of unique interventions employed standalone, targeted SEL skills training (n=77), which is noted in the literature from the Global North as the most effective approach to building SEL outcomes (Durlak et al., 2011). Of these, 59 studies targeted or measured social and emotional outcomes. These programs targeted specific SEL skills through lessons and activities occurring separately from academic instruction, and more than half (59 percent, n=35) of these studies saw positive social and emotional outcomes. In this section, we highlight four studies from the literature.

The Mindfulness and Social Emotional Learning (M-SEL) program in Brazil targeted specific skills aligned with the CASEL framework, along with opening and closing mindfulness activities. Over five months, Grade 5 students received up to 12 one-hour sessions targeting emotional awareness and management, care and respect, positive relationships, responsibility, and good decision-making. The rigorous study employed a nonrandomized controlled group design, with a matched control group. Relative to the control group (n=68), the treated group (n=64) saw greater reductions in emotional, conduct, and inter-personal relationship issues, and improvements in pro-social behavior and overall quality of life at the end of the intervention (Waldemar et al., 2016 #35).

A targeted intervention in Turkey, also for primary school-age students, using a phase-in randomized control design focused on building one specific SEL skill—patience—as patience has been a predictor of education level, occupational success, and various health-related outcomes. Students received eight weeks of “mini case studies” with corresponding activities to support imagining the future, self-control, etc. In both the short- and long-term, the evaluation revealed that the intervention led to more patient intertemporal decision-making, demonstrating the effectiveness of targeting and measuring specific skills (Alan & Ertac, 2018 #36).

Secondary school teachers in India received a three-day training on Life Skills Education (LSE) based on the National Institute of Mental Health and Neurosciences (NIMHANS) model. Throughout the school year, teachers implemented 12 to 20 one-hour life skills sessions to promote mental health amongst their students. Students who received the intervention (n=605) had greater self-reported scores than students in the control group (n=423) in terms of adjustment, pro-social behavior, self-efficacy, and self-esteem. However, there were no differences between the groups on reductions in deficits measured by the SDQ in this impact evaluation (Srikala & Kishore, 2010 #50). As previously mentioned under RQ1, the SDQ has been called into question as an appropriate measure of SEL, given that it is primarily used to measure psychosocial problems (Tubbs Dolan, 2018). We discuss the strengths and difficulties of the SDQ in more detail in the *Null effects on social and emotional outcomes* section of this report.

Although the effects of targeted SEL training appear to be initially positive, these results are not always sustained. A causal study of a resilience-building program in South Africa found that 15 scaffolded sessions targeting specific competencies (i.e., emotional regulation, stress management, inter-personal skills, and problem solving) over three weeks had short-term benefits for early adolescents (ages 11 to 12). Immediately after the intervention, the children (72 girls and 89 boys, 84.6 percent white) self-reported improvements primarily on intra-personal skills, but not on externally focused measures such as family involvement and school functioning. Self-appraisal, inter-personal strengths, and emotional reactivity showed statistically significant positive gains, while others were largely positive. However, after three months, only the gain in self-appraisal was sustained (De Villiers & Van den Berg, 2012 #56). The authors suggested that the lack of sustained effects may be because participants “relapsed” into old patterns and behaviors, and therefore, they recommend the incorporation of regular practice and booster sessions into programming to potentially support long-term gains in skills.

CHILD AND YOUTH ACTIVE PARTICIPATION

Active participation of children and youth in the design and implementation of programs shows promise for their engagement and benefit from the program. Active engagement and ownership are particularly vital for adolescents, who are actively forming their sense of self and desire respect (Yeager et al., 2018). However, we found evidence that active engagement in co-creating elements of the program can also be important for younger children.

In Rwanda, the Compassion International program based its design on the evidence for Positive Youth Development (PYD) and the developmental need of children and youth (ages 9 to 15) to actively contribute. The program incorporated the Big Three elements: 1) Positive and sustained adult–youth relationships (mentoring); 2) Life skill building activities (skills); and 3) Opportunities for youth leadership (leadership) (Tirrell et al., 2020 #94), and added a fourth: youth contribution and safety. A study of the Compassion International program (treatment n=603, control n=320) found that children who participated in the program scored statistically significantly higher on the Big Three attributes (mentorship,

skill, and leadership) plus the new attribute (contribution) (Tirrell et al., 2020 #94). This suggests that the combination of adult relationships, skill building, and the opportunity to take leadership roles and contribute to program design supports the development of social and emotional competencies.

A program for refugee and displaced youth in Egypt and Iraq used participatory action research to investigate how art-action activities might contribute to well-being and meaningful participation in society. For approximately six months in Egypt and three months in Iraq, youth leaders (ages 15 to 25) led youth participants in arts-based projects to voice their perspectives. Although this study was not causal in nature, the participatory action research methodology allowed youth to voice how the program affected them. They reported that it contributed to their sense of purpose, hope, self-discovery, and self-expression; increased respect from community members; and led to more inclusive communities (Lee et al., 2019 #73). Being actively engaged in the design and implementation of the program contributed to the youth leaders' sense of improvement as a result of the program.

Active contribution and engagement may also be important for younger children. The We Love Reading (WLR) program in Jordan specifically aimed to improve children's executive functioning, using weekly storytelling sessions. WLR trains local "ambassadors," often women in the community, to lead regular read-aloud sessions in public community spaces, then allows children to take home books to read. The program encourages children to be their own ambassadors, promoting reading and storytelling in their own homes. Results from a descriptive quantitative study indicated that the program was associated with improvements in children's executive function, especially for families with lower incomes and for children who had the highest reading change scores (*i.e.*, those who had the greatest gains in reading from before to after the intervention) (Dajani et al., 2020 #75). A more rigorous quantitative pilot study of the program targeting Syrian refugee children and Jordanian host community schoolchildren, ages 7 to 12, investigated the program's effects on emotional recognition and mental health problems. Although they used a non-experimental design and small sample size, they did have a treatment and control group. Immediately after the intervention, Syrian refugee children, but not Jordanian children, in the treatment group demonstrated improvements in emotional recognition, but these effects dissipated two months post-intervention (Michalek et al., 2021 #76).

CAREGIVER AND COMMUNITY ENGAGEMENT

Only a small number ($n=12$) of studies mentioned engaging parents or caregivers as part of the SEL intervention. These studies found primarily positive, albeit sometimes contradicting, evidence for the effects of parent and community engagement in SEL interventions on social and emotional outcomes across age groups. For example, a quasi-experimental causal study with moderate rigor of a program for adolescent girls in urban informal settlements of Kenya compared two treatment groups of an intervention that provided life skills mentoring and after-school homework help; one treatment group (T1) included parental counseling and community sensitization and the other treatment group (T2) did not (T1 $n=227$, T2 $n=311$, control $n=272$). Both models contributed to gains above the control. However, the study found contradictory effects on the addition of parental engagement. T1 (with parental engagement) contributed to improved aspiration, interest in school, and reduced "risky behavior." T2, however, had higher self-confidence and better academic performance (Ngware et al., 2016 #2). The authors suggested that the self-confidence may have contributed to the academic achievement, but they did not provide an explanation for the difference in self-confidence between T1 and T2.

Another program in Kenya, the Blue Cross Kisumu Program, included regular meetings with community and school leaders in addition to weekly life skills training for adolescents ages 10 to 21. The mixed methods study examined the intervention's aim to prevent harm related to alcohol through a life skills program. Although this study did not meet causal criteria due to its lack of baseline data, participants self-reported improvement in 10 out of the 12 life skills measured, including emotional, social, and cognitive dimensions. The highest number of participants also mentioned SEL competencies as the most significant change (Zaveri, 2019 #69). Although this result was not solely attributed to community engagement, it shows the promise of engaging with the community.

The School-Based Psychosocial Structured Activities (PSSA) Program (intervention group = 203, comparison group = 200) in northern Uganda included a community service and parent engagement component on top of engaging exercises and games to provide psychosocial support for children (ages 7 to 12) in schools affected by displacement due to conflict. In the impact evaluation, children reported greater gains in social and emotional outcomes than the control group, although this did not control only for parental and community engagement. Additionally, parents in the treatment group did report gains in their children's social and emotional outcomes, although it was not statistically significant (Ager et al., 2011 #20). Similarly, the authors of the study of LSE with secondary school students in India cited that a lack of parental engagement was the primary reason for a lack of difference in home adjustment between the intervention and control group, despite it being only one part of the intervention (Srikala & Kishore, 2010 #50).

NULL EFFECTS ON SOCIAL AND EMOTIONAL OUTCOMES

Not all programs led to positive effects on SEL outcomes. Of the 57 unique interventions that measured social and emotional outcomes, 39 percent did not have any conclusive effects. Interestingly, many of these studies demonstrated very high rigor. For example, a rigorous impact evaluation of the I-Deal intervention in Lebanon saw null effects, contrary to the researchers' hypothesis. The I-Deal program aimed to build resilience among early adolescent refugees and had been implemented previously in numerous locations, including uncontrolled trials in Colombia and South Sudan. The program consists of sixteen 90-minute sessions that employ active learning strategies. Contrary to the results from the uncontrolled trials, this study of the intervention in Lebanon found no effects on well-being, hope, or distress, and none of the other measures demonstrated acceptable reliability for reporting. The authors included a discussion of potential reasons for the lack of effect, which included: confusion by children in answering questions; a ceiling effect due to already high well-being scores; contamination effects given that some of the control group still received part of intervention; low reliability on measures related to life skills; and outside stress, including within families (Miller et al., 2020 #28).

Similarly, the final project report from the USAID-funded Education Crisis Response (ECR) program in Nigeria, showed a lack of effects based on a pre-post assessment, although there was no control group for comparison purposes. The intervention introduced weekly standalone lessons on SEL skills delivered by locally recruited learning facilitators in non-formal education (NFE) programs. SEL was also integrated into literacy and numeracy lessons. The intervention intended to help internally displaced out-of-school children and youth (ages 6 to 17) enter or return to the formal education system by building their resiliency. Utilizing the SDQ to measure progress, researchers found inconclusive results of the program across its three years of implementation. The authors of the report noted that the measure used, the SDQ, may not accurately measure for this context, nor of the constructs developed in the program

(Creative Associates International, Inc., 2017 #10B). This is further corroborated by a study of the psychometric properties of the SDQ in humanitarian contexts, which included data from the ECR, that found the SDQ does not effectively measure the five domains it intends to capture (emotional distress, peer problems, conduct problems, hyperactivity, and pro-social behaviors) (Tubbs Dolan, 2018).

As part of the USAID-funded Literacy Achievement and Retention Activity (LARA) program in Uganda, primary school teachers used the *Journeys Handbook for Pupils* to build students' SEL skills and foster discussions around school-related gender-based violence (SRGBV) outside of school hours. Neither the treatment group nor the control group saw statistically significant differences in SEL skills (RTI International, 2021a #12C). Qualitative research suggests that the fidelity of implementation was inconsistent because teachers considered the SRGBV content to be extracurricular. Instead, teachers prioritized curricular content over after-school SEL programming (NORC at the University of Chicago, 2021b #12A). As a result, the inconsistency in implementation may have contributed to the null findings on social and emotional outcomes.

SUSTAINED EFFECTS

Few studies measured follow-up and longer-term effects, yet the majority that did measure effects several months post-intervention saw most of the effects dissipate. For example, the positive effects of two programs described above—a resiliency program in South Africa and the WLR program in Jordan—found that positive effects faded out by three and two months after the intervention ended, respectively (De Villiers & Van den Berg, 2012 #56; Michalek et al., 2021 #76).

In contrast, a study that examined a targeted intervention aimed at improving patience among primary school students in Turkey saw sustained positive effects almost three years after the intervention (Alan & Ertac, 2018 #36). A qualitative longitudinal study of the Akanksha program in India also saw long-term effects sustained up to one year after the end of the intervention. The Akanksha program provided after-school programming for vulnerable children, starting around age 7. The program targeted participants' non-cognitive skills through creative opportunities such as drama, art, storytelling, and sports. The intervention raised self-esteem and self-efficacy by about one standard deviation, and life evaluation and aspirations by about half a standard deviation (which was also significant) (Krishnan & Krutikova, 2013 #59). Participants were engaged in the program over multiple years, in comparison to the shorter-term interventions described above, which may have contributed to sustained effects of the programming.

DIFFERENT EFFECTS BY IMPLEMENTATION LOCATION OR CYCLE

Social and emotional outcomes develop within a specific context and time, which may affect how and if they are established. Implementing the same intervention in different locations or at different points in time may lead to different results.

For example, parallel randomized controlled trials (RCTs) of non-formal remedial programs conducted in Lebanon and Niger, for Syrian refugees and conflict-affected children from Niger and Nigeria, respectively, led to different effects despite the intention to implement the same intervention. The control intervention, Healing Classrooms Remedial (HCR), included SEL principles where teachers received training according to Learning in a Healing Classroom (LIHC), while the treatment intervention added targeted SEL activities (mindfulness or Brain Games) in addition to the HCR curriculum. In Lebanon, findings indicated that the intervention that included mindfulness significantly improved Syrian refugees' perceptions of safety and

belonging in Lebanese public schools and also significantly improved literacy and numeracy outcomes. In addition, the intervention that included mindfulness marginally improved students' cognitive and emotional regulation skills (Tubbs Dolan et al., forthcoming #95). However, in Niger, the added SEL activities improved students' management of sadness expressions but had no other impacts on SEL outcomes (Brown et al., forthcoming #4).

Similarly, an impact evaluation of coding bootcamps (intensive technical trainings on computer programming skills) aimed at building social and emotional and technical coding skills, led to different results across three locations: Nairobi, Kenya; Medellín, Colombia; and Beirut, Lebanon (World Bank, 2019a #70A; World Bank, 2019b #70B). Participants were an average of 23 to 24 years old. According to results from the RCT in Medellín, the bootcamp did not have any statistically significant effect on the SEL skills measured, nor did it affect job opportunities and related outcomes (World Bank 2019a, #70A). However, in qualitative studies in both Nairobi and Beirut, interviewed youth said that their SEL skills improved, which enabled them to access jobs (World Bank, 2019b #70B).

Additionally, several studies of Child-Friendly Spaces (CFS) targeting primary school-age children, described in further detail in RQ3, also saw different effects across locations. In Ethiopia, children who are Somali refugees appeared to have improved well-being, while in Domiz Refugee Camp in Iraq and Rwamwanja, Uganda, there was little evidence of an effect (Metzler et al., 2015 #82). In Jordan, there were modest effects for young children, but null or even negative effects for older children (Metzler et al., 2015 #82).

Even the same intervention in the same location, implemented at different points in time, can contribute to different outcomes. The LIHC intervention in the Democratic Republic of the Congo (DRC) targeted building supportive schools and classrooms, student well-being, math and reading, as well as teacher motivation and well-being. The intervention targeted low-income and conflict-affected children in Grades 2 to 4 and consisted of two main components: resources for teachers to integrate SEL into literacy lessons, and collaborative teacher learning circles. The cluster randomized trial investigated schools that began implementation of LIHC in different years to explore whether promising impacts after year one (2011) were replicated in treatment schools that started implementation in 2012 or 2013. Results indicated that there were no effects on students' perceptions of safe and supportive schools, mixed results on students' perceptions of cooperation and predictability, and significant improvements in reading and addition and subtraction. However, the positive impacts from the first year were not replicated in the second year of implementation.²¹

KEY FINDINGS ON SOCIAL AND EMOTIONAL OUTCOMES

Targeted SEL interventions that explicitly build participants' skills seem to show the most consistent gains. Engagement with the community and caregivers shows promise, even though some contradictory evidence exists. This suggests that the broader community should be engaged to ensure contextual relevance and acceptance. However, when interventions do lead to positive SEL outcomes, the effects are not always sustained. Although more research is needed to make conclusive claims, it may be that the duration of an intervention or the strength of the immediate effect may play a role in sustainability of the outcomes.

²¹ Aber et al., 2017 #108A; Starkey et al., 2019 #108B; Torrente et al., 2015 #108C; Torrente et al., 2019, #108D.

More longitudinal studies are necessary to better understand what dosage and other implementation factors may inform program design and contribute to sustained positive outcomes.

Three interventions that provided targeted-standalone SEL did not see the same positive impacts as the other studies discussed in this section. The authors of the studies noted potential issues with measurement and outside stress due to the context (Creative Associates International, Inc., 2017 #10B; Miller et al., 2020 #28) and implementation issues (RTI International, 2021a #12C). Furthermore, the authors of the studies did not address the wide age and developmental range of the participants (ages 6 to 17 in ECR) that were targeted by the same intervention and same measure. Developmental needs vary widely, and it may be that the approaches used did not address the needs of the full range of ages among participants. Additionally, implementation of the same intervention in different locations or at different points in time does not always result in the same effect. Gaining a better understanding of contradictory outcomes will require more research on implementation and measurement. In addition, more rigorous studies with control groups are needed to better understand the potential for affecting social and emotional outcomes.

ACADEMIC OUTCOMES

The literature did not paint a conclusive picture linking the development of social and emotional competencies and the development of academic outcomes. Contrary to our expectation, only 24 studies and 17 unique interventions targeted academic outcomes. Among these SEL interventions, some led to positive social and emotional and academic outcomes, others led to positive outcomes in only one area, while others showed no effect across both outcome areas. To demonstrate these trends, this section is organized by the direction of the effect across these two outcome areas, followed by a concluding section that highlights the key findings.

BOX 4. ACADEMIC OUTCOMES DEFINITIONS

ACADEMIC ATTAINMENT: Academic attainment includes education-related outcomes including grades, attendance, promotion, and retention.

LITERACY: Literacy includes letter decoding, reading, and understanding written language—often defined by a specific measure or grade-level.

NUMERACY: Numeracy includes basic math operations and counting—often defined by a specific measure or grade-level.

POSITIVE ACADEMIC AND SOCIAL / EMOTIONAL OUTCOMES

Of the twelve unique interventions that measured both academic and SEL outcomes, only three demonstrated definitively positive effects on both academic and SEL outcomes. The two interventions in three separate contexts described below utilized targeted SEL approaches to support populations affected by conflict and children outside of the formal education sector. The third intervention, the longitudinal study of the Akanksha Program in India (described in the previous section) saw long-term positive impact on SEL, academic, and workforce outcomes (Krishnan & Krutikova, 2013 #59). These programs showed positive effects for primary school-age children and youth.

Two RCTs of the International Rescue Committee programs in Lebanon and Niger studied the addition of targeted SEL activities (standalone Brain Games and Mindfulness activities) on top of a classroom management-oriented “Healing Classrooms” approach. Students who received the additional targeted SEL activities saw greater improvements in literacy and numeracy compared to the control group (Brown et

al., forthcoming #4A; Tubbs Dolan et al., forthcoming #95). These students were also part of a broader tutoring intervention that incorporated classroom management and teaching strategies. Both the added explicit activities and the general tutoring program led to increases in academic outcomes. Thus, although both SEL and academic outcomes improved, it is difficult to tease apart the effects of both components to understand what led to these improvements given both interventions included extra tutoring on academic content.

The Youth Resilience Initiative (YRI), designed in Sierra Leone for youth (aged 15 to 24), delivered 10 to 12 sessions of training using elements of cognitive behavioral therapy (CBT) and group inter-personal therapy to address psychological distress for war-affected youth. YRI was adapted for older and younger age groups, and for male and female participants, by adjusting the vignettes and examples to increase relevance for these different groups. A local supervisor reviewed session audio recordings to ensure implementation fidelity. A RCT of YRI showed positive effects on social and emotional skills including emotion regulation, pro-social behavior, social support, and daily functioning. In a follow-up assessment conducted eight months after the intervention, YRI participants also had improved school enrollment, attendance, and academic performance in comparison to a group that only received an education subsidy (Betancourt et al., 2014 #44). YRI participants were also six times more likely to persevere in school, though the education subsidy positively correlated with greater attendance. Despite sustained long-term academic effects, the positive psychological effects faded out by the six-month follow-up assessment.

POSITIVE ACADEMIC OUTCOMES, DESPITE INCONCLUSIVE OR NULL SOCIAL AND EMOTIONAL OUTCOMES

A number of education interventions that included SEL resulted in a positive effect on academic outcomes, but no effect on social and emotional outcomes—suggesting that they may contribute to an alternate pathway that develops academic competencies. It is possible that the improved learning environment created by SEL, or the additional training teachers receive could contribute to these academic gains. However, more research is necessary to better understand what leads to the positive academic and neutral social and emotional outcomes in these specific interventions.

For example, despite no statistically significant effect on SEL outcomes, a rigorous evaluation of participants in the LARA program in Uganda, demonstrated statistically significant gains in oral reading fluency in comparison to the control (10.6 correct words per minute in comparison to 6.39), and students who started the program with low reading proficiency, specifically, saw gains (NORC at the University of Chicago, 2020; NORC at the University of Chicago, 2021b; Randolph et al., 2020 #12ABCD). Similarly, participants in the ECR program in Nigeria, also saw improvements in academic outcomes (literacy and numeracy) over the course of the intervention, according to a pre- and post-test. Teaching practices also improved (Creative Associates International, Inc., 2017 #10); however, no significant growth in SEL outcomes was found in either program. Both programs also targeted academic outcomes, so the effect on academic outcomes may be a result of the targeted early grade reading instruction rather than the SEL component. As discussed above in the section on social and emotional outcomes, the measures of SEL may also have been insufficient to measure the change resulting from the intervention.

INCONCLUSIVE OR NULL ACADEMIC OUTCOMES

Despite the potential contributions of SEL outcomes on academic outcomes, five interventions saw inconclusive or null effects on both academic and SEL outcomes. The

USAID-funded Community Action for Reading and Security (CARS) program aimed to improve learning (especially reading), teacher practices, and SEL among preschool and primary school students in Nicaragua's South Caribbean Coast Autonomous Region. The overall goal of CARS was to create a safe community environment and improve academic outcomes. The intervention had four main components: formal and non-formal reading programs, community engagement, local capacity development, and knowledge generation and management. After the first two years of implementation, despite some gains in social and emotional outcomes, the program fell short of meeting its primary target for reading outcomes (Blair et al., 2017 #90). Although it was not a causal study, the mixed methods evaluation reported on a number of obstacles to achieving the intended outcomes, including teacher capacity, access to materials, poor attendance, and a lack of parental engagement (Blair et al., 2017 #90). Similarly, the second year of the rigorous RCT of the LIHC intervention in the DRC (described above) did not demonstrate positive academic or social and emotional outcomes despite marginal, yet significant, effects on academic outcomes in year one (Aber et al., 2017; Torrente et al., 2019 #108AD). In the discussion, the authors suggested that when the program expanded to additional locations in year two, teacher support and access to materials may not have been as comprehensive as previous program iterations. These findings suggest that more research is necessary to better understand what implementation factors may shed light on the inconclusive or null effects of these programs.

KEY FINDINGS ON ACADEMIC OUTCOMES

Academic programs that integrate SEL have mixed effects on academic and social and emotional outcomes. Some of the most rigorous studies, including RCTs, demonstrated inconclusive or mixed effects, suggesting that the findings may not account for differences in or challenges with program implementation, broader context, or measurement. Interestingly, some studies that targeted both SEL and academic outcomes did not show effects on SEL outcomes, but did lead to growth in academic outcomes. These effects may be a result of additional time spent on academic instruction, another unmeasured effect that adding SEL has on the classroom climate, teaching practices, or unmeasured gains in SEL that leads to positive academic growth.

WELL-BEING OUTCOMES

Well-being outcomes were the second most frequently measured in the literature (n=86 total studies, n=72 unique interventions). Many of the interventions that targeted social and emotional outcomes had mental health and well-being as their primary target. Given the range of well-being outcomes targeted, we organized this section by sub-outcome, including decreased mental health issues, decreased risk behaviors, physical health, and other well-being outcomes. We conclude this section with a summary of the key findings related to individuals' well-being.

BOX 5. WELL-BEING DEFINITIONS

DECREASED MENTAL HEALTH ISSUES: Mental health issues are those that relate to mood, thinking and behavior—including anxiety, PTSD, depression, and other maladaptive behaviors.

DECREASED RISK BEHAVIORS: Risk behaviors include the use of drugs and alcohol, risky sexual behavior, engagement in crime and gangs, among other risks that the programs targeted.

PHYSICAL HEALTH: Includes any health-related knowledge or behaviors related to building physical health.

OTHER WELL-BEING OUTCOMES: Includes well-being related outcomes such as “resilience” and “sense of belonging” unclassified elsewhere.

DECREASED MENTAL HEALTH ISSUES

The largest number of studies targeting well-being indicators aimed to decrease mental health issues, including reductions in post-traumatic stress disorder (PTSD), anxiety, internalizing and externalizing symptoms, and others. Of the 31 unique interventions that targeted “decreased mental health issues,” only six occurred in a development context. The remaining interventions targeted vulnerable populations, including five studies that specifically focused on orphans and vulnerable children (OVCs). Two-thirds of the studies that targeted a decrease in mental health issues targeted populations affected by conflict (n=22), including refugees and internally displaced populations.

Many of the approaches used in these studies were referred to as “psychosocial support,” though they did measure and target social and emotional competencies. These studies have mixed results. Although many of the studies had positive outcomes, three of the most rigorously studied interventions, which are discussed in this section, saw negative outcomes. Many of these interventions did not measure or demonstrate effects on SEL outcomes, which suggests that the pathway to improving positive, protective skills and competencies and reducing or repairing negative mental health outcomes may be different. Social and emotional competencies may improve protective and preventative factors, while mental health interventions address the responsive factors to address existing issues. Thus, it is important to better understand if and how these interventions have their intended effects on both sets of outcomes in order to inform program design and implementation.

POSITIVE EFFECTS ON EITHER MENTAL HEALTH OR SEL

Interventions that primarily target only SEL or mental health only saw growth in that outcome area. In multiple causal studies (Srikala & Kishore, 2010 #50; Waldemar et al., 2016 #35), participants saw growth in social and emotional skills but did not see a reduction in mental health issues. For example, the M-SEL program in Brazil targeted SEL and saw gains on social and emotional outcomes (as described in the section focused on social and emotional outcomes). However, the study also measured mental health outcomes and saw no effect—specifically, no reduction in hyperactivity and attention deficit hyperactivity disorder (ADHD) (Waldemar et al., 2016, #35). This suggests a need for a multi-pronged approach that targets both growth in skills and a reduction in psychosocial symptoms or mental health issues.

However, not all programs that target both mental health and SEL see positive results on both. An effective example of multi-targeted programming is the Empleando Futuros (EF) Workforce Development Activity in Honduras. EF targeted at-risk youth (ages 16 to 30) living in municipalities greatly impacted by violence, crime, and irregular migration. Both life skills trainings and psychosocial support were key components of the intervention. Although the study did not qualify as causal due to a lack of a control group, EF showed promising results. Participants who completed the technical training showed improvements in emotional regulation, resilience, and protective factors targeted in the life skills training, as well as a sustained decrease in PTSD symptoms, specifically targeted by the psychosocial support (Dexis Consulting Group, 2020 #11). On the other hand, a program that provided 24 two-hour yoga training workshops at a low-socioeconomic status (SES) school in Colombia aimed to prevent anxiety, depression, and aggression, and build social and emotional competencies in students. An experienced instructor from outside the school conducted the yoga sessions. Qualitative data supplemented the self- and peer-reported questionnaires to compare outcomes for primary (Grade 5) and high school (Grades 8 and 9) students in the intervention

(n=68) and control (n=7) groups. The intervention showed potential for decreasing anxiety and depression but did not affect anger regulation (Velásquez et al., 2015 #1).

Two quasi-experimental studies, one in Nigeria and one in Sri Lanka, examined psychosocial support approaches to address the trauma of conflict- and crisis-affected children, respectively. Both found positive effects on mental health issues, but neither sufficiently disaggregated their findings to reveal growth in SEL skills. The first compared two different modalities of psychosocial support—trauma-focused counseling (T-FC, n=20) and social effectiveness training (SET, n=20)—among internally displaced adolescents (ages 11 to 14) in Nigeria. T-FC leverages trauma-focused CBT techniques in a group counseling setting, while SET focuses more on social and inter-personal skills, also in a group counseling setting. Both modalities led to greater improvements on psychological impairments than the control group (n=20), as measured by the Adolescents' Psychosocial Functioning Inventory (APFI). The APFI includes sub-scales on optimism and coping strategies, psychosocial dysfunctions, and behavior and relationship problems. Although T-FC showed greater effects, the authors recommended the implementation of either approach to improve adolescents' well-being (Lawrence & Falaye, 2020 #32). Thus, this study suggests that different approaches to psychosocial support can positively effect conflict-affected children and youth's mental health. Unfortunately, the authors did not report results on the sub-scales, which may have allowed for additional analyses to examine the potential differences in effects on social and emotional skills and reductions in mental health issues.

In Sri Lanka, the study examined the effects of a school-based intervention that aimed to reduce symptoms of stress in children (ages 9 to 15) impacted by a deadly tsunami that hit the southern coast of Sri Lanka in 2004 (Berger & Gelkopf, 2009 #16). Teachers were trained to implement the ERASE Stress Sri Lanka program, which was delivered to students in twelve 90-minute sessions. The sessions included engaging group activities, psychoeducational information, coping skills training, and at-home activities assignments. Local, trained volunteers administered questionnaires one week prior to and three months following the intervention. Students in the treatment group showed a decrease in post-traumatic symptomology, depression, functional problems, and somatic problems, in addition to an increase in hope.

A few rigorous studies of psychosocial support interventions for children affected by conflict showed positive effects for both mental health and SEL. However, these were interventions that intentionally targeted both mental health and social and emotional skill development. For example, a pilot RCT investigated the effects of a psychosocial intervention aiming to reduce PTSD and mental health issues, as well as to improve pro-social behavior among war-affected children and youth (ages 7 to 18) at risk of abduction in the DRC. The intervention included training on life skills and relaxation, as well as Mobile Cinema screenings that addressed the stigma and discrimination associated with formerly abducted children (O'Callaghan et al., 2014 #106). While the sample size was small (treatment n=79, control n=80), the results indicated that the intervention was effective at reducing PTSD and moderately improving pro-social behavior (O'Callaghan et al., 2014 #106).

Another RCT conducted in central Bosnia, demonstrated the benefits of adding tiered services for participants who qualified given their higher level of need. The study compared a universal classroom-based psychosocial education program (Tier 1) to the effects of adding Trauma and Grief Component Therapy (TGCT) (Tier 2) for adolescents who met certain inclusion criteria. TGCT is a manualized

approach²² that aims to reduce distress and enhance positive adaptation and healthy development. Participants were mainly ethnic Muslim secondary school students who had been exposed to war. Both groups saw reductions in depression and PTSD, including at the four-month post-treatment follow up. Only Tier 2 participants saw improvements in maladaptive grief reactions. The study also saw incremental benefits of Tier 2 over Tier 1, even though the recipients of Tier 2 entered with higher levels of need, thereby demonstrating the benefit of additional, tailored interventions for those with greater need (Layne et al., 2008 #60).

LIMITED / NO EFFECTS

Some other studies that measured mental health outcomes saw limited or no effects. Overall, when studies demonstrated a low dosage of the intervention, lacked fidelity of implementation, or included SEL and measuring mental health as an afterthought, the results tended to be limited or non-existent. For example, an RCT of a two-day training for teachers that occurred a year and a half after the 2015 earthquake in Nepal that focused on psychosocial support activities for adolescents in Grades 6 to 8 (adolescents in intervention group n=605, adolescents in control group n=615) saw no effects on PTSD, depression, nor improved hope among participants (Dhital et al., 2019 #30). Two days may not have been sufficient training for teachers to be able to effectively implement the activities, and a year and half after the earthquake may have been too delayed. Additionally, there was no discussion of classroom implementation methods, which may have contributed to the lack of effect.

NEGATIVE EFFECTS

The “do no harm” principle often cited in development and humanitarian aid posits that, at the very least, aid should not have detrimental effects on participants. **Overall, the literature suggested limited harmful effects as a result of SEL and soft skills programming – although some harmful effects do exist.** Five separate articles discussed the detrimental effects of two intervention approaches using CBT, especially for the most vulnerable groups.

Teaching Recovery Techniques (TRT) interventions employ a CBT approach to improve coping and emotional regulation skills. Three studies of a TRT intervention that used a cluster randomized approach in the West Bank and Gaza with war-affected children ages 10 to 13 (intervention n=242, waitlisted control n=240) led to mixed outcomes. Four counselors trained in CBT and TRT implemented the TRT sessions, which included a warm-up, an overview of the topic, and a review of home-based activities such as drawings and dream diaries. The children were meant to gain coping and reframing tools through playful activities, storytelling, problem solving, and role play. The researcher led preparatory and supervisory meetings to ensure implementation fidelity. In the first study (Punamäki et al., 2014 #37A), TRT did not improve participants’ ability to regulate emotions, rather it decreased the intensity of emotion regulation. At the same time, participants also saw improvements in mental health. Contrary to popular belief, the findings suggest that reduced intensity of emotion regulation, *i.e.*, a decrease in the pressure to manage and control emotions, is actually beneficial for mental health—allowing the participants to relax rather than struggle to manage their emotions (Punamäki et al., 2014 #37A). The second study showed that TRT did not increase resilience, as intended. Rather, participants saw a reduction in pro-social behaviors (Diab et al., 2015 #37B). Further, the authors suggested that the intervention actually decreased resilience (Diab et al., 2015 #37B). It is particularly striking that the TRT intervention led to a negative outcome among

²² A manualized approach refers to an intervention that uses specific guidelines or a manual to facilitate implementation.

participants. The third study showed positive effects of TRT on mental health for specific types of attachment, in comparison to the control (Eloranta et al., 2017 #37C). Although TRT did show some positive effects, it is concerning that it also had detrimental effects on mental health and social and emotional skills among some of the recipients, given its intent to improve children's outcomes. The authors discussed that the modality of TRT encourages children to share their painful experiences and feelings, and that perhaps this was not accomplished with enough care to protect the children. They also noted that previous research showed that TRT could reduce mental health problems, but failed to support the development of pro-social behavior. Additional causal research, particularly into the causal mechanisms, is necessary to ensure future TRT programming does not cause harm.

Two causal studies used a cluster randomized design to explore the effects of classroom-based interventions (CBI) for war-affected children in Burundi (ages 8 to 17) and Sri Lanka (ages 9 to 12), respectively. The CBI provided 15 manualized sessions across five weeks conducted by non-specialized, trained personnel that utilized cognitive behavioral and creative techniques. The intervention aimed to reduce symptoms of PTSD, depression, and anxiety, as well as to improve hope, functioning, and social and emotional competencies. In both contexts, the studies found no effects on the primary outcomes. However, both studies revealed potentially concerning sub-group effects. In both Burundi and Sri Lanka, girls in the control group showed greater reductions in PTSD, suggesting a negative effect of the intervention (Tol et al., 2014 #64; Tol et al., 2012 #65). In Sri Lanka, the greatest improvements were seen for those with lower levels of war-related stressors, suggesting that it may not have had the intended effect for the most at-risk populations (Tol et al., 2012 #65). The same lead author in both studies concluded that the intervention in Burundi demonstrated more preventative than treatment effects, and that while the intervention shows promise, more research is needed to understand the differential impacts.

Additionally, a concern when implementing mental health interventions with non-specialized facilitators is that they may lack the knowledge and expertise necessary to affect change. A group of students (ages 10 to 14, of which 64 percent were boys) living in armed conflict in the West Bank and Gaza were trained in a ten-step peer mediation process. The intervention intended for these peer mediators to intervene in cases of peer conflict, with teachers only expected to intervene to facilitate discussions. Participants (intervention n=141, control n=84) completed questionnaires measuring military trauma²³, PTSD and depressive symptoms, psychological distress, friendship quality, pro-social behavior, and aggression at baseline and immediately following the eight-month intervention. The goal of the intervention was to prevent mental health issues and promote social functioning, but the intervention saw no effect on depressive symptoms or psychological distress among participants. There were desirable sub-group effects on friendship quality and pro-social behavior, suggesting a potential positive outcome on some social and emotional outcomes within sub-groups, specifically for girls with high military trauma. However, there was a significant overall increase in PTSD symptoms in the intervention group compared to the control, according to self-reports (Özler et al., 2020 #49). The authors did not address the difference in results found in comparison to the control, but they do suggest that other literature supports the lack of improvement in the face of active conflict. Thus, the use of peer mediation in cases of conflict and crisis may not be effective and may actually harm the recipients—especially in the face of acute conflict.

²³ Military trauma refers to personal loss and/or experience with violence, killing, injury, and destruction due to warfare.

DECREASED RISK BEHAVIORS

Interventions that target decreased risk behaviors aim to reduce several sub-outcomes, some of which are labeled as “risky.” Behaviors considered “risky” in the literature included use of drugs and alcohol, sexual activity, suicide ideation, gang participation, and violent behavior.

The literature on decreased risk behaviors faces significant measurement challenges. Many of these studies use self-reported data to measure decreased risk behavior, which may introduce bias. Participants may not be accurate judges of their own behaviors, or may wish to be seen positively, (social desirability bias), which decreases the accuracy of their reported risk behaviors. For example, the LSE program in Nigeria that targeted street youths ages 11 to 24 (intervention n=54, control n=44) relied on a self-report measure. Participant selection was not randomized; instead, participants were recruited by “area boys” or adult leaders amongst the street youths. The intervention included education around sexual health and responsibility, money management, assertiveness, and communication. Participants self-reported greater reductions in risk behaviors eight weeks after the intervention compared to the control group (Olley, 2007 #31). Additionally, approximately half of the participants were unavailable for follow up, which could have introduced bias in the results based on the characteristics of the individuals who were available for follow up in comparison to those who were not. These findings could benefit from further corroboration from more objective measures.

In contrast, a study that measured the difference between two forms of an intervention (with or without a parental counseling component) in Kenya found that those without the parental counseling had higher rates of risky behaviors than either the treatment with parental counseling or the control group (Ngware et al., 2016, #2). These contradictory findings reinforce the complicated nature of categorizing “risky” behavior, as well as targeting and measuring it objectively.

PHYSICAL HEALTH

Within the literature, nine studies measured physical health outcomes. However, physical health interventions targeted a wide range of behaviors and attitudes about general health, sexual and reproductive health, and attitudes and behaviors related to HIV/AIDS. The majority of studies that targeted physical health measured participants’ knowledge of health and health practices. Even some studies that did not focus on physical health included measurements of participants’ self-perception of health within their study.

Two studies in development contexts saw positive effects on participants’ perception of their health. In the Dominican Republic, an impact evaluation of an intervention that supplied 25 hours of basic life skills training and 150 hours of technical training to youth (average age=22 years) measured self-perception of health in addition to labor market outcomes, behaviors and lifestyle, expectations for the future, and social and emotional skills. Although the study found that the intervention had no effect on employment outcomes, it did have a positive impact on health outcomes. Women in the treatment group were less likely to be pregnant, and the treatment group overall had higher positive expectations for the future and were more likely to consider themselves to have very good health (Ibarraran et al., 2014 #39). Similarly, in India, the NIMHANS model of LSE, a widely-utilized and studied teacher-implemented program promoting health for adolescents in schools was adapted to address health promotion and basic life skills. Findings from a causal study show that the program, implemented with youth aged 11 to 17, significantly increased participants’ resilience and feelings of control over their own health, which

contributed to better health expectancy in the treatment group (Sarkar et al., 2017 #87). Another study in India, described in RQ3, showed that a life skills program resulted in statistically significant positive effects on attitudes and behaviors related to tobacco use (Sorensen et al., 2012 #109).

A number of studies targeting physical health specifically focused on HIV/AIDS knowledge and sexual health. These studies consistently found that the treatment group had greater knowledge of HIV/AIDS than the control group (James et al., 2006 #40; Mandal et al., 2019 #98; Posner et al., 2009 #93.) While these studies showed positive effects on participants' knowledge, they did not always measure or see an effect on health behaviors. One causal study did show a significantly positive effect on participants' likelihood of having an HIV test and knowing their results in addition to their likelihood of seeking gender-based violence (GBV) support services, but found no significant effect on risky sexual behaviors (Mandal et al., 2019 #98). Additional information on studies measuring physical health—specifically targeting girls—are included in the section below on gender.

OTHER WELL-BEING OUTCOMES

After a first review of the literature, we added “other well-being outcomes” to capture the variety of well-being measures not included in the initial categories. These outcomes include self-efficacy, a sense of belonging, and resilience. We discuss research on resilience within this section, and research on self-efficacy under [RQ2A](#), given that a number of studies explored the causal pathways related to self-efficacy.

Seven studies focused on resilience. However, some studies included specific definitions of resilience that related more to decreases in mental health issues, and others left it undefined, making it difficult to draw conclusions across studies. A comparative prospective study in Nigeria compared two psychosocial interventions targeting primary school-age children: resilience group and peer-support group. Researchers selected participants based on their vulnerability (health, education, shelter, protection, nutrition, and economic support) and only included participants not already receiving psychosocial support. The resilience group took a six-week participatory resilience curriculum that targeted equanimity, meaning, perseverance, self-esteem, self-reliance, and existential aloneness. The peer-support group met in groups facilitated by teachers that encouraged sharing feelings and coping techniques, and that taught basic life skills, including self-awareness, empathy, coping with stress and emotions, communication, relationships, problem solving, critical thinking, decision-making and inter-personal skills. Both groups showed improvement on scales for anxiety, depression, self-esteem, and social connectedness. The resilience group showed statistically significant greater improvements on self-esteem and reducing anxiety, while the differences for depression and social connection were insignificant (Olowokere & Okanlawon, 2018 #34). The authors suggested that the participatory nature of both interventions contributed to their success in improving the four outcomes, which they collectively considered emblematic of resilience.

Another study in Johannesburg, South Africa aimed to validate the Resiliency Scale measure and assess the effectiveness of the Resiliency Enhancement Kit program. The program consisted of 12-session didactic lessons that use various methodologies and activities to build emotional, social, and cognitive competencies related to resiliency. The study used a mix of qualitative (observations and open-ended questions) and quantitative (Likert self-report questionnaires) methods to explore resilience development within the program, in conjunction with a pre- and post-test for 14-year-olds in an inner-city school (n=25, 16 boys and 9 girls). Students' resiliency scores improved after the intervention, but there was no control group, and the study had a small sample size (Kruger & Prinsloo, 2008 #46). Unlike most of the other studies that measured resilience, the authors included a definition of resilience—“the capability to cope

and rebound (bounce back) in the face of significant adversity, risk, trauma or stress” (p. 242). The study also further disaggregates “resilience” into emotional, social, and cognitive outcomes—in alignment with this review’s disaggregation of SEL.

KEY FINDINGS ON WELL-BEING OUTCOMES

Well-being studies addressed a wide range of outcomes, including improved mental health, decreased risk behaviors, improved physical health (knowledge), resilience, and a sense of belonging.

Many of the most rigorous studies measured mental health outcomes, and while the majority showed positive effects on mental health outcomes, some also led to negative outcomes for participants. There is a critical need to explore which elements of these programs led to negative effects to prevent them from occurring in the future. Interventions occurring during an acute emergency/conflict may be more likely to cause negative effects on well-being. However, this finding was not observed in the SEL outcomes measured. This suggests that mental health and SEL outcomes may need further disaggregation and study to better understand their potential for harm or good in the face of acute crisis, as well as in the aftermath.

The literature that addressed physical health primarily measured either participants’ knowledge or self-perception. Additional, more objective, measures of health could strengthen these studies. However, the literature does reveal that the health-related programs that include SEL seem to have a positive effect on health knowledge and self-perception.

Both the risk and resilience literature faced a different challenge for drawing conclusions—a lack of consistent use of terminology. The studies that aimed to reduce “risky behaviors” differed in the risks they targeted. Further, we found that many of these studies categorized “risk” in both culturally bound and potentially problematic ways. The terminology used to describe “resilience” differed across each study, making comparisons across studies and contexts impossible. Resilience, and more broadly, well-being, literature that employs SEL requires more consistent definitions and measures to enable researchers and practitioners to draw cross-contextual comparisons.

WORKFORCE OUTCOMES

Twenty-five workforce and livelihoods interventions that integrated SEL (or soft skills) into their programs met our inclusion criteria and were included in this systematic review. All of these studies targeted youth, though a few also included children / youth younger than 15 years of age. **The addition of SEL had null or positive effects on workforce outcomes.** These studies typically targeted two types of workforce outcomes: acquisition of technical or “hard” skills and/or an increase in actual earnings or employment. Since the same studies often measured both outcomes, we do not disaggregate our findings by the type of workforce outcome.

Rather, we organize this section into five parts: the comparative effects of adding SEL, different approaches

BOX 6. WORKFORCE OUTCOMES DEFINITIONS

TECHNICAL SKILLS: This category includes any specific technical and vocational skills that contribute to employment.

INCREASED EMPLOYMENT / EARNINGS: Increased employment refers to being more likely to be employed or being employed in a better job—based on income, benefits, sector, or preference.

to integrating SEL into workforce programming, contradicting findings on SEL and workforce outcomes, the effect of programming across different locations, and lastly, we summarize the key findings from this section.

ADDING SEL INTO WORKFORCE PROGRAMMING

Only three studies assessed the addition of SEL in comparison to a “generic” workforce program. All three of these studies saw positive gains on SEL and/or employment outcomes.

The strongest findings originate from a study in South Africa. The International Youth Foundation integrated their Passport to Success (PTS) life skills curriculum into technical and vocational training. A causal study showed that, in comparison to a group of youth who participated in training without PTS, the treatment group showed greater gains on most SEL skills, including listening, problem solving, managing strong emotions, stress management, goal setting, power of a positive attitude, desire to lead, and ability to identify solutions. Moreover, PTS participants were 20 percent more likely to be employed six months later (Genesis, 2020 #23). These findings offer compelling evidence that PTS improves both SEL and workforce outcomes for youth.

An RCT of Jordan New Opportunities for Women (Jordan NOW), a workforce development program targeting female community college graduates (treatment n=599, control n=748), assessed the effects of a job voucher program alone, a soft skills training program alone, and the combination of the two. None of the programs led to long-term employment. However, the soft skills program did have weak effects on employment outside of Amman. The soft skills program also led to reduced depression and improved life outlook (Groh et al., 2012 #72A). Additional follow-up surveys at 6, 14, and 27 months showed that the soft skills intervention did not lead to long-term employment outcomes, although it did have weak effects on girls’ perceived sense of mobility—or their ability to travel alone (Groh et al., 2016 #72B). Even though these were not the intended workforce outcomes that the intervention aimed to improve, the ability to travel could ostensibly lead to future employment opportunities.

Another workforce development program used a quasi-experimental design to compare the addition of SEL to a generic vocational training program for secondary school students, ages 11 to 21 in Nigeria. The additional SEL component targeted emotional intelligence through eight sessions of approximately one hour each. The group treated with emotional intelligence technique training measured higher on vocational development than the control group (Olanrewaju & Suleiman, 2019 #33). However, the study suffered from several important limitations, including that it did not report baseline levels or measure the effect of the program on participants’ emotional intelligence. Last, the study only reported on vocational development outcomes. Therefore, while the youth treated by the intervention saw positive results on vocational development, the results cannot be causally attributed to the intervention, nor can the growth in vocational development be attributed to the improvement in emotional intelligence.

Reinforcing qualitative evidence for the importance of social and emotional skills on workforce outcomes comes from the final performance evaluation of the five-year, USAID-funded Lower Mekong Initiative Connecting the Mekong through Education and Training (LMI COMET) program in Cambodia, Laos, Myanmar, Thailand, and Vietnam. The program aimed to provide youth with market-driven skills, including science, technology, engineering, mathematics, non-technical (English), and soft skills. The program was designed to make Lower Mekong youth globally competitive and well-equipped to integrate into the marketplace. To evaluate the program, researchers used a mixed methods approach that included a desk

review, KIs, focus group discussions (FGDs), a web-based survey, and observation. Vocational school and university educators received training to deliver the trainings to youth in Mekong Learning Centers. The evaluation found that the targeted focus on soft skills aligned with market needs. In 70 percent of interviews and FGDs, participants reported that soft skills were one of the most important aspects of employability, especially focusing on leadership, teamwork, and communication skills (Younes & Porter, 2019 #57).

DIFFERENT APPROACHES TO INTEGRATING SEL

Comparative studies of different approaches to workforce development and SEL may provide additional insight into the best approaches for developing both sets of outcomes. However, only two studies compared the effects of different workforce development approaches in the same context.

A mixed methods study in northern Uganda compared the effects of two different workforce development models for youth aged 15 to 29—the Youth Development Programme (YDP) and Northern Uganda Youth Entrepreneurship Programme (NUYEP). YDP delivered vocational and life skills training for six months followed by six months of ongoing support. NUYEP provided entrepreneurship training over the course of five days, with follow-up support provided afterward. Both had fidelity of implementation and achieved positive results in terms of economic return on investment. In particular, as discussed in greater detail under RQ3, NUYEP led to greater earnings for people with disabilities. Additionally, qualitative data suggested that both approaches improved social and emotional outcomes. YDP supported improvements in social and emotional outcomes, while NUYEP supported “non-technical” skills (primarily social and emotional) (DFID, 2016 #27).

The Zimbabwe:Works impact evaluation also compared two different workforce development models, “entrepreneurship” and “employability.” The programs targeted 2,400 youth ages 20 to 35 who were out of school or recent graduates (James et al., 2018 #22). In the “entrepreneurship” model, youth received three to five days of training along with a loan referral. This model only showed statistically significant increases in income for female youth who received funding and resulted in null and even negative effects on SEL outcomes, including a reduction in self-efficacy, resilience, and ability to maintain relationships, especially for those who received funding. In contrast, the employability model provided three to five days of training, and a sub-group also received the Passport to Success (PTS) life skills training, which was described above in a separate study conducted in South Africa. Income increased significantly for those assigned to the employability model, and especially for those participating in the PTS life skills training. Additionally, the employability model had positive effects across SEL outcomes, including self-confidence, self-efficacy, increased resilience, and ability to maintain relationships (James et al., 2018 #22). These differences suggest that a focus on SEL, here referred to as life skills, can improve not only SEL outcomes but also workforce outcomes.

CONTRADICTING WORKFORCE AND SOCIAL EMOTIONAL OUTCOMES

A handful of the workforce development studies discussed their programmatic focus on SEL; however, they did not demonstrate effects on SEL outcomes. For example, the Galpao Aplauso program in Brazil aimed to improve employment and earnings for youth living in *favelas*. A randomized trial of the program (treatment group n=194, control group n=230, average age n=23, predominately male) showed that participants in the arts and workforce development program had an increased

likelihood of being employed, and therefore greater income. However, the program did not have a statistically significant effect on the social and emotional skills nor the risk behaviors it measured, though there appeared to be some gains in self-control (Calero & Roza, 2016 #19A; Calero et al., 2017, #19B). Youth in the intervention group who had higher social and emotional skills at baseline saw greater employment growth. Although not linked to the intervention, this result does suggest differential intervention effects based on social and emotional development.

The Mindanao Youth for Development (MYDev) program in the Philippines aimed to foster life skills development, increase civic engagement, and increase employability for out-of-school youth in conflict-affected areas through experiential training and follow-up support. An impact evaluation of the program showed that participants were newly employed at a higher rate than the control group, but the differences in life and leaderships skills between the treatment and control groups were not statistically significant, despite targeted life skills instruction being a main component of the intervention (Education Development Center, Inc., 2016, #13B).

On the other hand, an RCT of a life skills and workforce development program in the Dominican Republic, previously described in *Physical Health*, showed no overall effect on employment outcomes despite positive SEL outcomes. Male participants saw the greatest improvements in SEL outcomes, and there was also a positive trend in formality of employment for male participants compared to the control. Additionally, although earnings were not higher across the entire treatment group, among those who were employed, participants had higher earnings in comparison to the control group. Interestingly, male participants in the treatment group had a longer duration of unemployment. In the discussion, the authors proposed that this could be because male youth who participated in the program searched for higher quality jobs. Thus, although there was no overall effect on workforce development, this study suggests a potential connection between the intervention, SEL, and workforce outcomes (Ibarraran et al., 2014 #39).

DIFFERENT LOCATIONS

The Youth in Action Program (YiA) approach was grounded in three programmatic pillars: Youth Learn, Youth Act, and Youth Connect, and two cross-cutting themes: Participation and Partnerships. Out-of-school youth (ages 12 to 18) in Burkina Faso, Egypt, Ethiopia, Malawi, and Uganda received four months of "work readiness" skills training before a three-month active engagement component (e.g., an apprenticeship). The intervention also included a community and family support element and financial support (D'sa, 2018 #58). Participants in the intervention saw workforce-related gains, including a marked decrease in the percent of youth who were wage-employed (rather than salaried) and unemployed, and a statistically significant increase in youth who were self-employed (9 percent to 63 percent in Burkina Faso; 1 percent to 70 percent in Egypt; 14 percent to 85 percent in Ethiopia; 26 percent to 75 percent in Uganda). Nearly all work readiness skills²⁴ increased among YiA youth in Burkina Faso, Egypt, Ethiopia, and Uganda, but not in Malawi. More than 80 percent of youth reported that they felt comfortable communicating and working with others at the end of the program. Additionally, the study applied the Developmental Assets Profile (DAP) to measure SEL outcomes across all countries. Over 80 percent of participants met the DAP threshold in Egypt and Uganda, while gains were smaller in Burkina Faso and Malawi. The authors noted that in Malawi, youth reported very high levels of skills before the program, so there may have been a ceiling effect or social desirability bias in the assessment. Further, they were

²⁴ Work readiness skills include reading, number operations, budgeting, developmental assets—SEL—and comfort communicating and working with others.

unable to collect post-test data from 27 percent of participants (D'sa, 2018 #58). The authors did not present an explanation for the low levels of skills in Burkina Faso.

KEY FINDINGS ON SEL AND WORKFORCE OUTCOMES

Adding SEL into workforce programs generally contributes to greater workforce outcomes, even when the SEL outcomes do not show improvement. Given the limitations of current measurement approaches, these workforce gains may be a result of the workforce intervention rather than from the addition of SEL. Furthermore, it is possible that the capture of SEL gains is not accurate. All of these interventions targeted youth and older children. Some SEL skills may be better developed in younger children, and therefore these interventions or measures may not have been effective. Workforce development programs that include SEL need to address context and market-relevant skills that are developmentally appropriate for older children and youth who are entering the workforce.

TEACHER OUTCOMES

Few studies (n=16) targeted or measured teacher-related outcomes. We hypothesized that the literature would include measurements of teacher sense of efficacy and belonging, teacher mental health, teacher social and emotional outcomes, and teaching skills due to the focus on teacher training for delivering SEL interventions. Research from the Global North indicates that teachers' own SEL skills and abilities are vital to support students' capacity to take up SEL (Jones et al., 2013). Additionally, there has been a rise in the focus on teacher well-being in education in emergencies (Falk et al., 2019). However, we found very few articles that discussed teacher-specific outcomes, and none that measured teachers' own social and emotional skills or decreases in mental health issues. We organize this section around the two themes within teacher outcomes: first, teacher well-being and second, teaching skills and knowledge, followed by a summary of the key findings.

TEACHER WELL-BEING

Teachers' own well-being has emerged as a focus among education practitioners. The stress and challenges of teaching can contribute to burnout, especially among untrained teachers, which is common in both development and humanitarian contexts. The focus of this systematic review was on studies that targeted social and emotional outcomes for students, rather than focusing on teachers, so literature specifically targeting teacher skills and well-being may not have surfaced in the data identification process. **The existing literature on the effect of SEL interventions on teacher skills and well-being is sparse and inconclusive, with mixed effects.** As such, a critical gap exists in the literature exploring which interventions contribute to teachers' own social and

BOX 7. TEACHER OUTCOMES DEFINITIONS

SENSE OF BELONGING OR EFFICACY:

Teachers' sense of their ability to do their job and/or comfort and belonging in the classroom or their school.

DECREASED MENTAL HEALTH ISSUES:

Decreases in mental health issues among teachers.

SOCIAL / EMOTIONAL: Inter-personal or intra-personal skills or competencies for teachers and instructors.

TEACHING SKILLS: Teachers' pedagogical ability and/or observed efficacy in the classroom.

emotional skill development and well-being, as well as the potential relationship between teacher- and student-level outcomes.

The Teachers' Diploma Programme in Zambia provided onsite training with monthly Community of Practice meetings for participants and was accredited through local universities. It included psychological and social components intended to build teachers' social and emotional skills. An RCT showed that teachers in the intervention self-reported positive changes in terms of self-care, teaching resources, safety, social support, and gender equity outcomes. Students of the teachers in the intervention also had positive outcomes related to future orientation, perceived respect in schools, support, safety, and response to sexual abuse and physical bullying. Unexpectedly, 'self-efficacy for children's well-being' and "engagement in actions to stop bullying" showed a greater increase amongst control teachers than intervention teachers (Kaljee et al., 2017a #5B; Kaljee et al., 2017b #5A). The authors suggested that this may reflect a need to revise the measurements, or that it could be due to a priming effect given that control teachers completed the survey at both baseline and endline.

The Pedagogical Innovation Project (Projeto de Inovação Pedagógica—PIP), implemented by the State Secretariat of Education of Rio Grande do Norte in Brazil, showed improvements in both learning and social and emotional skills among participants in Grade 6, yet there were no effects in the other grades studied (Grades 5 and 10) (Piza et al., 2020 #67). Through FGDs, researchers learned that PIP may have had differential impacts because of the transition that occurs in Grade 6—to multiple, rotating teachers for different subjects—and because the mentors had more experience teaching younger grades. They also found that there was a higher rate of PIP implementation in Grade 6, which could be a result of the perceived relevance by teachers to "smooth shocks observed around transition from primary to lower secondary education" (Piza et al., 2020, p. 31 #67). Although there is no clear causal link, it may be that the overall strength of implementation leads to improvements in both student and teacher outcomes, or that dedicated and motivated teachers contribute to positive student outcomes. In another context, conflict-affected DRC, the LIHC program in the DRC did not contribute to growth in student social and emotional outcomes nor teacher outcomes. Overall, teachers did not report growth in motivation and well-being, with the exception of one group that had an increased sense of personal accomplishment (Torrente et al., 2019 #108C). These two studies demonstrate the potential link between teacher and student outcomes. When teachers showed motivation, as they did in Grade 6 in PIP, students also saw improvements in SEL. In comparison, the lack of teacher outcomes in the other grades in PIP and across LIHC occurred alongside a lack of student SEL outcomes.

TEACHING SKILLS AND KNOWLEDGE

Among interventions that report on it, SEL interventions seem to have a positive effect on teaching skills and knowledge. Two studies of teacher-focused interventions reported growth in teacher knowledge, yet neither were able to show causal evidence of teacher skills and practices. Additionally, three non-causal studies showed promise for growth in teaching practices; however, they do not provide sufficient information to draw reliable conclusions.

The first causal study provided treatment group teachers in Nepal with a two-day training on psychosocial disaster preparedness. The treatment group teachers and their students demonstrated higher knowledge of psychosocial disaster preparedness (Dhital et al., 2019 #30). Similarly, in India, teachers received two days of training on psychosocial disaster preparedness and then provided their students with eight sessions focusing on the psychosocial consequences of disaster for the individual, family, and community. A quasi-

experimental study (treatment: teachers n=27, students n=1,012, control: teachers n=25, students n=845), found that both teachers and students within the treatment group had higher knowledge of psychosocial disaster preparedness (Elangovan & Kasi, 2015 #52). However, neither of these studies measured psychosocial skills, only participants' knowledge.

Three non-causal studies reported growth in teaching practices. Each study measured different outcomes that had a mix of positive, mixed, and null effects. For example, a mixed methods project evaluation examined the 22-month Cultivating Inclusive and Supportive Learning Environment (CISLE) program, which included teacher professional development and the creation of Model Community Schools. While the study did not meet causal criteria, both teacher practices and inclusivity in classrooms reportedly improved in Jordanian schools that host Syrian refugees (Omari et al., 2015 #79). However, Syrian students reported only nominally improved satisfaction with the school environment after the program, which was less than expected by the researchers. Similarly, the USAID-funded CARS program in Nicaragua demonstrated improvement in teacher practices, but this did not lead to

improvements in student reading outcomes (Blair et al., 2017 #90). However, the growth in social and emotional outcomes seen in CARS may be attributable to the improved teaching practices, although the study did not explore this hypothesis. In crisis-affected northern Nigeria, the ECR project measured growth in teaching practices through classroom observations, though there was no control group against which to compare (Creative Associates International, Inc., 2017 #10B). Unlike in Nicaragua, the improvement in teaching practices did not correspond with student social and emotional development. Inaccurate measurement of SEL in either or both programs could have contributed to this result.

One qualitative study explored teachers' and community health workers' experiences facilitating Research Initiative to Support the Empowerment of Girls (RISE) youth club meetings, which provided comprehensive sexuality education in Zambia (Chavula et al., 2021 #38). Youth clubs met after school and discussed sexual and reproductive health and SEL skills, including communication, self-esteem, assertiveness, decision-making, and peer pressure. The authors interviewed 28 teachers and community health workers (referred to as facilitators). Facilitators responded that they were well-prepared to implement the manualized curriculum, in part due to their training and in part due to the simplicity of the manuals. In addition, facilitators believed that students benefited from the program, and they felt that the participatory methods enabled the development of SEL skills, which in turn enabled students to further explore their sexual education needs. They also appreciated partnering with another facilitator, which may

BOX 8. THE IMPORTANCE OF ADDRESSING TEACHER NEEDS



“The teachers are core in this process” (KII, personal communication, June 17, 2021). In South Sudan, teachers enter the classroom with a wide range of capacity, credentials, and training. While formally trained teachers may be well versed in teaching academic skills, such as literacy and numeracy, they may be unfamiliar with building and supporting students' social and emotional skills. Furthermore, many teachers are volunteers who lack formal training and may only have the same level of education as the level of the students they teach. The major challenges that teachers face outside of the school — the same challenges their students face, such as a lack of food and insecurity — have resulted in high rates of teacher absenteeism. Effective and supportive training must accompany SEL implementation. In addition to the academic content, volunteer and professional teachers require training on PSS/SEL, along with regular follow-up support and mentoring.

have helped teachers to feel adequately supported, although the authors did not discuss this possibility. More research on educator partnerships and peer support is necessary to understand its effects on the educators' own skills and well-being, implementation quality, and links to student outcomes.

KEY FINDINGS ON TEACHER OUTCOMES

Teachers' own social and emotional outcomes are not sufficiently addressed in the existing literature, yet research from the Global North suggests this is a critical component to students' social and emotional skills development (Jones et al., 2013). Teacher training does improve teacher knowledge, but this may not be sufficient to improve student outcomes. Additional, rigorous research that examines teachers' own SEL skills and well-being and its effect on student outcomes is needed.

SCHOOL AND COMMUNITY OUTCOMES

Similar to teacher outcomes, we expected to see school and broader community outcomes discussed in the literature more frequently than we found. Only 11 unique interventions included in the review directly addressed school climate. Fewer (n=6) looked at broader community outcomes. Five interventions explored the role of SEL on peacebuilding and civic engagement, though primarily at the individual level. Peacebuilding and civic engagement programs are widely used in rebuilding conflict-affected and post-conflict areas, and better understanding the link with SEL could improve their outcomes. Further, only one report (Afghan Children Read, 2021 #78) addressed the development of national policy around SEL, a key component of sustainable programming.

BOX 9. SCHOOL AND COMMUNITY OUTCOMES DEFINITIONS

SCHOOL CLIMATE: School climate refers to the quality and character of the school, or the “culture” of the school, including norms and perceptions of the school.

COMMUNITY OUTCOMES: Community-level outcomes are those that are beyond the school level, including governance practices, social cohesion, peacebuilding, and civic engagement.

SCHOOL CLIMATE

Overall, SEL-related interventions seem to positively correlate with improvements in student perception of school climate, yet we observed mixed effects across contexts and interventions (RTI International, 2021a #12c; Gol-Guven, 2017 #29; Blair et al., 2017 #90). The Lions Quest program was developed in the U.S. and subsequently implemented in 85 countries and 31 languages. It aims to be developmentally appropriate by offering three age “levels.” A study in Turkey examined the “Skills for Growing” level targeting Grades K to 5. The program aimed to develop a positive classroom and school environment through one-to-two-day teacher training seminars. A quasi-experimental study showed that after eight months of implementation, the treatment group saw positive effects on school climate and students' behaviors, and moderate effects on conflict resolution. Yet, there were no statistically significant effects on students' perception of school (Gol-Guven, 2017 #29). The Journeys approach in Uganda also saw positive effects on school climate, yet no statistically significant effects on perceptions of school (RTI International, 2021a #12C). However, a non-causal evaluation of the CARS activity in Nicaragua saw growth in both students' perception of the school climate and social and emotional skills (Blair et al., 2017 #90). Although the LIHC study in the DRC did not positively effect students' social and emotional outcomes, it did correlate with improvements in students' perception of

safety and supportive schools. Specifically, when students in communities with high rates of violence perception of the school climate as safe and supportive correlated with improvements in mental health and peer victimization (Starkey et al., 2019, #108). However, contrary to the authors' expectations, only those who reported their schools as less cooperative and predictable saw these improvements. The authors stated that this shows the complex effects of school climate on students' sense of risk and resilience (Starkey et al., 2019 #108).

COMMUNITY-LEVEL OUTCOMES

The development of social and emotional competencies could alter how children and youth perceive and engage with the community. Yet, few studies explored the role of SEL on peacebuilding and civic engagement, despite its use in conflict-affected and post-conflict regions. This gap suggests the need for more research, especially given the prevalence of peacebuilding and civic engagement programs. Studies that did measure these outcomes targeted peacebuilding or civic engagement as their primary aim, yet they still employed SEL approaches and discussed effects on social and emotional outcomes.

For example, a study of the long-term effects of four-day peace workshops for Sinhalese (56 percent) and Tamils (44 percent) young adults ages 18 to 21 in Sri Lanka compared the treatment group (n=25) to two control groups: those nominated to attend workshops by the same schools but could not participate due to funding cuts (n=39), and those who were demographically similar but attended schools that did not nominate students for the workshops (n=25). One year after the intervention, participants self-reported greater empathy than the two control groups and were more likely to donate money to help children of a different ethnicity than the control groups. Although this study had a small sample size and did not specifically target SEL, it did have positive effects on both social and emotional skills and peaceful behaviors (Malhotra and Liyanage, 2005 #100).

Only two studies explicitly discussed youth's perception of the community or the communities' perception of the youth (NORC at the University of Chicago, 2021c #13A; NORC at the University of Chicago, 2019 #74). An impact evaluation of USAID's Civic Education Initiative involving 26,350 secondary school students in Georgia tested three different arms of a civic engagement program (NORC at the University of Chicago, 2019 #74). All treatment groups received enhanced teacher training and supplementary civics curricula, one received additional voluntary civics clubs, while another received mandatory civics projects. The control group received the national civics curricula. Across all three treatment groups, civic behaviors and attitudes related to school government and politics in the classroom significantly improved, with girls significantly outperforming boys. Furthermore, the addition of civics clubs or projects were more successful in garnering civic participation among youth. The outcomes in this study were not all promising, however, as there were no effects on civic, democratic, or pro-social attitudes related to civic engagement outside of school for youth across the three variations. Moreover, ethnic majority students and non-low-SES students significantly outperformed minority students and low-SES students on most measures.

A non-formal academic program in Honduras that provided secondary school access for youth and adults in rural areas and for marginalized groups also had strong outcomes, particularly for girls. Findings from a qualitative study involving 120 interviews and 200 hours of observation showed that the program increased women's knowledge, confidence, public speaking skills, and attitudes toward working for the betterment of their villages, ultimately improving citizen participation (Murphy-Graham, 2007 #110). The MYDev Program included training on life skills, technical skills, support for access to equivalency courses, and the creation of out-of-school youth development alliances in the local communities. Although

participants were newly employed at a higher rate than the control group, there were no statistically significant differences in quality of employment or life skills. Interestingly, the control group had statistically significantly greater improvement in their perception of the government and community than participants, although both groups improved (Education Development Center, Inc., 2016 #13B). However, the authors did not explore the cause.

Participatory action research on YouCreate, an arts-based program with refugee and displaced youth in Egypt and Iraq, aimed to investigate how the program might contribute to well-being and “meaningful participation.” They found that the program contributed to youth’s sense of purpose, hope, self-discovery, and self-expression, as well as a sense of respect from community members and inclusivity in their communities (Lee et al., 2019 #73). Although not causal, this study suggests that meaningful participation in a program may contribute to refugees’ and displaced persons’ sense of engagement and respect for and from the wider community. The inconsistency in the findings across studies uncovers a major gap in the field’s knowledge of how SEL can contribute to broader community outcomes, including peacebuilding and civic engagement. Although they show promise, some programs may unintentionally undermine participants’ perception of the government.

POLICY

Only one study (Afghan Children Read, 2021 #78) described the broader policy implications of integrating SEL into the government curriculum, although a number of other studies discussed challenges or partnerships with policymakers.

The USAID-funded Afghan Children Read (ACR) program integrated a SEL framework into the Afghan Ministry of Education’s (MoE) policies and curriculum for Grades 1 to 6. A case study probed how SEL is determined and defined by the MoE, what it looks like in practice, and how it is perceived by communities and local experts. Though the policy and MoE framework appear to be culturally relevant and target inclusion, an examination of classroom implementation suggests the curriculum is not implemented with fidelity in the classroom (Afghan Children Read, 2021 #78). The authors suggested that this may have occurred in part because of government administration pushback for additional revisions—a concern that some MoE officials reported in interviews. There was also difficulty with the rollout of training and uptake by teachers and schools.

In contrast, the Teachers’ Diploma Programme in Zambia was more successful in working with and through the government, despite the lack of MoE policy on SEL. Coordination between teachers and communities, partnerships with other services, locally relevant initiatives, and integration at the policy level allowed for greater success in its implementation (Zulu, et al., 2020 #5). Additionally, in Honduras, the School-Based Violence Prevention Activity (Asegurando La Educación—ALE) program successfully worked with the government to adopt the new SEL-integrated physical education curricula (NORC at the University of Chicago, 2021f #9). ALE is a five-year program that aims to reduce school-based violence and to equip schools to actively contribute to community-level violence prevention. The policy has not yet been evaluated. Additional research on the implementation and roll-out of the SEL policy in Honduras, designed in coordination with ALE, would provide additional information on the potential of SEL policies to influence individual and community outcomes.

Rolling out new policies, including those related to SEL, takes time and careful coordination, and the minimal research that exists to date suggests that close coordination with government officials from the

start is essential to achieving both policy and implementation success. In Lebanon, the Quality Instruction towards Access and Basic Education Improvement (QITABI) and QITABI 2 programs worked within the national education system to ensure sustainability. The QITABI program incorporated SEL primarily through teacher instructional practices and creating a safe classroom environment. No robust assessment of effects was conducted, but anecdotally, teachers and learners suggested that positive changes took place in the classroom. Building off this initial implementation, QITABI 2 explicitly integrated SEL across languages and math for all primary grades (NORC at the University of Chicago, 2021e #15). By working within the education system, the QITABI programs aim to ensure sustained support of policymakers. As with the policy in Honduras, additional research is necessary to understand the impact of coordinating with policymakers on SEL.

KEY FINDINGS ON SCHOOL AND COMMUNITY OUTCOMES

Overall, the limited existing literature suggests that SEL interventions are associated with positive effects on school climate, community engagement, civic participation, and peacebuilding. Additional research is needed to further explore the causal pathways through which these changes occur. The policy environment can contribute to or detract from implementation of SEL in the classroom. Creating an enabling policy environment takes time and requires coordination between programs and policymakers.

RQ2A: WHAT PATHWAYS OR SKILLS/COMPETENCIES LEAD TO WHICH OUTCOMES OF INTEREST?

Existing literature suggests that social and emotional skills and competencies lead to improvements in workforce, academic, and other key outcomes.²⁵ In RQ2A, we intended to explore the causal pathways presented in the literature to compare the literature in development and humanitarian contexts with that existing in the Global North. Approximately one-third of the total number of studies (n=47) explored causal pathways, yet only 33 met the established causal criteria for this review. Of these, only 17 demonstrated any positive effect. The following section analyzes these studies further.

As expected, there was minimal definitive evidence to support or contradict our ToC. Studying causal pathways requires more data and rigorous statistical analysis, which was unavailable in much of the literature we retrieved. Despite the limited evidence, we explore below some of the studies that suggest correlations and pathways for consideration in future programming and research.

SELF-EFFICACY, SELF-ESTEEM, AND SELF-CONFIDENCE

Self-efficacy, self-esteem, and self-confidence contribute to academic, workforce and health-related outcomes. Self-efficacy, measured as a standalone outcome, emerged from multiple studies as contributing to broader outcomes. For example, the study of the Akanksha intervention in India found that the intervention had positive effects on self-efficacy and self-esteem. The researchers also found that these effects were associated with higher exam scores and higher earnings (Krishnan & Krutikova, 2013 #59). Similarly, the study of a program for adolescent girls in the urban informal settlements of Kenya used structural equation modeling to show that the intervention's effect on risky behaviors moderated

²⁵ See Lippman et al., 2015; Durlak et al., 2011; and Gates et al., 2016, respectively.

academic performance.²⁶ Further, the study also suggested that education aspiration and self-confidence, along with interest in school, mediated the relationship between the intervention and the reduction in risky behaviors (Ngware et al., 2016 #2). Another, lower-intensity treatment also found a connection between self-efficacy and broader outcomes. A radio program in Malawi aimed at promoting self-efficacy and attitudes and behaviors surrounding HIV prevention and sexual activity (treatment n=709, control n=696), implemented listening sessions at schools randomly selected for the intervention. The researchers measured the impact using a post-test, quasi-experimental design. While both boys and girls were a part of the data collection, young girls were the primary target, as HIV is especially prevalent among 15 to 24-year-old females in Malawi. The treatment group had statistically significantly higher self-efficacy scores and greater likelihood of engaging in discussions about educational and career aspirations and HIV prevention in comparison to the control group (Limaye et al., 2013 #103). The study of the adapted NIMHANS model in India, which targeted both health promotion and basic life skills, found that the intervention's effect on internal Health Locus of Control (HLC) mediated its positive effect on self-determination (Sarkar et al., 2017 #87). The authors defined HLC as a "multi-dimensional construct that indicates the health expectancy of an individual. An individual with an internal HLC believes that health outcomes are related to one's own ability and effort" (p. 266). In other words, HLC is self-efficacy with regard to health behaviors and outcomes.

An RCT in the Dominican Republic investigated the role of the Juventud y Empleo soft skills program with female youth, ages 16 to 29 (n=564), in reducing teenage pregnancy (Novella and Ripani, 2016 #107). The study found that the intervention effectively reduced the likelihood of pregnancy by about 20 percentage points and improved participants' soft skills. Additional analyses suggest that the development of "soft skills," such as grit and social and personal competencies (as measured by the Social and Personal Competencies Scale), may be the pathway through which teenage pregnancy was reduced. Further, although the intervention did not affect self-esteem, adolescents who had moderate as opposed to low levels of self-esteem (as measured by the Rosenberg scale) before the intervention had a lower probability of pregnancy when compared to the control (Novella and Ripani, 2016 #107).

Another study in Liberia demonstrated a correlational, though not causal, relationship between the positive effects on self-confidence and employment outcomes. Researchers conducted an impact evaluation of the Economic Empowerment for Adolescent Girls (EPAG) program, which was designed to increase the employment and earnings of young women through six months of classroom-based life skills and livelihoods training followed by six months of support as the women transitioned into employment. The study demonstrated strong, positive impacts of the program on earnings and employment, as well as perceived positive impacts on self-confidence, social abilities, life satisfaction, and a reduction in worry (Adoho et al., 2014 #8).

EXPLORATION OF OTHER CAUSAL PATHWAYS

In this section, we discuss other causal pathways only explored in a single study. Although these are promising and may contribute to our understanding of the effects of SEL programs, they may be specific to the study intervention and context.

²⁶ In statistics, a moderator is a variable that changes the strength of the causal relationship between two variables. In this case, the intervention was causally linked to academic performance, with the intervention's effect on risky behaviors strengthening or weakening subsequent academic performance.

One impact evaluation with Tibetan teenage refugees in India explored which specific skills that were developed in a life skills training program predicted which outcomes—namely, types of stress, self-confidence, active coping, and emotional intelligence (Yankey and Biswas, 2012 #63A; Yankey and Biswas, 2019, #63B). Overall, the life skills intervention promoted positive social and mental health. Specifically, the studies found that social skills predicted school, future, and leisure stress (2012), and were better predictors of self-confidence and emotional intelligence (2019). In comparison, cognitive skills contributed to a reduction in school, leisure, and self-stress and an increase in active coping, self-confidence, and emotional intelligence. Self-awareness skills contributed to withdrawal coping and self-confidence, but the researchers noted no demonstrable link between self-awareness and active coping or emotional intelligence.

Other studies demonstrated correlations or explored the effects of interventions on both social and emotional skill development and mental health (Eloranta et al., 2017 #37; Punamäki et al., 2014 #37; Tol et al., 2012 #65; Tol et al., 2014 #64), academic outcomes (Metzler et al., 2021 #83; Starkey et al., 2019 #108; Tubbs Dolan et al., forthcoming #95), and workforce outcomes (Education Development Center, Inc., 2016 #13; Genesis, 2020 #23; Groh et al., 2012 #72A; Groh et al., 2016 #72B; Olanrewaju and Suleiman, 2019 #33). Yet, these studies failed to provide conclusive evidence of the causal pathways to achieving the intended outcomes through social and emotional skill building.

YOUTH PERCEPTIONS OF THE CAUSAL PATHWAY

Youth, themselves, report that social and emotional competencies are important to their success and the impact of programs in which they participate. In a qualitative study examining the World Changers Academy (WCA)—a life skills and leadership training for South African youth who are not in employment, education, or training—and its impact, youth primarily focused on the importance of social and emotional competencies. The youth said that the four main aspects of WCA that led to positive change included "emotions, healing and hopefulness; identity, purpose and self-confidence; reflection and changing mindsets; community engagement, relationships and authenticity" (John et al., 2018 #17).

KEY FINDINGS ON CAUSAL PATHWAYS

Few studies have explored the causal pathways that lead to outcomes from SEL programming. Based on the limited evidence, self-efficacy stands out as a competency that leads to positive academic and workforce outcomes as demonstrated in multiple studies. However, more research into the causal pathways is necessary to build out a ToC for SEL programming that is based on evidence from development and humanitarian contexts.

RQ2B: WHAT ARE THE EFFECTS OF DIFFERENT IMPLEMENTATION APPROACHES AND FACTORS?

In this section, we discuss the effects of different SEL approaches and implementation factors. We selected approaches and implementation factors based on rigorous research from the Global North (i.e., Durlak et al., 2011). These factors include the criteria set forth in the introduction: S.A.F.E.; implemented with fidelity; and contextual relevance. We also highlight innovative approaches to SEL that emerged from the literature that may be effective in development and humanitarian contexts.

SEL APPROACHES

When accounting for all studies, the approach used most frequently was standalone, targeted SEL skills training (n=93). In comparison, targeted SEL that was integrated into academic content appeared 25 times, teaching practices 34, classroom management strategies 20, and multi-component in 18 studies. Also accounting for all studies, the standalone SEL approach had approximately five times as many positive outcomes as any other approach (n=53), and the highest percentage showing positive results (57 percent). In contrast, only 22 percent of the studies of multi-tiered/multi-component approaches (n=4) had positive results. The other three, classroom management, teaching practices, and integrated skills training each saw around 40 percent positive results—40 percent (n=8), 41 percent (n=14), and 44 percent (n=11), respectively. However, to ensure that interventions with multiple studies did not receive undue weight, we disaggregated the following analysis by unique interventions, counting each intervention studied only once.

TABLE 8. SEL APPROACH BY POSITIVE EFFECTS

SEL APPROACH	TOTAL	POSITIVE EFFECT
Classroom management strategies	20	8
Teaching practices	34	14
Targeted SEL skills training - Integrated	25	11
Targeted SEL skills training - Standalone	93	53
Multi-tiered / Multi-component	18	4

Table 9 below shows the distribution of unique interventions that use each of the SEL approaches, and their corresponding outcomes. As described above, individual studies may have used multiple approaches and assessed multiple outcomes. Nonetheless, this table shows that the largest number of studies that qualified for this review employed targeted SEL skills training. The majority of those studies (77) taught SEL skills in a standalone manner, meaning that the SEL intervention was separate from other skills training. An additional 20 studies targeted SEL training through an integrated approach, incorporating explicit SEL instruction into academic or workforce skills training. When the studies were disaggregated by all approaches used in a single intervention (see [Annex F](#)), the largest number and highest proportion of studies that achieved a positive outcome used only standalone, targeted SEL skills training (n=44, 67 percent). The mixed approaches did not result in as high a percentage of positive outcomes as the targeted, standalone SEL skills training. Only the targeted, integrated approach also had a proportion of positive effects nearing half (n=6, 46 percent). **These findings reinforce the existing literature on SEL from the Global North that finds that explicit instruction is the most effective in achieving SEL and other productive outcomes** (Durlak et al., 2011).

TABLE 9. NUMBER OF UNIQUE INTERVENTIONS BY SEL APPROACH AND OUTCOMES

SEL APPROACH	SOCIAL / EMOTIONAL	ACADEMIC	WELL-BEING	WORK FORCE	TEACHER	SCHOOL	COMMUNITY	UNIQUE INTERVENTIONS
Classroom management strategies	6 (3)	4 (2)	3 (1)	1 (0)	3 (3)	6 (3)	2 (0)	11

Teaching practices	11 (4)	7 (3)	3 (1)	3 (1)	6 (4)	8 (4)	3 (0)	19
Targeted SEL skills training - Integrated	14 (6)	6 (2)	10 (5)	6 (2)	3 (2)	4(1)	3 (1)	20
Targeted SEL skills training - Standalone	59 (35)	12 (9)	56 (37)	15 (9)	3 (2)	6 (4)	5 (3)	77
Multi-tiered / Multi-component	5 (1)	3 (1)	6 (2)	5 (2)	1 (1)	2 (1)	1 (0)	11
# of unique interventions	81	17	72	25	9	11	6	110

Note. Each cell follows this format, total number of unique interventions (number of studies with positive effect).

CREATIVE SEL APPROACHES

SPORTS-BASED PROGRAMMING

Sports-based programs offer a promising strategy for developing social and emotional competencies. Four studies of sports-based programs emerged in this literature review. Although only one study utilized a rigorous impact evaluation methodology, each study shows the potential for sports programming to promote SEL in development and humanitarian contexts.

An impact evaluation of Right to Play's play-based LSE program in Pakistan involved 1,752 Grade 6 students (10 boys-only and 10 girls-only schools in both the treatment and control groups). The program involved 35-minute sports and play-based learning sessions held twice a week for two years, play days and tournaments, and child rights and gender equality community awareness sessions (Karmaliani et al., 2020 #77). Results showed significantly decreased depression and peer victimization for the treatment group, with girls experiencing the greatest effects. Gender attitudes also improved for the treatment group, but there were no improvements in school performance indicators.

The USAID-funded A Ganar program in Honduras integrated sports into a vocational training intervention. The mixed methods study included allowed triangulation and an explanation of the quantitative findings. Quantitative results showed that participants saw greater gains in social and emotional skills than control youth, including both personal strengths and support systems. Qualitative findings reinforced these results by showing that youth saw improvements in communication abilities and overcoming shyness, as well as professional capabilities (Social Impact, Inc., 2018 #68).

Two qualitative studies explored additional interventions in sub-Saharan Africa. A qualitative study of a three-week sports-based PYD program in Eswatini found that overall, the coaching practices successfully cultivated a positive, safe learning environment and allowed youth to develop, practice, and apply the life skills they learned throughout the program. The program, targeting OVCs, consisted of 15 sessions that each focused on building a specific life skill (Huysmans et al., 2021 #55). In South Africa, another qualitative study investigated the effects of the Buffalo City Soccer School, a sports and life skills program in a low-income setting. The study had several limitations, namely that only ten male youth participants (ages 11

to 20) were interviewed for only 15 minutes each. However, the preliminary findings suggested that the program had positive effects on participants' sense of belonging and family, as well as participants' sense of safety, agency, and self-efficacy (Draper and Coalter, 2016 #88).

Overall, sports programs seem to present opportunities to safely develop and practice social and emotional skills. These programs may help children in developing a sense of belonging and strong positive relationships with an adult (coach) and peers (teammates). However, they also face challenges when gender and other cultural norms may impede participation or safety. Mixed-gender programming may serve to reinforce rigid gender norms. More rigorous studies are necessary to better understand the effects of sports programming on SEL, especially in comparison to other approaches.

ARTS-BASED PROGRAMMING

Similarly, arts-based interventions are promising tools to deliver SEL content and engage children and youth in creative activities that support self-discovery, mutual understanding, and well-being. Within this review, we included two rigorous impact evaluations, two quasi-experimental studies, and two qualitative studies that examined programs that prominently feature arts-based activities. Studies show positive effects for most outcomes, with some mixed results across SEL and psychosocial variables.

An RCT on the Galpao Aplauso program in Brazil investigated whether a vocational training program that used arts-based techniques (specifically theater) would have effects on labor market and social and emotional outcomes. Findings showed that the program had significant effects on employment and earnings (Calero et al., 2017 #19B). While results indicated no effect overall on social and emotional skills or risk behavior, self-control/managing conflict showed significant improvement, and those who initially had higher social and emotional skills generally had better outcomes. Higher social and emotional skills were correlated with lower risk behaviors.

Arts-based activities have a long history of use for the purposes of supporting mental and emotional health, particularly in children and youth. The PSSA program in northern Uganda included activities such as art, music, drama, and reflective exercises to provide psychosocial support to conflict-affected children ages 7 to 12 (Ager et al., 2011 #20). An impact evaluation of the intervention showed positive effects on well-being according to child self-reports and parent reports (when the treatment was interacted with time). However, teacher reports showed similar gains across both treatment and control groups.

A quasi-experimental study of an art therapy program with children affected by AIDS and OVCs in South Africa showed that the intervention had positive effects on self-efficacy (Mueller et al., 2011 #104). However, this effect disappeared after considering bereavement status.²⁷ None of the other mental health outcomes were statistically significant. Interestingly, bereaved children had similar self-efficacy scores to non-bereaved children in the control group, indicating that the program supported self-efficacy among bereaved children. Likewise, an after-school program with children and adolescents in informal settlements in Mumbai used arts, drama, mentoring, and sports activities to build non-cognitive skills such as self-esteem, aspirations, and agency (Krishnan and Krutikova, 2013 #59). A quasi-experimental study of the program showed significant positive effects on self-efficacy and self-esteem, with smaller, positive effects on aspirations and future outlook.

²⁷ Bereavement status refers to the loss of one or both parents in this study.

An arts-based program that used participatory action research with refugee and displaced youth in Egypt and Iraq involved youth-led arts projects, such as painting murals, theater performances, dance, and songs to highlight and address social problems that participants prioritized (Lee et al., 2019 #73). A qualitative study indicated that the program contributed to the youths' sense of purpose, hope, self-discovery, and self-expression, respect from community members, and more inclusive communities. Similarly, the Youth Theatre for Peace programs used drama activities as a vehicle for peace education and conflict transformation with young people in Tajikistan and Kyrgyzstan (Nigmatov, 2011 #96). A qualitative study of the program, which included some observational quantitative measures and a comparison group, indicated that participants felt more confident and gained leadership skills, conflict management skills, and empathy at the end of the program.

Arts-based programs provide opportunities to practice social and emotional skills through active, imaginative activities. Children and youth are able to express ideas and feelings about difficult subject matter without reliance on language. The literature suggests that creative collaboration can support mutual understanding, confidence, and empathy. Artistic activities can extend SEL to the wider community. However, arts-based group activities may not support mental health outcomes for the most vulnerable and may need to be partnered with additional programming. Art-based programs also have limited capacity to address economic and structural barriers. Further research should be conducted to better understand the role arts can play in SEL.

IMPLEMENTATION FACTORS

In addition to exploring the effects of SEL programs, this study aimed to compare findings to existing reviews and the stated “best practices,” primarily from the Global North. The evidence from the Global North suggests that interventions are successful when they: are school-based and universal (delivered to all children and youth in the education program); focus on both the inter-personal and intra-personal competencies; are developmentally appropriate and/or sequenced by grade (see Table 10). Additional criteria that we explore in more detail include the “S.A.F.E.” criteria and fidelity of implementation.²⁸

Only six studies met all of the criteria that we established, based on best practices for the Global North.²⁹ All but one (Asghar et al., 2018 #43) also met the causal criteria, and all but one (Gol-Guven, 2017 #29) targeted youth across formal and non-formal education. Four (Asghar et al., 2018 #43; Gol-Guven, 2017 #29; Krishnan and Krutikova, 2013 #59; Social Impact, Inc., 2018 #68) led to positive outcomes. All of these, except one (Social Impact, Inc., 2018 #68) also met the S.A.F.E criteria or did not mention whether the intervention was S.A.F.E. None of these studies, however, mentioned implementation fidelity.

The two studies that did not see positive results had null effects and inconclusive effects, respectively. The study of I-Deal (Miller et al., 2020 #28) included a discussion of potential reasons for the lack of effect, which included: confusion by children in answering questions, ceiling effect due to already high well-being scores, active control condition, low reliability on measures related to life skills, outside stress (within families, perhaps). The Girl Empower study (Özler et al., 2020 #48) also saw inconclusive effects on social and emotional constructs. These results may have been a result of measurement error, or they may have

²⁸ For more information on best practices from the Global North, see: Cefai et al., 2018; Durlak et al., 2011; Sklad et al., 2012; Taylor et al., 2017; Wigglesworth et al., 2016.

²⁹ Asghar et al., 2018 #43; Gol-Guven, 2017 #29; Krishnan & Krutikova, 2013 #59; Miller et al., 2020 #28; Özler et al., 2020 #48; Social Impact, Inc., 2018 #68.

been ineffective interventions for other reasons. Due to the limited number of studies that met this criteria, additional research is necessary to draw definitive conclusions about their relevance in development and humanitarian contexts. **However, the existing literature does suggest that a safe school climate, universal implementation, developmental appropriateness, and targeting inter-personal and intra-personal skills contribute to the effectiveness of SEL programming.** Four out of the six studies that met these criteria had positive effects.

TABLE 10. NUMBER OF STUDIES BY EXISTING BEST PRACTICE CRITERIA					
BEST PRACTICE CRITERIA	YES	NO	UNKNOWN	MEETS ALL CRITERIA ³⁰ (MINUS FIDELITY)	POSITIVE + CAUSAL + MEETS ALL CRITERIA (MINUS FIDELITY)
Implementation fidelity	13	5	92	N/A	N/A
Safe school climate	27	57	26	6	4
Universal	72	29	9		
Developmentally appropriate	54	32	24		
Inter-personal	90	5	15		
Intra-personal	33	8	69		
Both inter- and intra-personal	27	57	26		

The existing research does not sufficiently explore the necessary “dosage” of SEL. Intervention “dosage,” or the amount of time spent in the intervention, can be difficult to define and measure. While the existing literature does suggest that there may be a necessary “amount” of implementation, it does not yet explore the questions of frequency and length of sessions, duration of the program, and adherence to the intended intervention. Zero studies compared the same intervention with different treatment dosages. However, interventions that had a very low “dose” of SEL did not show substantial effects. For example, the RCT of a two-day teacher training in Nepal described above saw no effect on the measured outcomes (Dhital et al., 2019 #30). In contrast, those interventions with a high “dose” of SEL, such as the Akansha program in India which engaged participants over multiple years, saw positive and lasting effects (Krishnan & Krutikova, 2013 #59). Although there are not yet conclusive findings about intervention dosage, the existing literature suggests that programs that engage with children and youth over a longer time are more likely to have a greater and lasting effects. However, this is an area that requires further research.

Similarly, there is limited evidence that explores the effect of implementation fidelity. Implementation fidelity, or adherence to the intended intervention, is likely to affect outcomes. Yet, of the unique interventions (n=110), 92 studies do not mention implementation fidelity. The small sample (n=18) that do mention implementation fidelity (see Table 10 above), revealed mixed results: thirteen say there was fidelity of implementation, and five mention a lack of fidelity of implementation. One causal study of an HIV/AIDS prevention and life skills program for Grade 9 students in South Africa did note

³⁰ Implementation fidelity is not included in the “all criteria” because it was not mentioned in any of the studies that met the other criteria.

limited overall effects in the intent-to-treat group, yet they report greater gains when conducting exploratory analysis among those who received the full intervention (James et al., 2006 #40). Similarly, in a non-causal study of CFSs in the DRC, the only implementation factor that was associated with higher psychosocial well-being scores was regular attendance (Eyber et al., 2016 #80). The same was true in a yoga intervention in Colombia—the intervention mainly showed that there was an impact for participants who had high levels of workshop attendance (Velásquez et al., 2015 #1). In contrast, the study of M-SEL in Brazil noted that not every class completed all 12 sessions, yet it still had very positive effects (Waldemar et al., 2016 #35). Some of the studies that did not measure outcomes also noted that there were implementation errors or inconsistencies due to a lack of resources (NORC at the University of Chicago, 2021f #9) or interruption due to conflict (Education Development Center, Inc., 2016 #13B). For more information on implementation challenges programs may face, see Box 10 below. Although implementation fidelity may contribute to outcomes, there is insufficient evidence from development and humanitarian contexts to determine its effect on outcomes.

BOX 10. CHALLENGES WITH IMPLEMENTATION AND DATA FIDELITY IN LASER PULSE / UNICEF IEEES SOUTH SUDAN

The LASER PULSE study in South Sudan examined the effect of including Psychosocial Support (PSS) on learning outcomes within the UNICEF Integrated Essential Emergency Education Services (IEEES) program. The endline report found mixed academic outcomes for students in the treatment schools compared to controls—including negative effects on numeracy and mixed effects on literacy—despite positive overall impacts on well-being (social and emotional). Although these findings call into question the link between SEL and academic outcomes, further discussion of the challenges of implementation and data collection is warranted.

Implementing partners did not use unified materials, nor did they have unified understandings of PSS and SEL, and they had different levels of capacity and goals. In Emergency Education Programs, a subset of the IEEES schools, several activities were related to building social and emotional skills, like coping skills, while in development schools the focus was largely on academic skills. For the purposes of the study, these programs were grouped together to assess impact. Not surprisingly, the study found differential impacts across locations, which may have been in part due to the differences in the services and curriculum provided.

Second, due to the nature of the complex emergency and high levels of displacement, there were challenges in collecting data and maintaining true separation between treatment and control schools. By the endline assessment, many of the schools that were intended to be “controls” had received some form of PSS. This contamination of the treatment and control may have substantially altered the findings. Further, internally displaced persons (IDPs) within South Sudan are a highly mobile population. Tracking changes in the same children over time proved near impossible. Thus, the mixed findings on academic outcomes may be a result of the challenges with data collection and contamination, rather than with the intervention, itself. It also may be that the differences in implementation caused varied effects. Additional, targeted research that focuses on both implementation and data collection fidelity and challenges is necessary to better understand the effects of adding PSS into IEEES schools in South Sudan.

Table 11 below shows the breakdown of studies across the S.A.F.E. criteria. Among the studies (n=39) that met all four S.A.F.E. criteria, 17 returned positive results, 10 were inconclusive, and only one returned null results. None demonstrated negative outcomes. For the reasons described above, the study of the I-Deal intervention that returned null effects (Miller et al., 2020 #28) may be an outlier.

Only one program, M-SEL in Brazil, explicitly discussed adherence to the S.A.F.E. principles, citing prior literature on the effectiveness of these principles. The M-SEL program aimed to adhere to S.A.F.E. principles whenever possible, with the caveats that they prioritized issues raised by the students over adherence to the sequence (“S”) (Waldemar et al., 2016 #35). It was also implemented by an in-training psychologist within the school. In line with existing literature, the treated group saw greater outcomes in social and emotional competencies than the control group (Waldemar et al., 2016 #35).

TABLE 11. NUMBER OF STUDIES BY S.A.F.E CRITERIA

S.A.F.E. CRITERIA	YES	NO	UNKNOWN
Sequenced	69	11	25
Active	82	4	23
Focused	85	4	20
Explicit	43	39	27
Meets all S.A.F.E Criteria	39		
Positive + Causal + Meets all S.A.F.E Criteria	15		

Overall, the literature from development and humanitarian contexts is not as conclusive as the literature from the Global North on the implementation criteria necessary to achieve positive outcomes. However, these criteria emerged more conclusively after decades of research in the Global North. Thus, it may be a result of the lack of focus on these criteria in existing literature, the challenges in conducting research in these settings, or issues with measurement validity. From a do-no-harm perspective, none of the criteria seem to have a detrimental effect on the outcomes and instead, suggest that they contribute to positive effects of SEL programming.

CULTURAL RESPONSIVENESS AND RELEVANCE

Many of the interventions (Gol-Guven, 2017 #29) and measures (*i.e.*, SDQ, DAP) found in this body of literature were developed in different contexts and then implemented in a new context as a part of the studies included in this review. Some of the literature suggests that programs transplanted from one context to another can have positive effects, while others show null (Miller et al., 2020 #28) or even negative effects (Tol et al., 2012 #65; Tol et al., 2014 #64). **Highly structured global approaches did not always lead to positive effects, perhaps because they do not allow for adaptation.** Manualized approaches, in which the facilitator implements lessons based on a structured manual, such as those deployed in both Sri Lanka (Tol et al., 2012, #65) and Burundi (Tol et al, 2014., #64), do not allow for the curriculum to be adapted to each unique context. Both of these studies led to conflicting effects by sub-group. Moreover, both saw some troubling and negative effects, previously described in the *Well-being* section. Similarly, the I-Deal intervention is highly structured (Miller et al., 2020 #28). Despite meeting all “best practice” criteria, the study, which was conducted in Lebanon, found no positive effects.

These examples suggest that highly prescriptive approaches that do not enable implementers to adapt materials to the local context may hamper program effectiveness. Even when programs do contextualize and adapt materials, it can be challenging to address all aspects of cultural relevance in an adaptation process. Box 11 provides an example of the challenges with contextualizing SEL content.

BOX 11. WHAT IT MEANS TO BE CONTEXTUALLY RELEVANT: IEEEES SOUTH SUDAN

In the last year of IEEEES, PSS was integrated within the official curriculum in South Sudan. Training manuals were developed, unified, and streamlined across the system. A workshop in Kampala, Uganda aimed to contextualize and adapt the materials. According to a participant, “the training was appropriate—but there were a lot of challenges because of regional and language differences. It required translation—this is an issue even for national curriculum. Even interview tools and terminologies—coping skills, emotion—requires translation for learners to understand and teachers, also.” (KII, personal communication, June 17, 2021). In addition, conceptualizations of SEL skills and strategies across communities differ. According to the participant, although the materials were translated into six or so languages, “the content may be portrayed differently because of the [different] language[s]” (Key informant interview, personal communications, June 17, 2021). Some of these issues were not resolved during the workshop. For example, some SEL strategies, such as coping skills and body language, are specific to each community and language. Although a robust process was in place to ensure contextual relevance, some aspects still could not be sufficiently contextualized given that they were developed primarily outside of the context.

Perhaps even more problematic are interventions that contrast with the cultural norms of the operational context. A mixed methods project evaluation of the five-year, USAID-funded Youth for Future project aimed to build “positive life skills,” provide work training, and provide a sustainable network of community support and employment opportunities for youth ages 15 to 24 in Jordan (Moubayed et al., 2014 #71). The findings show that the program generally had positive effects on life skills and competency outcomes. However, even though young women were explicitly recruited and retained in the program, the work training they received was considered “inappropriate” according to the cultural norms for young women’s employment opportunities in this context. While these norms may be problematic, addressing them requires a more systemic approach and as such, training women without addressing the employment context around them may be ineffective. Qualitative (n=25) and mixed methods (n=16) research shed light on the benefits of being culturally responsive. In the qualitative study of the RISE program in Zambia, teachers and community health workers noted that they experienced some pushback from parents on specific aspects of the sexuality education program. Yet, they noted that the multisectoral collaboration between teachers and community health workers allowed for improved acceptability in the community. This suggests that **engagement with a wider cross-section of society may enable better uptake and acceptability of programming to communities.**

Another qualitative study that employed thematic content analysis to examine children’s own writing aimed to understand what helped conflict-affected Palestinian children cope with violence, and how a summer camp may have contributed to their perception of well-being (Veronese and Castiglioni, 2015 #18). They concluded that “symptoms-oriented clinical interventions focused on reducing traumatic and stress responses to war and violence may risk undermining the children’s natural competence and ability to adjust, reproducing phenomena such as isolation, stigma and passivity that are associated with the policies and strategies of occupation” (p. 18). **Culturally unresponsive and symptoms-oriented**

frameworks may actually undermine conflict-affected children’s natural ability to adjust. The authors instead recommended participatory interventions that focus on “ease” and well-being.

Participatory action research can also support cultural responsiveness by engaging local actors in the creation of SEL programs. A participatory action study investigated a psychosocial well-being intervention in Sri Lankan primary schools after the 2004 tsunami (Natasi et al., 2011 #105). The results indicated that tsunami-related stressors were still present for children 15 to 18 months later, though they were not necessarily at the forefront of children’s minds, or the stressors they were most concerned about. However, the participatory methods did not allow the researchers to draw conclusions about the effectiveness of the intervention. **There is a dearth of literature that pairs participatory, culturally-responsive methods with rigorous impact evaluations.** However, this gap provides researchers and practitioners with an opportunity to better determine the effects of employing approaches that are responsive to the community’s needs. Box 12 describes a promising approach to co-developing SEL programming.

BOX 12. SEL CO-CREATION IN TUSOME PAMOJA TANZANIA

Another promising practice for developing effective, culturally relevant SEL practices comes from the USAID-funded Tusome Pamoja program in Tanzania. Teachers attended co-creation workshops to develop SEL activities, then received mobile activities (due to COVID) to conduct with their students. Teachers preferred in-person co-creation to receiving mobile activities, suggesting their preference to be engaged in developing culturally and contextually relevant SEL activities (RTI, 2021, #53). Senior staff from RTI International who were engaged in Tusome Pamoja mentioned that co-creation was critical. The qualitative research uncovered important cultural beliefs that may be missed in a more traditional top-down model. For example, Matthew Jukes, Senior Education Evaluation Specialist at RTI International reported that “teachers believed that it was important for them to be connected to their students, so that was their pre-disposition towards whole group activities, they see them as important for maintaining an emotional connection with their students” (Matthew Jukes, personal communication, June 22, 2021). In the safety of the workshop, teachers were able to practice and work through the challenges that they face and identify strategies for engaging students in groupwork that still aligned with their values of togetherness. Teachers’ own goals in the classroom were engaged, but through their own work and adaptation. The Tusome Pamoja approach drew on rigorous research and integrates global best practices while maintaining cultural relevance.

KEY FINDINGS

Findings from the literature included in this review suggest that explicit and targeted SEL instruction is the most effective implementation approach for achieving SEL and other outcomes. While the evidence from humanitarian and development contexts is not as conclusive as the literature from the Global North, other implementation factors that seem to support effectiveness include a safe school climate, universal implementation, developmental appropriateness, and targeting inter-personal and intra-personal skills. Furthermore, sports and arts-based programs can also be leveraged to provide children and youth with additional opportunities to safely develop and practice social and emotional skills. In addition to these implementation factors, the literature revealed that highly prescriptive approaches that lack local contextualization and room for adaptation do not demonstrate effectiveness, which suggests that there are benefits to being culturally responsive. Despite these findings, research gaps persist, and rigorous research is necessary to better understand how implementation fidelity may contribute to SEL and other outcomes.

THE EFFECTS OF SEL PROGRAMS ACROSS SUB-POPULATIONS

RQ3 aims to show how the effects of SEL programs differ within and across sub-populations, with a particular focus on differences by age, gender, disability status, and displacement status. To better understand the contextual factors that may confound or influence the effects of SEL interventions for specific groups, we also analyzed how specific interventions affect different sub-populations. In this way, we begin to explore if and

how SEL contributes to equity, *i.e.*, whether it increases or decreases disparities. Given that one of the aims of this review is to inform USAID programming, and specifically the Africa Bureau's Office of Sustainable Development, Education and Youth Division, a sub-question of interest is how the evidence relates to sub-Saharan Africa. We compared the depth and breadth of the evidence on SEL and soft skills in sub-Saharan Africa, where the largest percentage (45 percent) of the studies reviewed took place, to broader global evidence. See Figure 10 below for the proportion of unique studies by region.

RQ3: How does the evidence for SEL programs differ within and across populations?



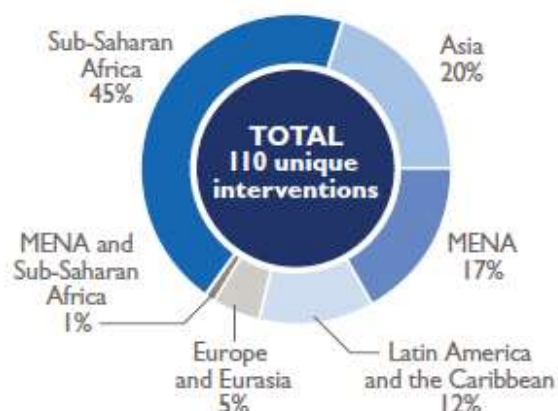
RQ3A: To what extent is the existing evidence relevant to sub-Saharan Africa?

This section begins by outlining the distribution of programs across locations, program types, and sub-populations. In the sub-sections that follow, we take a deeper look at varying effects across sub-populations in humanitarian and development contexts. It is worth noting that these categories are not mutually exclusive. For example, some countries might be categorized as both development contexts and post-conflict contexts. We have organized studies into the main sections below according to the populations and aims of the interventions.

Next, we describe the ways that different effects for male versus female children and youth intersect with differences across other sub-populations and factors including conflict-affected populations, refugee/displacement status, age, region, intervention, ethnicity, disability, minority, SES, and urbanicity. Differences across sub-populations do not occur in a vacuum; in other words, what improves outcomes for girls or minority children in one setting may not have the same effects in another. Indeed, the literature suggests that diverse intersections exist in the effects across subpopulations and factors.

Last, we respond to RQ3A by highlighting the evidence in sub-Saharan Africa throughout the sub-sections below and examining how trends in the region are similar or different to other regional and global trends. This portion of the discussion is embedded in the narrative to make connections to relevant interventions and themes throughout. Finally, we discuss evidence trends for cross-cutting themes including gender, disability, equity, and cost analysis.

FIGURE 10. PERCENT OF UNIQUE INTERVENTIONS BY REGION



OVERVIEW OF DISTRIBUTION

Table 12 shows the distribution of studies by education level and program setting. The largest percentage (59 percent) of programs for primary school-aged children took place in formal education settings. The second largest category for this age group was NFE - extracurricular programs (23 percent). For programs that included a combination of primary school-age children and youth, the largest category was NFE - extracurricular programs (43 percent), followed by formal education settings, which comprised just 24 percent for this combined age group. The majority of programs that included just youth were vocational livelihoods interventions (32 percent), followed by NFE - extracurricular (23 percent) and NFE - academic (19 percent). Because different ages and developmental stages are targeted in different ways, it is important to examine differences in approaches that affect change in social and emotional outcomes across designs and age groups.

TABLE 12. AGE GROUPS BY PROGRAM SETTING

	EC / PRIMARY		EC / PRIMARY / YOUTH		PRIMARY		PRIMARY / YOUTH		YOUTH	
PROGRAM SETTING	#	%	#	%	#	%	#	%	#	%
Formal education	1	50%			23	59%	9	24%	2	6%
Formal education, NFE - Academic	1	50%	1	100%	1	3%			1	3%
Formal education, NFE - Extracurricular					2	5%	1	3%		
Formal education, Vocational/livelihoods									1	3%
NFE - Academic					4	10%	7	19%	6	19%
NFE - Extracurricular					9	23%	16	43%	7	23%

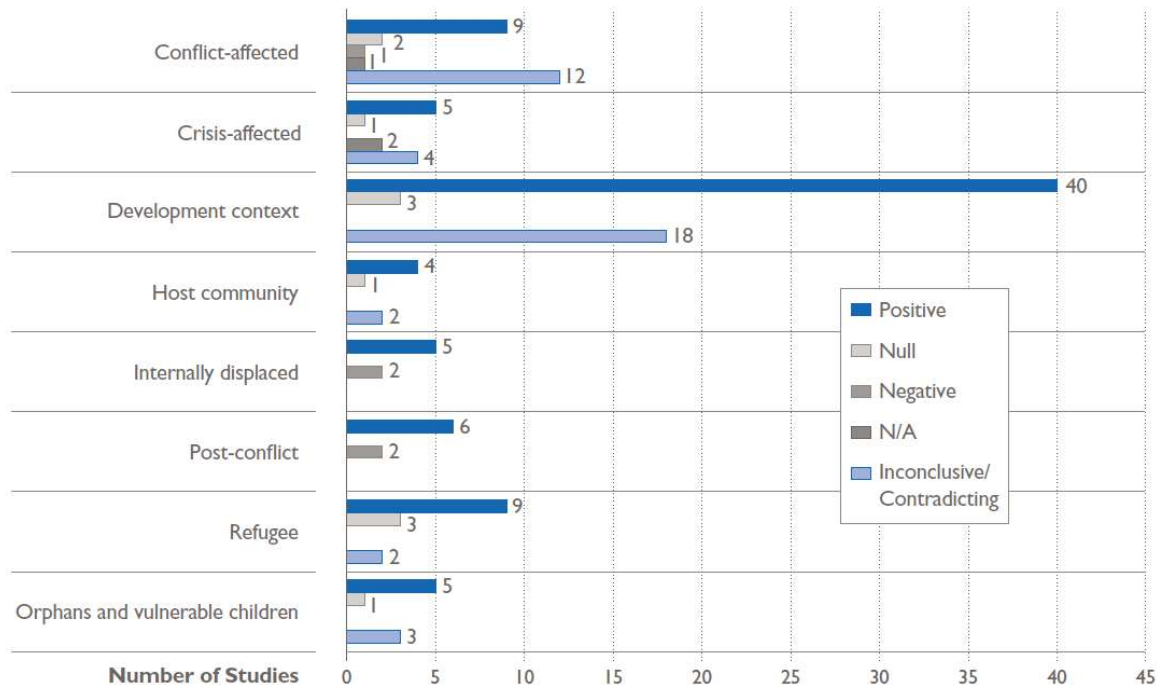
NFE - Extracurricular, NFE - Academic					1	3%		
NFE - Extracurricular, NFE - Academic, Vocational/livelihoods							1	3%
NFE - Extracurricular, Vocational/livelihoods					1	3%	3	10%
Vocational/livelihoods					2	5%	10	32%
Total	2	100%	1	100%	39	100%	37	100%

Table 13 shows the regional distribution of programs targeting different age groups. Programs in the Middle East and North Africa (MENA) and Asia primarily targeted primary school-age children or both primary school-age and youth. In contrast, the largest proportion of Latin American and Caribbean programs targeted youth only. Sub-Saharan Africa programs had fairly equal distribution across primary school-age (n=17), a combination of primary school-age and youth (n=16), and youth (n=14).

TABLE 13. AGE GROUPS BY REGIONS							
AGE GROUP	ASIA	EUROPE/EURASIA	LAC	MENA	MENA, SSA	SSA	TOTAL
EC/Primary						2	2
EC/Primary/Youth			1				1
Primary	9	3	3	7		17	39
Primary/Youth	9	1	2	8	1	16	37
Youth	6	1	7	3		14	31
Grand Total	24	5	13	18	1	49	110

As Figure 11 demonstrates, we generally found positive effects across studies for the various sub-populations we examined. Yet it is worth noting that about a third of the studies indicated inconclusive/contradictory (n=35) or null (n=8) effects. Very few studies indicated negative effects. For example, as explained in RQ1, the majority of the studies we reviewed focused on populations in development contexts (n=61). The bulk of these studies revealed positive effects (n=40), yet a third had either inconclusive/contradictory effects (n=18) or null effects (n=3). We found a similar pattern when examining effects across age, region, and intervention setting. However, we expected to see a higher number of positive findings as a result of publication bias towards positive, or intended, results.

FIGURE 11. DIRECTION OF EFFECT BY SUB-POPULATION



HUMANITARIAN CONTEXTS

In humanitarian contexts, trends in the heterogeneity of effects by sub-population were most tied to gender, age, region, and intervention setting. Of the studies that addressed children in conflict, nearly half (45 percent) had inconclusive or contradictory effects. While more than half of the programs targeting refugees and internally displaced children and youth led to largely positive outcomes (64 percent), a closer look reveals a good deal of variation in effects across these subgroups. The sub-sections that follow discuss trends in effects for mental health programs for conflict-affected settings, adolescent refugee girls, refugees and displaced children, youth in CFS, and programs targeting refugee and host communities. Eleven studies took place in the MENA region, six in sub-Saharan Africa, and three in Asia. The strongest evidence largely comes from the Middle East.

MENTAL AND EMOTIONAL WELL-BEING IN CONFLICT-AFFECTED CHILDREN AND YOUTH: NEGATIVE, NULL, AND GENDERED EFFECTS AMONG ADOLESCENTS

The seven studies in this section are a snapshot of the breadth of programming targeting mental health and well-being outcomes among conflict-affected children and youth.³¹ All of the studies in this section were rated “very high” in our quality assessment except one, which was rated “moderate” (Gol-Guven 2017, #29). Four of these studies were impact evaluations on CBIs.³² Three programs took place in MENA

³¹ These include Gol-Guven, 2017 #29; Jordans et al., 2010 #41; Khamis et al., 2004 #45; Laser Pulse Project, 2020 #24; Loughry et al., 2006 #62; Tol et al., 2012 #65; Tol et al., 2014 #64.

³² Khamis et al., 2004 #45; Laser Pulse Project, 2020 #41; Tol et al., 2012 # 65; Tol et al., 2014 #64.

(specifically the West Bank and Gaza) (Gol-Guven, 2017 #29; Khamis et al., 2004 #45; Loughry et al., 2006 #62), two in South Asia (Jordans et al., 2010 #41; Tol et al., 2012 #65), and two in sub-Saharan Africa (Laser Pulse Project, 2020 #24; Tol et al., 2014 #64). Findings from these studies showed largely null or negative effects, particularly among adolescents, which vary by gender according to the study and location.

The programs detailed in this sub-section point to mixed results. We found evidence that social and emotional learning activities had some positive effects on behavioral, relational, and self-concept outcomes for adolescent girls in the West Bank and Gaza, but largely negative effects on boys. In programs in Nepal, Sri Lanka, Burundi, and South Sudan, boys fared slightly better than girls on similar outcomes, while the strongest effects for girls were in prosocial behaviors. However, across all studies in this section, we found evidence that participating in these programs not only had no effect on several targeted well-being outcomes, but actually had negative effects on outcomes such as PTSD, anxiety, and coping. This suggests that engaging in activities and content aimed at improving mental health and well-being may actually worsen trauma-related and future-oriented outcomes for adolescents in contexts of protracted conflict and acute crisis. By the same token we also found evidence that participants with higher rates of exposure to war-related trauma had stronger effects, which suggests the value of more targeted mental health and well-being programs. **The evidence in this section points to the unique needs of adolescent boys and girls, which further vary by context, and the limited effects of trauma-focused programming, particularly CBIs, for supporting mental health and emotional well-being among conflict-affected children and youth with differing levels of exposure to conflict and stressors.**

Three programs in the West Bank and Gaza had mixed results, including mostly positive and some negative effects for girls on emotional and behavioral outcomes. For adolescent boys, however, effects were largely negative, particularly on outcomes related to hope and resilience. An impact evaluation of a non-formal learning program targeting Palestinian children in the West Bank and Gaza ages 6 to 17 (treatment n=300, control n=100) involving structured cultural and recreational activities showed different results by gender and location. Scores for emotional and behavioral problems and externalizing problems improved only for girls in the intervention group across both West Bank and Gaza, whereas internalizing symptoms improved only for boys in the intervention group in Gaza. Hopefulness did not improve in either intervention group, but it did improve in the comparison group, particularly among boys in Gaza, pointing to a potential negative effect of the program in this location (Loughry et al., 2006 #62).

Another intervention in the West Bank and Gaza, described in RQ2, used a peer mediation training program to support mental health in adolescents (ages 10 to 14). A quasi-experimental study found that the program actually increased PTSD in the intervention group, though it did improve pro-social and friendship outcomes for girls with the highest levels of war-related trauma (Gol-Guven, 2017 #29). An impact evaluation of a third intervention in the West Bank and Gaza, a CBI that used structured group activities to reduce stress and build problem-solving skills, pro-social attitudes, self-esteem, and hope, had largely positive effects for the younger age group (6 to 11) (Khamis et al., 2004 #45). For adolescents (ages 12 to 16), however, the effects varied. The intervention had positive effects on self-esteem, optimism, and self-perception for adolescent girls, but negative effects on anxiety and coping skills, and negative effects across outcomes for adolescent boys. The authors hypothesized that: 1) adolescent boys in this context are more exposed to violence and stressors than younger children; 2) adolescent boys were unsatisfied with the structure of the program; and 3) themes of hopefulness and resilience in the final sessions of the intervention may have seemed incongruent to young men beginning to encounter the same socioeconomic barriers that their fathers and male mentors experienced. **In contexts of protracted**

conflict where limited employment and earning opportunities combine with gender and cultural norms that expect men to provide financially, programs that do not address these structural barriers may have adverse effects for adolescent boys.

Three more CBIs targeting conflict-affected children and adolescents in Nepal (Jordans et al., 2010 #41), Sri Lanka (Tol et al., 2012 #65), and Burundi (Tol et al., 2014 #64) had no overall effects on their primary outcomes of improved mental health. Despite no overall effect, the program in Nepal had some positive outcomes among sub-groups, which differed according to gender and age. The RCT studied a five-week CBI that utilized creative and play-based activities for children 11 to 14 years old (n=325). There was no evidence of an effect for the treatment group (Jordans et al., 2010 #41). Yet, there were specific sub-group effects: boys had significant reductions in psychological difficulties and aggression, girls had significant increases in pro-social behavior, and older children had an increased sense of hope. In Sri Lanka and Burundi, outcomes for girls were troubling, including negative effects on PTSD as discussed in RQ2. An RCT of the CBI targeting young war-affected adolescents in Sri Lanka showed no overall effects on the primary outcomes, but had negative effects on PTSD for girls. However, boys, younger children, and children with lower levels of war-related stressors had stronger outcomes (Tol et al., 2012 #65). The CBI in Burundi aimed to improve hope, reduce function impairment, and improve mental health outcomes in war-affected children ages 8 to 17 (Tol et al., 2014 #64). An RCT of the program showed no overall effects, but disaggregated data revealed that the program had negative effects on PTSD for girls. An analysis of moderators in the Burundi study revealed further variation in effects for sub-groups, in addition to nuanced information about important buffers for children's resilience. For example, children in the treatment group who were living with both parents had significantly better outcomes on hope and PTSD, and children living in larger households had significantly better outcomes on depressive symptoms and function impairment. Researchers also investigated displacement status as a moderator (one of the few studies that analyzed moderators) and analyzed differences for participants who were living in their original villages versus other villages, in refugee camps, or on new land they bought. They found negative effects on function impairment and hope for participants in the treatment group who were living in their original villages or who had bought new land. In other words, displaced children who participated in the program had more hope and improvements in function impairment outcomes. The authors suggested that removing the trauma-focused elements of the intervention could be useful in order to adapt the intervention for less vulnerable populations.

Also in sub-Saharan Africa, the quasi-experimental evaluation of the UNICEF IEEES psychosocial program in government and non-formal schools in South Sudan conducted under USAID LASER PULSE was one of the only other studies that disaggregated data by displacement status (See Box 10 and 11; Laser Pulse, 2020 #24). Similar to the findings in the Burundi CBI study above, findings indicated stronger effects for displaced children. For students in Protection of Civilians (POC) sites (camps for IDPs hosted on United Nations bases), effects on social well-being outcomes were even stronger than for students in non-POC sites, but there were no effects on emotional well-being. Across treatment groups, the program had positive effects on social well-being (i.e., relationships, sense of belonging), no effects on resilience or coping outcomes, and positive effects in emotional well-being (i.e., self-confidence, hopefulness) for boys, but no effects for girls.

WELL-BEING FOR REFUGEE AND DISPLACED ADOLESCENT GIRLS: NULL AND INCONCLUSIVE EFFECTS DRIVEN BY STRUCTURAL BARRIERS

Inconclusive and null effects of three programs that targeted or included refugee and displaced adolescent girls highlight the **vulnerability and challenges adolescent girls face around safety as well as the structural barriers to supporting their development in these contexts**. One very high-quality study came from sub-Saharan Africa (Stark et al., 2018, #42), and two other high-quality studies came from Pakistan (Asghar et al., 2018 #43) and Lebanon (Doumit et al., 2020 #21A; Kazandjian et al., 2019 #21B). The mixed results of the three studies represented in this sub-section put a spotlight on the vulnerability of adolescent displaced and refugee girls and the limitations of interventions that aim to support their well-being. While these programs aimed to support adolescent refugee and displaced girls, they revealed limitations in their ability to change the gender-based norms and behaviors that continue to threaten the well-being and safety of vulnerable girls in these contexts.

Studies in Ethiopia and Pakistan of the Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) program, which involved life skills and vocational training for refugee and displaced adolescent girls, parent/caregiver discussion groups, and service provider support, found that while girls' social networks and knowledge improved, their physical safety, education, and employment outcomes did not (Asghar et al., 2018, #43; Stark et al., 2018 #42; Tanner and O'Connor, 2017). The COMPASS program in Ethiopia targeted refugee adolescent girls, ages 13 to 19, in three refugee camps (treatment n=457, control n=462). The intervention involved weekly 90-minute sessions on economic vulnerability, inter-personal skills, and reproductive health skills training conducted in small groups, with monthly caregiver sessions focused on issues around girls' well-being and safety. Results from an impact evaluation of the program showed no effects on the likelihood of attending school, working for pay, or experiencing transactional sexual exploitation (Stark et al., 2018 #42). In northern Pakistan, the COMPASS program targeted displaced adolescent girls ages 12 to 19. Although it had a similar format to the program in Ethiopia, the program put a greater focus on gender-based violence (GBV), safety, and girls' needs surrounding abuse. A mixed methods evaluation showed that while girls' self-esteem, hope, and well-being improved, there was no improvement in their comfort discussing program content related to health and GBV with caregivers (Asghar et al., 2018 #43). The authors suggested that while girls may have improved their personal coping skills, their actual safety may not have improved if they were unable to discuss needs related to violence and abuse, and their environments remained unchanged.

Creating Opportunities for Patient Empowerment (COPE) was a cognitive behavioral skills-building intervention consisting of weekly one-hour group sessions over seven weeks with Syrian refugee adolescents ages 13 to 17 in Lebanon. A pre-experimental study design showed that the intervention had different effects for male and female participants (Kazandjian et al., 2019 #21). Male participants showed significant improvement in quality-of-life scores and significant decreases in depression and anxiety; however, female participants showed no improvement at all. The authors discussed that this may indicate that quality of life for displaced Syrian adolescents differs based on gender, that the intervention may not have been as applicable for females, and/or that the measure did not accurately track their progress. Differences may be due to heightened vulnerability of displaced young women and cultural attitudes that could lead to isolation, GBV, or early marriage.

CHILD-FRIENDLY SPACES FOR REFUGEES: STRONGER EFFECTS FOR YOUNGER CHILDREN, PROTECTION CONCERNS AMONG YOUTH

The use of CFS is common across crisis and conflict settings to create a safe space where children are protected from danger and have opportunities to learn and play, often with the intention of improving their emotional and social well-being. Four individual studies³³ of moderate quality and a review of several mixed methods evaluations (Metzler et al., 2013 #84) on CFS across multiple conflict-affected and displacement settings (Jordan, DRC, Ethiopia, Uganda, and two in Iraq), showed small but significant positive effects on psychosocial outcomes among children and youth. Younger children tended to have better outcomes than older children, and girls tended to have better outcomes than boys. Safety and protection were significant concerns for CFS participants, particularly among older youth, though they differed by gender according to the context. **While the studies below highlight the role of CFS for supporting protection and well-being outcomes in children, they also point to important considerations for adolescents and caregivers.**

A quasi-experimental study of CFS for Somali refugee children and youth in Ethiopia showed significant improvements in literacy and numeracy for all age groups, and improvements in well-being in younger children, primarily among boys (Metzler et al., 2021 #83). Study results also showed that caregivers were less concerned about child protection issues than the comparison group. For youth, however, protection concerns did not improve, especially among male youth, who had a greater number of reported protection concerns than males in the comparison group.

In contrast, another study of CFS for Syrian refugee children in the Domiz refugee camp in Iraq found that female youth in the treatment group reported higher protection concerns than the comparison group. Youth and caregivers of young children attending the CFS also reported higher concerns about verbal sexual harassment than the comparison group. Authors suggest that this may be due to children and youth traveling across the camp to attend the CFS (Metzler et al., 2014 #85). A subsequent quantitative study of a CFS implemented by the same partners in a different area of the Domiz refugee camp found that older children and caregivers of young, female children reported increases in fearful thoughts and feelings (Lilley et al., 2014 #81).

Finally, a quantitative study of CFS in Jordan that included Syrian refugees and Jordanian host community children had mixed results. The findings indicated modest improvements in well-being and resilience for young children, but null or even negative effects for older children and caregivers (Metzler et al., 2015 #82). However, the program had positive outcomes for linking children to protective mechanisms in the community.

RESILIENCE AMONG SYRIAN REFUGEES IN HOST COUNTRIES: NULL AND NEGATIVE EFFECTS, AND THE POTENTIAL OF MINDFULNESS

The underwhelming effects of four programs that included Syrian refugee children and children from host communities in Jordan and Lebanon point to the challenges of developing and implementing relevant programs that support resilience and well-being and effectively reach across refugee and host community populations.³⁴ **These findings indicate that targeting refugee and host communities with the**

³³ Groh et al., 2012 #72; Metzler et al., 2014 #85; Metzler et al., 2015 #82; Metzler et al., 2021 #8.

³⁴ Metzler et al., 2015 #82; Michalek et al., 2021 #76; Miller et al., 2020 #28; Omari et al., 2015 #79.

same program may weaken the effectiveness of the program on desired outcomes for one or both groups. Yet partially offsetting the disappointing effects of these studies is a robust empirical study on a program that used mindfulness and had positive effects on well-being and academic outcomes among Syrian refugee children (Tubbs Dolan et al., forthcoming #95).

The strongest evidence comes from two RCTs in Lebanon, which had different approaches and outcomes (Miller et al., 2020 #28; Tubbs Dolan et al., forthcoming #95). The first RCT investigated the I-Deal program, which primarily aimed to support resilience in early adolescent Syrian refugees (10 to 15 years old) in Lebanon through group life skills sessions focused on relationships, identity, emotions, and the future. It showed no effect on well-being outcomes for either refugee or host community participants living in low-income areas (Miller et al., 2020 #28). In contrast, another program which targeted Syrian refugees in Lebanese schools showed particularly promising effects of integrating mindfulness techniques into programming for improving well-being and academic outcomes. The second RCT investigated two variations of this non-formal remedial program for Syrian refugees in Lebanon, one which included SEL principles, and another that include SEL principles plus mindfulness. The intervention that included mindfulness significantly improved Syrian refugees' perceptions of safety and belongingness in Lebanese public schools. Furthermore, the program that included mindfulness significantly improved literacy and numeracy outcomes and marginally improved students' cognitive and emotional regulation skills (Tubbs Dolan et al., forthcoming #95). While this program targeted refugees only (not children from the host community), the significant effects on safety and belongingness in Lebanese public schools is one of the few examples we found of a program that made refugees feel more connected to their host community.

Evidence from studies focusing on Syrian refugees in Jordan showed differing (Michalek et al., 2021 #76; Omari et al., 2015 #79) and contradictory (Metzler et al., 2015 #82) outcomes across refugee and host communities. A quasi-experimental study of the WLR program described in RQ2 showed that Syrian refugee children, but not Jordanian host community children, demonstrated improvements in emotional development outcomes. However, these effects dissipated two months post-intervention (Michalek et al., 2021 #76). A mixed methods evaluation of a program aimed at improving teaching practices in support of Syrian refugee students in Jordanian public schools showed that, while Jordanian teachers felt better equipped to support Syrian refugee students' needs, Syrian refugee students indicated only nominal improvements in their satisfaction with school (Omari et al., 2015 #79). The differing effects across refugee and host participants in these two programs point to the differing needs and perspectives of these groups and the challenge of addressing their unique needs with the same intervention.

In contrast, a study mentioned above on a CFS program in Jordan that targeted both Syrian refugees and Jordanian host community children and youth demonstrated some encouraging outcomes, particularly with regard to connecting young children with support mechanisms within the community. Caregivers and older children had better knowledge of community, child, and family protection resources, indicating that the program had some success in protecting children and strengthening their links to the local community (Metzler et al., 2015 #82).

DEVELOPMENT CONTEXTS

In this section, we discuss differing effects for sub-populations across development contexts, highlighting the evidence in sub-Saharan Africa throughout. Nearly half (n=29) of the studies that we reviewed in development contexts took place in sub-Saharan Africa. The sub-sections primarily feature life skills and workforce programs targeting youth in development contexts, and demonstrate differing effects by

gender, approach, and location. Seven studies took place in sub-Saharan Africa, two in Latin America, and three in Asia, however, the strongest evidence largely comes from sub-Saharan Africa.

LIFE SKILLS: ADDED BENEFITS OF SEL AND SOFT SKILLS ON HEALTH OUTCOMES

Four programs that targeted life skills and health outcomes in adolescents in development contexts showed positive effects for self-efficacy, gender attitudes, and **point to the added benefit of incorporating SEL approaches to bolster the effects of other health and well-being outcomes.** Two of these programs took place in India (Leventhal et al., 2016 #7A; Sorensen et al., 2012 #109), one in Cambodia (Jegannathan et al., 2014 #61), and one in the Dominican Republic (Novella and Ripani, 2016 #107).

The strongest evidence stemming from impact evaluations on two programs, the Girls First program in India (Leventhal et al., 2016 #7A) and the *Juventud y Empleo* program in the Dominican Republic (Novella and Ripani, 2016 #107) points to the added value of SEL and soft skills on health outcomes. An RCT of a psychosocial resilience curriculum with adolescent girls in Grades 7 and 8 in India examined the effects of the Girls First health and resilience program, compared to a group that received the health program only, a group that received the resilience curriculum only, and a control group. The Girls First program improved psychosocial and well-being outcomes, including resilience, self-efficacy, and social and emotional assets as well as physical health outcomes to a greater extent than either of the individual programs alone (Leventhal et al., 2015a #7C). In the Dominican Republic, an impact evaluation of *Juventud y Empleo* soft skills and vocational training described in RQ2 found that the intervention effectively reduced the likelihood of pregnancy by about 20 percentage points among female youth who were not already mothers, seemingly through improving soft skills. (Novella & Ripani, 2016 #107). The program also had better long-term effects on skills, optimism, and self-esteem for young women, but not for young men (Acevedo et al., 2020 #3). While the content of this program did not directly address sexual and reproductive health, reducing the likelihood of being pregnant and delaying childbearing for teenage girls is a critical factor for women's health, social, and economic outcomes.

Two additional studies point to the added benefits of soft skills and life skills on health-related behaviors. In post-conflict Cambodia, an impact evaluation of a school-based intervention that used LSE to prevent suicide among secondary school students (treatment n=168, control n=131), found that high-risk boys (those with higher suicidal expressions at baseline) had particularly positive outcomes on life skills, emotional and behavioral outcomes, which may reduce their suicide risk factors (Jegannathan et al., 2014 #61). Another program in India sought to prevent tobacco use and improve life skills and life skills outcomes, including self-efficacy, confidence, and aspirations, among low-income students in Grades 8 and 9 (Sorensen et al., 2012 #109). Findings from a quasi-experimental study showed statistically significant, positive effects of the program on attitudes and behaviors related to tobacco use, and modest improvements in life skills outcomes for the intervention group.

LIFE SKILLS FOR SEXUAL AND REPRODUCTIVE HEALTH IN ADOLESCENT GIRLS: POSITIVE EFFECTS ON GENDER ATTITUDES AND THE POTENTIAL IMPORTANCE OF DOSAGE

Five life skills programs aimed at promoting sexual and reproductive health in adolescent girls in developing contexts indicated positive effects on gender attitudes and self-efficacy. Three studies with very high quality took place in sub-Saharan Africa (Lesotho: Van Heerden et al., 2020 #92; Liberia: Özler et al., 2020 #48, and Ethiopia: Stark et al., 2018 #42), and one high quality and one moderate quality study took place in

South Asia (specifically India: Acharya et al., 2009; #6; Nepal: Posner et al., 2009 #93). While each of these studies point to positive outcomes related to knowledge and gender attitudes, two of the highest quality studies in the sub-Saharan Africa also point to structural barriers to protecting adolescent girls from sexual violence and exploitation (Özler et al., 2020 #48; Stark et al., 2018 #42). Additionally, a study on the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) program in Lesotho points to the significance of intervention dosage (or the extent of participants exposure to programming) in achieving desired outcomes (Van Heerden et al., 2020 #92).

Two studies that examined life skills programs targeting adolescent girls in South Asia, which focused on gender norms and sexual and reproductive health, showed positive effects on self-efficacy, knowledge, and attitudes about gender roles. A quasi-experimental study of a life skills program in India targeting unmarried adolescent girls (ages 13 to 17) included social groups, encouraging egalitarian gender roles, lessons on sexual and reproductive health, environmental topics, and legal rights, and livelihood skills training, showed positive and significant effects on girls' agency and perceptions of gender roles. (Acharya et al., 2009 #6). In Nepal, a life skills program for adolescent girls focusing on HIV prevention and restrictive norms surrounding practices and behaviors for girls during menstruation used a peer educator model that explicitly paired girls across different castes and education levels. Findings from a quantitative study showed that leadership, self-efficacy, collective efficacy, HIV knowledge, and gender attitudes significantly improved (Posner et al., 2009 #93).

The GE program in Liberia aimed to provide adolescent girls (ages 13 to 14) with skills and resources to protect them from sexual violence. A cluster RCT investigating the program included three treatment arms: a GE intervention group, a GE + cash transfer for attendance intervention group, and a control group. The program included 32 sessions on life skills, a community action event, and monthly caregiver sessions. Gender attitudes and HIV-related knowledge significantly improved, but GE had no effect on its main objective of reducing sexual violence. Effects on psychosocial well-being were positive but statistically insignificant (Özler et al., 2020 #48). The COMPASS social empowerment program in Ethiopia, discussed above in the section on adolescent refugee girls, had similar findings. The program had no effect on the desired outcomes, including experiencing transactional sexual exploitation (Stark et al., 2018 #42). Similar to findings from the section on conflict-affected populations, **while programs targeting adolescent girls may have positive outcomes on knowledge and attitudes about gender roles, the extent to which programs can protect girls from GBV and exploitation is limited.**

A particularly promising intervention, the DREAMS life skills training program suggests **dosage and a holistic, multi-pronged approach are important factors in influencing behavior related to sexual health** (Van Heerden et al., 2020 #92). A quasi-experimental study of the program in Lesotho investigated the effect of participating in two or more DREAMS programs on self-efficacy, self-esteem, hope, sexual risk, access to savings, and planning for spending (n=126, 73 participant group, 56 comparison group). Results indicated that adolescent girls and female youth (ages 10 to 24) who participated in two or more interventions had statistically significant decreases in their level of sexual risk and significant increases in self-efficacy. Female youth and their caregivers were also significantly more likely to have access to savings and a plan for how to spend money they earn. However, there were no effects on self-esteem and hope. While the study did not directly address sexual violence or exploitation, its holistic approach to influencing sexual health behaviors, such as the inclusion of caregivers, promoting social assets, and financial planning, expanded the resources and support mechanisms available to young women, which may support their protection.

WORKFORCE DEVELOPMENT: POSITIVE EFFECTS ON INCOME AND SELF-EFFICACY FOR FEMALE YOUTH, NULL AND NEGATIVE EFFECTS FOR MALE YOUTH

Four workforce programs revealed positive effects on earnings, self-efficacy among female youth, with weaker and even adverse effects for male youth. Three studies came from sub-Saharan Africa (specifically Liberia: Adoho et al., 2014 #8; Kenya: Azevedo et al., 2013 #25; Zimbabwe: James et al., 2018 #22), and one from Latin America (specifically the Dominican Republic: Acevedo et al., 2020 #3). Two strong studies focused on programs which target adolescent girls only (Adoho et al., 2014 #8; Azevedo et al., 2013 #25) and two studies of moderate quality included both female and male youth (Acevedo et al., 2014 #3; James et al., 2018 #22).

The strongest studies examining workforce development programs targeting female youth in sub-Saharan Africa showed positive impacts on employment and earnings. The EPAG program for female Liberian youth (ages 16 to 27), described above in RQ2, had strong, positive effects on earnings and employment and moderate positive effects on social and emotional competencies related to worry, life satisfaction, self-confidence, and perceptions of social abilities, and moderate effects on household food security and gender norm attitudes (Adoho et al., 2014 #8). Moreover, an impact evaluation of the 24-month Ninaweza program in Kenya tested the effects of adding life skills (40 hours of lessons) to a workforce development program (150 hours of lessons) targeting unemployed, high school-educated female youth ages 18 to 35 living in informal settlements (Azevedo et al., 2013 #25). In this study, the treatment group experiencing the added life skills component had the greatest gains in life skills, obtaining jobs, and optimism, while both groups showed improvement in confidence and income. This study is another example of a program that enhanced non-SEL outcomes (i.e., workforce) through targeting SEL/soft skills.

Two studies on workforce programs that included both female and male youth point to the benefits of these interventions for female youth, in particular. An impact evaluation of Zimbabwe:Works, discussed in RQ2, showed that the program had the greatest effects on income for female youth who participated in either the entrepreneurship or employability models of the program (James et al., 2018 #22). The employability model also had significant positive effects on SEL outcomes, while the entrepreneurship model had no or negative effects. Similar findings emerged from an impact evaluation of a soft skills and vocational training program with at-risk (i.e., unemployed, underemployed, or not having completed secondary school) youth (ages 16 to 29) in the Dominican Republic (Acevedo et al., 2020 #3). Findings showed that both male and female youth reported higher expectations of employment and livelihoods following the intervention in the short-term. However, three and a half years following the intervention, the treatment had adverse effects on expectations and labor outcomes for men, while women showed higher personal skills, optimism, and self-esteem. Null and adverse effects for male youth may point to some of the structural barriers including limited employment and earning opportunities that young men face in these contexts. As mentioned in the conflict-affected section above, the inability of programs to mitigate these barriers may have adverse effects on male youth.

COGNITIVE BEHAVIORAL THERAPY + CASH: POSITIVE EFFECTS FOR REDUCING ANTISOCIAL BEHAVIOR IN LIBERIAN MALE YOUTH

The one study that focused exclusively on young men also pointed to the benefits of combining SEL-related approaches with other tools to improve well-being outcomes. An RCT investigated two intervention components targeting at-risk young men, ages 18 to 35, in Liberia: one group received the CBT component, one group received a \$200 grant, one group received both components, and a

comparison group received none of the interventions. The aim was to investigate whether CBT, cash, or the combination of the two would reduce antisocial behaviors such as violent crime and improve mental health, self-control, and self-regard. The findings showed that the combination CBT + cash program significantly reduced antisocial behaviors but did not significantly improve mental health or self-regard. The authors suggested that the combination of cash with CBT allowed participants to realize longer-term lifestyle changes, which reduced their engagement in violence and crime (Blattman et al., 2017 #86). The lack of significant effects on mental health outcomes reinforces the finding that **SEL and mental health outcomes are not interchangeable, and that affecting both sets of outcomes requires distinct and targeted approaches.**

MARGINALIZED POPULATIONS: OVCS, MINORITIES, CHILDREN AND YOUTH WITH DISABILITIES

ORPHANS AND VULNERABLE CHILDREN (OVCS) IN SUB-SAHARAN AFRICA: LARGELY POSITIVE EFFECTS AND THE IMPORTANCE OF ADDRESSING UNIQUE VULNERABILITIES

We reviewed nine studies that addressed OVCs. Eight of these studies³⁵ took place in sub-Saharan Africa and one in Southeast Asia (Mohammadzadeh et al., 2020 #66). The programs used a wide range of approaches, including life skills and livelihoods training, peer support, psychosocial and psychoeducation, sports-based, art therapy, and memory work therapy. **The studies showed largely positive effects, with some contradictory or null effects studies pointing to the unique vulnerabilities of OVCs, which may shift the direction of OVC outcomes if not adequately addressed.**

The strongest evidence came from three studies that took place in sub-Saharan Africa. In Eswatini, a qualitative evaluation of a three-week sports-based program targeting OVCs in Grades 6 and 7 found that the program created a positive and safe learning environment (Huysmans et al., 2021 #55). In Tanzania, a pilot RCT tested the effects of a five-day Memory Work Therapy intervention with orphaned children, ages 14 to 18, receiving HIV treatment. The intervention focused on personal narratives and stories and included groupwork, one-on-one support, and games. The study found positive and significant effects on all resilience measures (Harding et al., 2019 #101). In Uganda, a peer-support intervention in primary schools aimed to reduce mental health problems for AIDS orphans through psychosocial exercises implemented by trained facilitators in peer groups (Kumakech et al., 2009 #102). An RCT of the program showed that mental health outcomes improved, but self-concept did not. The authors noted that many of the participants were not aware that they were AIDS orphans at the start of the program but came to realize it over the course of the intervention, which may have led to self-stigma. This points to a potential unintended negative effect of peer group learning and the need for greater cultural responsiveness for OVCs.

Three studies used life skills and livelihoods training to support adolescent and older OVCs, with largely positive results. The one study originating outside of sub-Saharan Africa was an impact evaluation of an LSE program with adolescents in Malaysian orphanages. Results showed that participants' coping mechanisms significantly improved, including at four-month follow up (Mohammadzadeh et al., 2020 #66). In Botswana, a program that targeted older OVCs (ages 16 to 18) had largely positive and some null effects (Mandal et al., 2019 #98). The livelihoods program included a wide variety of services and support for HIV

³⁵ Harding et al., 2019 #101; Huysmans et al., 2021 #55; Kaljee et al., 2017 #5; Kumakech et al., 2009 #102; Mandal et al., 2019 #98; Mueller et al., 2011 #104; Mutiso et al., 2017 #47; Visser et al., 2015 #51A.

and health behaviors, financial literacy, and school enrollment and completion (n=507 treatment, n=900 comparison). A quasi-experimental study indicated a significantly positive effect of the program on participants' likelihood of having an HIV test and knowing their results, likelihood of seeking GBV support services, but no significant effect on risky sexual behaviors. The program had a positive effect on financial literacy and earnings opportunities, but no effect on educational outcomes. In Kenya, a quasi-experimental, longitudinal study tested the effects of a life skills and psychoeducation program on reducing emotional and behavioral problems in a particularly vulnerable group of adolescent OVCs (ages 11 to 18)—those with mental disorders in institutional care (Mutiso et al., 2017 #47). Participants fell into one of three randomized groups: life skills training + psychoeducation (LS + PSE), psychoeducation-only (PSE), and a control group. The activity took place over four days in two-hour sessions, using interactive and participatory approaches. The LS + PSE model reduced internalizing, externalizing, and total behavior problems scores on the Youth Self Report Tool immediately and at all follow-ups (three, six, and nine months). The PSE group also saw reductions when controlling for covariates, pointing to the added value of life skills for supporting well-being outcomes.

In South Africa, two programs focused on providing psychosocial support and art therapy for OVCs with mixed results. The ISIBINDI program aimed to promote physical and psychosocial well-being in OVCs, drawing on multiple levels of support including home visits and connection to external resources (Visser et al., 2015 #51A). A quasi-experimental study showed that the program improved self-esteem, problem solving, family support, and reduced HIV-risk. Another intervention in South Africa, which used art therapy to support children affected by AIDS (Mueller et al., 2011 #104), had heterogeneous effects based on bereavement status. A quasi-experimental study (n=267: 177 treatment group, 120 control) investigated the effects of the program on self-efficacy, self-esteem, anxiety, and depression. Self-efficacy was significantly higher for the treatment group; however, this effect disappeared when bereavement status (loss of one or both parents) was considered. None of the other outcomes were significant. Interestingly, bereaved children had similar self-efficacy scores to non-bereaved children in the control group, indicating that the program supported self-efficacy among bereaved children. Finally, an impact evaluation of the Teachers Diploma Programme in Zambia, described in RQ2, points to the challenges that teachers and caretakers face in addressing the needs of this population (Kaljee et al., 2017 #5). Teachers in the control group had greater gains in “self-efficacy for children’s well-being” and “engagement in actions to stop bullying” in comparison to those who received the training. The authors noted that this could indicate a need to revise the scales or an unintended measurement effect as a result of completing both a baseline and endline evaluation survey with the control group.

ETHNIC AND TRIBAL MINORITY CHILDREN AND YOUTH: MINORITIES HAVE BETTER OUTCOMES

We reviewed only six studies that disaggregated data by ethnic or tribal minority status or referred directly to effects for minority groups. While the USAID Civic Education Initiative (NORC at the University of Chicago, 2019 #74) described in RQ2 showed disappointing outcomes for minority students, the remaining studies we reviewed that discussed minority outcomes showed that minority participants had similar or better outcomes in terms of both well-being and academics compared to their majority counterparts. **These findings suggest that when minorities are included and supported within an intervention, an experience which is arguably less common among marginalized populations, these children have the potential to outperform children from majority groups.**

Two studies on life skills programs described in RQ2, one in Nepal and another in India, showed that marginalized castes and tribal minorities had equivalent or better efficacy, knowledge, and resilience outcomes than majority group participants (Posner et al., 2009 #93; Sarkar et al., 2017 #87). A study on a peace workshop intervention in Sri Lanka, also described in RQ2, had significant effects on empathy and empathetic behavior in both Sinhalese majority participants and Tamil minority participants, with no distinguishable differences between the groups (Malhotra and Liyanage, 2005 #100). Minority groups in a SEL intervention in formal classrooms in the DRC also had the greatest improvements in academic outcomes (Aber et al., 2017 #108).

YOUTH WITH DISABILITIES: INCLUSIVE ENVIRONMENTS SUPPORT SOCIAL SKILLS AND LIVELIHOODS

While we found a handful of studies that were disability responsive (n=8), we found just two that disaggregated data by disability status (DFID, 2016 #27; Lorenzo et al., 2019 #89). Both were in sub-Saharan Africa. **These studies point to the benefits of inclusive environments to support youth with disabilities and to improve social skills, livelihood skills, and earnings.**

A qualitative study investigated the role of occupational therapists in multiple non-governmental (NGO) programs in South Africa in supporting social and livelihoods skills and development for youth (ages 18 to 35) with disabilities through sport and other activities (Lorenzo et al., 2019 #89). Findings show that occupational therapists best support youth with disabilities to develop social and livelihood skills when they focus on family involvement and coordinate inclusive activities and environments.

The YDP in northern Uganda, described in RQ2, deliberately included youth with disabilities as a key beneficiary of the program. Findings from a mixed methods evaluation show that the program improved employment outcomes and social and emotional skills for all participants, but participants with disabilities had higher earnings (DFID, 2016 #27). This finding is both surprising and encouraging, and echoes some findings in the previous section where marginalized groups similarly saw the greatest improvements in outcomes compared to their majority counterparts. Despite these positive outcomes, the authors of the evaluation indicated that the participants with disabilities encountered challenges with communication, negotiation, heavy labor, and transportation, and that future programs should set up support mechanisms at the outset to support disabled participants with challenges in the job market.

Findings from programs supporting youth with disabilities reinforce similar findings across other groups. Programs need to address the individual's broader environment by engaging family and community and by considering broader systemic issues in addition to improving the individual's skills and competencies.

OTHER DEMOGRAPHIC FACTORS

SOCIOECONOMIC STATUS (SES)

We came across several studies using SES as a means to select and assess baseline participant characteristics, but we found very few that described differences in outcomes based on SES. Among these few include two studies on workforce development programs for youth in sub-Saharan Africa (described in RQ2)—one for female Liberian youth and another for youth in Nigeria—that pointed to higher outcomes for participants with middle and higher SES (Adoho et al., 2014 #8; Olanrewaju and Suleiman, 2019 #33). On the other hand, two studies in primary schools (also described RQ2), one that took place in Turkey and another that took place in Jordan, indicated stronger long-term effects for low-SES

participants (Alan and Ertac, 2017 #36). These contradictory effects suggest unknown implementation biases and/or contextual factors that may contribute to which group experiences the greatest effects.

URBANICITY

While we reviewed studies across rural/urban/peri-urban settings, we found just one study that disaggregated data by urbanicity. The UNICEF IEEEES psychosocial support program, studied under USAID LASER PULSE, which worked in government and community primary schools in South Sudan, as described in further detail in RQ2 above, showed mixed results by urbanicity (Laser Pulse, 2020 #24). Social well-being outcomes improved more among urban students, while emotional well-being outcomes were greater for students in rural settings. These limited findings point to the need for additional research into the effects of urbanicity.

CROSS-CUTTING THEMES

In response to increasing calls from donors, policymakers, program designers, researchers, and practitioners for more and better evidence on cross-cutting themes, we deliberately searched for and documented how programs and studies addressed the following factors: gender-responsiveness, disability-responsiveness, equity, and cost-effectiveness.

GENDER-RESPONSIVE OR GENDER-TARGETED

More than half of the studies disaggregated results by sex, and many demonstrated differences in outcomes by sex. Yet, most programs did not consciously address differing needs based on gender. We identified 27 studies that involved “gender-responsive” or “gender-targeted” programming, in that they were exclusively aimed at a particular gender or had support mechanisms in place to address gender-based needs. We discussed many of these studies in detail above. Twenty-two of the twenty-seven studies focused on programs targeting adolescents and youth. Most of these programs took place in sub-Saharan Africa (n=15), while six took place in Asia, three in the MENA region, two in Latin America, and one across multiple settings. Fourteen programs targeted females only, and one targeted males only (Blattman et al., 2017 #86). The remaining studies that targeted both male and female children and youth included lessons and activities that explicitly addressed gender norms, attitudes, GBV, and/or barriers³⁶ or deliberately targeted, included, and supported youth women.³⁷

Studies that disaggregated data by gender (n=60) largely focused on programs aimed at adolescents and youth (n=39), and those that included both younger children and adolescents (n=16). We found that **the developmental changes, responsibilities, and norms that emerge for adolescent girls and boys and young adults play a role in program outcomes and the direction of effects**. Gender-sensitive, disaggregated data should be required for monitoring and research across all stages, including collection, analysis, reporting, and dissemination. Locally informed and age-appropriate gender-responsive approaches should be deliberately integrated into intervention design from the outset through program completion.

³⁶ Cherewick et al., 2021 #54; DFID, 2016 #27; D’sa 2018, #58; Karmaliani et al., 2020 #77B; Lee et al., 2019 #73; Mandal et al., 2019 #98; McFarlane et al., 2017 #77A; NORC at the University of Chicago, 2021d #14.

³⁷ NORC at the University of Chicago, 2021a #10A; Creative Associates International, Inc., 2017 #10B; James et al., 2018 #22; Moubayed et al., 2014 #71; McLellan & Bamwesigye, 2012 #97.

BOX 13. A PROMISING APPROACH FOR TRANSFORMING GENDER NORMS IN DISCOVER LEARNING PROGRAM IN TANZANIA



The Discover Learning Intervention aimed to promote gender equity in young adolescents (ages 10 to 11) in primary schools in peri-urban Tanzania by improving SEL and “gender transformative mindsets” (Cherewick et al., 2021 #54). A key informant interviewee reported that, “one of the aspirational goals was to make transformative change, not just nudge them a little bit, or mitigate some of the harmful norms, but to really transform them...What makes it transformative is they're not only getting new ways of thinking about gender, but they're getting new ways of practicing gender in different contexts, in their school context, with their friends and their families” (KII, personal communication, July 13, 2021). A rigorous qualitative study that utilized a culturally sensitive and adaptive research design showed that Discover led to positive social and emotional changes for adolescents, their families, and the broader community.

The program explicitly targeted participants during very young adolescence (ages 10-11), a pivotal time for shaping social and emotional attitudes and behaviors. It was reported that, “a part of what gets amplified as puberty starting is the intensity, emotions, social emotions--the feelings. I think it can be such a tendency to think it's about the information or the behavior without enough creating the right feelings....That is deeply central to why some of these learning experiences are more powerful and more likely to persist” (KII, personal communication, July 13, 2021). Participants were randomly allocated into one of three groups to view Ubongo Kids videos on social and emotional mindsets and skills: Group A in a large class; Group B in small mixed-gender groups for reflective discussions guided by reflection cards; and Group C was led by a young adult facilitator (Cherewick et al., 2021 #54). Key findings included that: 1) mixed-gender groupwork was valuable for challenging and shifting gender norms and beliefs; 2) the use of tablets and videos was novel and engaging for participants and encouraged a growth mindset; and 3) the addition of home workbooks encouraged reinforcement of content within the family, leading to broader outcomes beyond individual participants.

Researchers found that the phase of the project that was the most effective, was the one that required the most resources. It was reported that, “[There are] sustainability and scalability challenges with a project like this... looking for a low cost model for a context like Tanzania or other LMICs...In year three and four we had the opportunity to test disseminating the information just through mobile phones—doing the intervention over technology—which creates a challenge of ensuring that the intervention does not lose its efficacy...Ideally we would want every child to have this like ‘everything-and-the-kitchen-sink’ kind of model, but that takes a lot of resources” (KII, personal communication, July 13, 2021). Principal strengths and challenges of the Discover Learning Program in Tanzania identified through a KII include:

STRENGTHS

- Working closely with local partners to design contextually relevant content for the community
- Addressing gender norms, beliefs, and behaviors during very young adolescence
- Enabling “experiential learning” by presenting concepts alongside opportunities to practice in and out of the classroom, including mixed-gender activities, workbooks, technology
- Enabling “affective learning” through supportive relationships with trusted facilitators
- Running “small experiments” throughout the process to test things out and revise accordingly

CHALLENGES

- Fragmentation of priorities across various partners
- Scalability

DISABILITY-RESPONSIVE OR DISABILITY-TARGETED

Programs rarely addressed disabilities in targeted or responsive ways, but those that did demonstrated strong positive outcomes for these children and youth. We found just four studies that involved “disability-responsive” programming, in that they included or supported participants with disabilities in deliberate ways. The dearth of evidence on disabilities persists, despite the higher likelihood of disability among conflict-affected populations, and calls for more evidence in this area in recent reviews of evidence on education in crisis and conflict settings (see Burde et al., 2015; Burde et al., 2019). The two studies that disaggregated data by disability, YDP and NUYEP in Uganda (DFID, 2016 #27) and the study on skills and development for youth with disabilities in South Africa (Lorenzo et al., 2019 #89) are described above in the *Youth with Disabilities* section. Two other interventions, the Pakistan Reading Project (PRP) (NORC at the University of Chicago, 2021d #14), and another on supporting for displaced adolescents with impaired psychological functioning in northern Nigeria (Lawrence and Falaye, 2019 #32), also addressed children and youth with disabilities in targeted ways.

Program developers for PRP considered how to support children with disabilities at the conceptualization stage, incorporated material surrounding respect for children with disabilities into SEL lessons and provided grants to support local education for children with disabilities (NORC at the University of Chicago, 2021d #14). Additionally, a study in northern Nigeria targeted displaced adolescents with moderate to severe psychological distress and impaired psychological functioning due to trauma exposure. The intervention involved trauma-focused counseling and social effectiveness training and demonstrated positive impacts on well-being and functioning (Lawrence and Falaye, 2019 #32).

Interventions should include more targeted, inclusive approaches for children and youth with disabilities such as providing transportation to support access and incorporating materials that teach respect for children with disabilities into SEL lessons. More research and disability sensitive data are needed to better understand and address the needs of children and youth with disabilities in humanitarian and development settings.

EQUITY

Very few studies deliberately discussed equity and how programs addressed equity in their activities. Those that did were funded by USAID. Only four studies we reviewed directly discussed whether or how a program addressed equity and inclusion (NORC at the University of Chicago, 2021a #10A; 2020 #12D; 2021d #14; 2021e #15). All four studies were conducted as part of the USAID-funded study, “Integration of social and emotional learning into basic education programming findings from eight case studies” conducted by NORC at the University of Chicago. A report on the eight case studies examining the integration of SEL into basic education programming indicated that equity was embedded into the design and implementation of each of the eight programs studied: Asegurando la Educación in Honduras, ECR in Nigeria, EF in Honduras, LARA in Uganda, MYDev in the Philippines, PRP in Pakistan, QITABI in Lebanon, and Sisimpur in Bangladesh (NORC at the University of Chicago, 2021a-g #9, #10A #11A, #12A #13A #14 #15).

We reviewed individual studies of four of the programs included in the case study analysis, Asegurando la Educación in Honduras (NORC at the University of Chicago, 2021f #9), ECR in Nigeria (NORC at the University of Chicago 2021a, #10), PRP (NORC at the University of Chicago, 2021d #14), and QITABI in

Lebanon (NORC at the University of Chicago, 2021e #15). Each of these programs identified and incorporated marginalized groups into various components of program activities. For example, to promote inclusion, ECR in Nigeria included vocational training for displaced youth, crisis-affected youth, youth with disabilities, and girls. One component of the intervention involved separate, gender-sensitive learning centers to ensure girls continued to have access to safe, quality, non-formal education.

Given that the only studies that addressed equity are these four USAID programs specifically focusing on equity analysis within case studies, we recommend additional research focusing on equity in order to ensure programs do not contribute to existing inequalities. Equity-responsive practices such as differentiated learning spaces and training that specifically targets marginalized sub-populations should be deliberately integrated into intervention design.

COST-EFFECTIVENESS

The few studies that discussed program costs or included a cost analysis pointed to benefits to society for SEL programming, though methods and approaches were inconsistent, making comparisons difficult. We found nine unique studies that discussed program costs. All but two of these studies (Piza et al., 2020 #67; Tubbs Dolan et al., forthcoming #95) focused on youth populations. Four of these studies took place in sub-Saharan Africa (Adoho et al., 2014 #8; Blattman et al., 2017 #86; DFID, 2016 #27; McLellan and Bamwesigye, 2012 #97), three in the Latin America and Caribbean region (Acevedo et al., 2016 #3; Ibarraran et al., 2014 #39; Piza et al., 2020 #67), and two in the Middle East and North Africa region (Groh et al., 2016 #72B; Tubbs Dolan et al., forthcoming #95). Among these, the most rigorous cost analyses came from studies in sub-Saharan Africa, with strong analyses from Latin America and the Caribbean, and cursory discussions of costs from the studies in the Middle East and North Africa region. These studies used a diverse range of methods to calculate cost-effectiveness and discuss societal benefits. They also provided different services and benefits, making cross-study comparisons difficult. However, all studies that conducted cost-effectiveness analyses point to benefits of these programs to societies. Cost measurement planning should be included into SEL program evaluation design, and accurate, relevant, comparative cost data should be collected throughout the research process.

SUB-SAHARAN AFRICA

Evaluators for the YDP and NUYEP in Uganda, described in RQ2, conducted the most extensive cost-benefit analysis (DFID, 2016 #27). Evaluators assessed cost-benefits using a Value for Money analysis. Returns to the YDP program were positive after five years, based on the increasing number of youth who had an income. The NUYEP program had positive returns after three years, but only for intervention groups that received the most intense support, including two or more follow-up trainings and business counseling sessions. There were no returns for groups who participated in the program alone, or the program plus just one follow-up training.

In Liberia, the EPAG program that showed positive impacts on adolescent girls' employment had two primary tracks: Business Skills training and Job Skills training (Adoho et al., 2014, #8). The unit cost for the Business Skills track was approximately \$1200, and approximately \$1650 for the Job Skills training. The Business Skills training was more cost-effective in consideration of the magnitude of earnings for each track. The Business Skills training cost was recovered within three years, while the Job Skills training cost was recovered within 12 years.

Another program targeting youth in Liberia focused exclusively on young men. The program combined CBT with a \$200 cash grant to reduce antisocial behaviors and support mental health (Blattman et al., 2017 #86). The authors suggested that the positive returns to the program include the social benefit of reducing the amount of criminal activity that participants engaged in. With a cost of \$530 per beneficiary, social returns of \$20 or \$25 per crime would make this program a promising return for investment, though the authors indicated that social returns are difficult to measure.

LATIN AMERICA AND THE CARIBBEAN

A soft skills and vocational training program in the Dominican Republic had a benefit-cost ratio of 1.29 and 1.91 for the combined training and soft skills-only training, respectively (Acevedo et al., 2020 #3). The combined training cost \$320 per student, while the soft skills-only training cost \$160 per student. Overall, the program seemed to be cost-effective for young women, but had negative/null effects for young men.

Another program in the Dominican Republic that focused on life skills and vocational training had a higher cost per beneficiary at \$700 per person, which the author estimated would be recouped after 50 months (Ibarraran et al., 2014, #39). One of the most promising outcomes emerging from this program was the reduction of likelihood of pregnancy, by reducing one pregnancy per twenty female youth participants. The estimated cost to prevent a single pregnancy is between \$10,000 to \$66,000, which suggests that the program is very cost-effective.

A simple cost-effectiveness analysis of a program aimed at supporting teacher autonomy to enhance learning in Brazil, suggested a high return on investment (Piza et al., 2020 #67). For every \$100 spent, the program increased learning by .36 years. The increased learning and likelihood of finishing secondary school points to a value on future income between \$7,000 and \$13,000.

MIDDLE EAST AND NORTH AFRICA

In the MENA region, two studies reported the cost per beneficiary, but did not discuss cost-effectiveness or analyze cost-benefits. In Jordan, a vocational training program for female youth with inconclusive results cost \$400 per beneficiary (Groh et al., 2016 #72B). In Lebanon, a program aimed at supporting Syrian refugee children's academic and social and emotional outcomes in primary schools cost \$249 per beneficiary for the remedial support program alone, and \$274 per beneficiary for the remedial support + mindfulness program, which had greater effects on desired outcomes (Tubbs Dolan et al., forthcoming #95).

KEY FINDINGS ON THE EFFECTS OF SEL PROGRAMS ACROSS SUB-POPULATIONS

This section examined the effects of SEL programs within and across sub-populations, with a focus on differences by age, gender, disability status, and displacement status. It also explored how the evidence relates to sub-populations within sub-Saharan Africa in particular. The studies we examined found that SEL interventions generally had positive impacts on the various targeted sub-populations. However, many of the programs detailed above led to vastly different, and sometimes negative, outcomes among different groups. The research highlighted the need to pay greater attention to sub-populations, including the ways needs and outcomes vary by gender, context, exposure to stressors, and displacement status, particularly among adolescents.

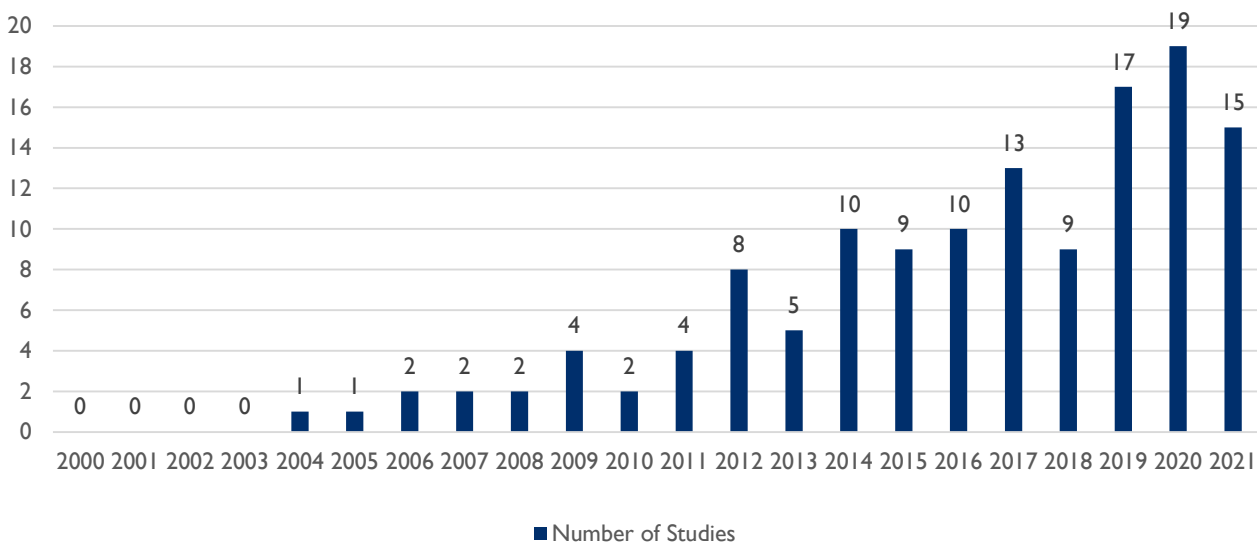
Structural and contextual barriers in development and humanitarian contexts are especially influential for adolescent girls and boys, and can create obstacles for the development of SEL competencies. SEL programs that do not address these barriers have limited, null, or even adverse effects. Our analysis also demonstrated that programs that target and support marginalized groups, including girls, minorities, children with disabilities, are often highly effective, with marginalized groups in these programs frequently outperforming nonmarginalized groups on key outcomes. To continue these positive trends, practitioners should develop locally informed and equity-responsive practices that target and support marginalized groups. More research is necessary to understand the causal pathways that promote inclusion, including more disaggregation of data by sub-population and more equity analyses. Findings in this section also point to the importance of contextually relevant programming that matches objectives to achievable results that serve the needs of participants; and more targeted research to shed further light on the direction of effects for subgroups, including analyses of moderating variables and robust qualitative research.

The evidence featured in this section largely stems from sub-Saharan Africa. The strongest studies from development contexts largely took place in sub-Saharan Africa, whereas the strongest studies featuring differences across sub-populations affected by humanitarian crises largely took place in the MENA region, followed by sub-Saharan Africa. Studies from sub-Saharan Africa also made up the majority we reviewed which disaggregated data by sub-groups and demographic factors including gender, disability status, SES, and urbanicity, as well as those that explicitly discussed costs or included cost analyses. Because studies from sub-Saharan Africa were more likely to meet our inclusion criteria and made up the majority of those we reviewed for the report, it is understandable that much of the evidence highlighting differences and considerations for sub-populations stems from the region.

DISCUSSION

We went into the systematic review of the literature on SEL interventions in development and humanitarian contexts with limited expectations. The sheer number of articles and reports returned from our searches (>5,000), along with the increase in volume of studies included in this study (n=136) over time, demonstrate the rise of SEL over the duration of the review (2000 to 2021). Figure 12 highlights the increase in SEL literature over the last twenty years. Despite this increase in studies over time (zero in 2000, one in 2004, nineteen in 2020), there is still a gap in conclusive, causal evidence on the effects of SEL in development and humanitarian contexts. The literature hypothesized an association of SEL with a wider range of outcomes than we expected—including pregnancy and civic engagement. However, the causal connections and even associations are largely missing from the literature, as demonstrated in this report. This review begins to unpack the effects of interventions targeting social and emotional outcomes on academic, well-being, and workforce outcomes. Our key findings, described below, demonstrate the need for continued focus and rigorous research on these topics.

FIGURE 12. NUMBER OF SEL STUDIES OVER TIME



KEY FINDINGS

We found that **targeted, explicit SEL instruction is associated with positive effects on social, emotional and other outcomes**. This finding reinforces the existing evidence base from the Global North that demonstrates that S.A.F.E. approaches are more effective than those that address SEL through non-targeted approaches, which includes general classroom practices. The literature reviewed in this study suggests that interventions that actively engage children and youth, provide focused time on developing SEL skills, and explicitly target specific competencies are effective in building social emotional competencies and other related outcomes. We hypothesize that the positive effects associated with targeted interventions stem from providing educators with goals and structure to support children’s development. Additionally, ensuring that children and youth participants are aware of the skills and competencies they are meant to learn increases the probability that they will practice these skills outside of class time. It is

also possible that the training, support, and resource allocation is greater for targeted approaches, while implicit or non-targeted approaches to SEL may not garner the same level of support.

Studies that integrated SEL often saw promising effects on other (academic, workforce, health) outcomes, even when no effects on SEL were found. Even when SEL outcomes did not see increases, the additional focus on social and emotional competencies seems to correlate with other intended outcomes. It is possible that the focus on SEL improves the classroom dynamics or that teaching practices function in such a way that they still achieve or even amplify academic, workforce, or health outcomes without having an effect on the measured SEL outcomes. For example, SEL training may emphasize good teaching practices such as discussion, group work, and active student engagement, which teachers then employ to teach other academic subjects such as literacy and numeracy. Alternatively, it may be the focus on academic, workforce, or health competencies that leads to the effect. It could be that the interventions do impact SEL outcomes, but that studies are measuring the wrong construct or are not sensitive enough to change. There is insufficient evidence to affirm which component of an intervention leads to these gains. Additional research is necessary on the causal pathways that lead to positive change in academic, workforce, or health outcomes in interventions that integrate SEL approaches.

There is insufficient research examining the effects of teacher's own SEL skills and knowledge on student outcomes. Research from the Global North shows that teachers are key to effective SEL implementation³⁸. As such, we expected to find more evidence on teacher outcomes in the literature on SEL. None of the studies in the review addressed teacher social and emotional skills or decreases in mental health issues. However, teachers worldwide face extreme stress and are at high risk of burnout, especially in complex contexts with limited resources³⁹. Studies reviewed in this report suggest that neither teacher knowledge of SEL skills nor generally positive teaching practices are sufficient to support improvements in academic and SEL outcomes for students. However, when teachers' self-care and social supports improve and/or levels of teacher turnover are low (perhaps a sign of teacher support within the workplace), student outcomes improve, as well. To best promote social and emotional competencies in students in development and humanitarian contexts, research on the relationship between teacher's own social and emotional skills, well-being and mental health, and student outcomes is critical.

Interventions that primarily targeted SEL did not see improvements in mental health outcomes, and mental health interventions do not necessarily build SEL skills. SEL is not a replacement for targeted mental health interventions. Programs that targeted only SEL or only mental health, but measured both, did not necessarily see improvements on both outcomes. SEL interventions should continue to be delivered to all students in a learning context and should provide preventative and promotive skill building. Additional mental health support and more targeted services for those children and youth with greater needs should be layered on top of general SEL programs. More research is needed to better understand how addressing distress and psychosocial issues interacts with the building of positive social and emotional skills.

³⁸ Jones, S.M., Bouffard, S.M., and Weissbourd, R. (2013). Educators' social and emotional skills vital to learning. *Phi Delta Kappan*, 94(8), 62-65.

³⁹ Falk, D., Varni, E., Finder Johna, J. and P. Frisoli. (2019). Landscape Review: Teacher Well-being in Low Resource, Crisis, and Conflict-affected Settings. https://www.edulinks.org/sites/default/files/media/file/TWVB%20Landscape%20Review_June%202019.pdf.

While SEL interventions may have positive effects, these effects are not always sustained. The majority of the studies only measured outcomes immediately after the intervention and did not measure the durability of the effects. Most of the studies that did measure outcomes a few months after the end of the intervention saw that the positive effects were not sustained. Given that the primary goal of SEL programs is for enduring, longer-term outcomes, it is important to highlight the programs and approaches that lead to sustained effects. A better understanding of long-term effects will require more longitudinal research.

Structural or contextual barriers hinder the development of SEL competencies, particularly for adolescents. Children do not develop in a vacuum—rather, they are reflections of their broader socio-ecological system. We found multiple studies that assessed the same intervention in different contexts, and across each context, the effects differed. We also found differing effects of programs, particularly across male and female youth where studies disaggregated data by gender. Structural issues, including marginalization, gender norms, conflict, and lack of resources impede the effectiveness of SEL programs, because programs rarely have the capacity to address the issues. For example, SEL interventions that aim to promote competencies such as hope or a positive future outlook among male youth in contexts where they are unable to find employment and earn income, but that either do not address the socioeconomic barriers or only address them in the short-term, may not only hinder outcomes but have adverse effects on participants.

In the design of interventions and measures, the target population within the specific context should be consulted regarding their specific needs and the relevance of SEL approaches for their communities. **Without the engagement of local communities in program design and adaptation, it may lack relevance or clash with local values, norms, and practices.** Systemic approaches, or those that address the socio-ecological system in which children are situated (*i.e.*, teachers' SEL skills, parents' SEL skills, school policies, national policies, etc.) are needed to cultivate social and emotional, academic, well-being, and workforce outcomes in development and humanitarian contexts. To support the individual needs of the child, SEL programs should engage with the broader community and policy environment. Not only does a systemic approach ensure that adults and communities have the necessary knowledge and skills to support the students, but it also ensures that teachers and communities are able to build their own SEL skills. Engaging with the community and policies ensures that SEL programming will have the necessary support and relevance for the community. Although differentiated program design and instruction are complex and difficult to implement in practice, we recommend a flexible, adaptive approach with sufficient training and support so that the instructor can support the needs of their specific set of students.

When marginalized groups are targeted and supported within an intervention, they often outperform nonmarginalized groups on SEL or other target outcomes. In our investigation of effects on sub-populations, we found evidence that when marginalized groups including girls, ethnic and tribal minorities, children with disabilities, low-SES, and OVCs were directly and exclusively targeted by an intervention, or when programs included these populations with responsive approaches to support their inclusion, positive outcomes largely resulted, and outcomes were often greater than those for nonmarginalized participants. Marginalized groups require more targeted and locally informed approaches. Also, we call for more research to understand the causal pathways that support inclusion of the most marginalized groups in development and humanitarian contexts.

More and better research is necessary to understand the “black box” of implementation.

There is very limited evidence on implementation fidelity—only 13 unique interventions mentioned whether there was fidelity of implementation. Moreover, little is known about the aspects of implementation that are particularly salient in effective interventions. While many studies described the program design, few monitored and reported on what occurred in the “black box” of the classroom implementation. As such, we do not know exactly what programming participants received. Limited, null, or inconclusive effects could be a result of poor implementation, insufficient dosage, or lack of contextual relevance, rather than a poor programmatic approach. As such, further research is necessary to better understand the implementation factors and support for teachers and implementers that contribute to positive outcomes.

Measurement of SEL continues to pose issues for understanding the effects of SEL interventions due to lack of validity, contextual relevance, or biases.

The vast majority of the tools were only used in one or two studies. The tool most frequently used across contexts and studies, the SDQ, has questionable reliability, validity, and ability to compare results across contexts (Tubbs Dolan, 2018). Further, measurement tools that are validated in one context may not be relevant in other contexts. Additionally, most of the tools used self-report measures, which may be biased. For example, a participant in an intervention may select the answer they see as “correct” or most socially desirable, or their self-rating might decline after exposure to others who have high levels of the skill or after they learn what it means to score highly. As such, it is important that researchers consider using multiple measures to determine changes in a particular construct, including the development of performance-based measures, to further corroborate the results. Measurement tools should be designed and validated in the specific context in which they are used, and the constructs being measured should align with the intervention being provided.

The literature included in this study utilizes different terminology and definitions to refer to what is considered “SEL” for this study.

The field of SEL faces the issue around divergent terminology in Western contexts, as well, where SEL is well-established.⁴⁰ In development and humanitarian contexts, numerous terms are used to refer to SEL-related concepts, including but not limited to soft skills, non-cognitive, life skills, and 21st century skills. For this study, we included literature that was not labeled as “SEL” or “soft skills” if it contributed to the development of social and emotional competencies. Yet, the lack of consistency in language and definitions made comparisons across interventions and literature challenging. We recommend a mapping of SEL-related language, similar to ExploreSEL;⁴¹ guidance for consistency in language related to SEL, competencies, and related measurement; as well as disaggregation of the different components of SEL.

RECOMMENDATIONS

Building on the findings and gaps identified in this systematic review, we present key recommendations for research, policy, and practice as it relates to SEL in development and humanitarian contexts. As the evidence on SEL continues to grow, research, policy, and practice should continuously inform one another. Programming and policies related to SEL should be tied to rigorous implementation and impact research

⁴⁰ See Jones, S., Bailey, R., Brush, K., Nelson, B., & Barnes, S. (2016). What is the Same and What is Different?. Making sense of the “non-cognitive” domain: Helping educators translate research into practice. Cambridge, MA: Harvard University Graduate School of Education EASEL Lab.
https://easel.gse.harvard.edu/files/gse-easel-lab/files/words_matter_paper.pdf.

⁴¹ <http://exploresel.gse.harvard.edu/>.

to inform innovations and improvements, and to contribute to global knowledge on the effects of SEL programming. Donors should allocate funds that provide for these recommendations, and especially for approaches that connect research to practice and policy.

RESEARCH

Despite the growth of research on SEL in diverse contexts, more rigorous research is still needed.



- **Conduct research that explores the causal pathways.** Limited literature explored the elements of the interventions that led to growth in social and emotional and other outcomes. Rather than exploring the effects of specific components (i.e., SEL) of an intervention, many studies examined the effects of the whole intervention, which makes it difficult to isolate the effects of specific components. A few studies tested variations of an intervention by adding a soft skills or SEL component. This approach to studying components of interventions should be replicated to better understand what elements of SEL programs contribute to SEL and other outcomes.
- **Include implementation details and monitoring in research.** Research on SEL does not sufficiently monitor and describe the implementation of interventions. Thus, we cannot draw conclusions about the implementation factors that contribute to an intervention's effectiveness. Research should report on fidelity of implementation, dosage, and any adjustments or adaptations that occurred in the program.
- **Conduct longitudinal studies on the effects of SEL programming** on social and emotional, well-being, academic, and workforce outcomes, as well as broader outcomes and effects at the community level. Few studies included in this review explored longer-term outcomes. Those that did primarily measured and compared outcomes a few months after the intervention ended.
- **Conduct comparative research** across programs, contexts, and populations. Comparing programs can begin to isolate what works, for whom, and under what circumstances. Very few studies looked at the same intervention in different contexts, but those that did found inconsistent results. Comparative research can shed light on what can be shared across contexts and what aspects of SEL programs must be adapted to the context.
- **Develop performance-based SEL measures** that align with the intervention and that are validated within the study context. The majority of studies utilized self-report SEL measures. Designing context-driven measures that are less prone to bias requires dedicated resources.

POLICY

Governments around the world are beginning to include SEL in their education policies. As described above, some promising practices exist, but a dearth of empirical evidence as to their effectiveness persists.



- **Develop supportive SEL policies** that incorporate SEL into education at all levels, including formal, non-formal, and vocational training, and provide resources for explicit instruction that targets developmentally-appropriate SEL competencies and approaches.
- **Base SEL policies on relevant, local evidence.** Policies must be based on contextually- and developmentally-appropriate approaches informed by and relevant to local actors and communities.
- **Connect policies to resources for training, monitoring, and ongoing support.** The limited research on policies explored in this review demonstrates the potential for a disconnect between policy and practice. Future policies should include sufficient allocation of resources to support implementation at the classroom-level.

PRACTICE

Over the last decade, SEL has increased in its presence as a development and humanitarian intervention. This review shed light on promising SEL practices. SEL practices should consider the whole socioecological system within which a child develops. However, children and youth cannot be expected to develop SEL skills within broader systems that interrupt the development of these competencies and well-being.



- **Continue to implement, monitor, and assess active, focused, and explicit SEL approaches.** The literature reviewed for this study suggests that active engagement of participants, focused time on building SEL skills, and explicit instruction across both inter- and intra-personal skills leads to the greatest gains in SEL and other outcomes.
- **Provide sufficient training and ongoing support for educators.** Educators may be unfamiliar with the approaches and strategies required by SEL interventions and, as such, could benefit from training, instructional materials, and ongoing implementation support.
- **Develop programs within the context that align to teachers' and students' needs and realities.** Programs must align with the local context and address the expressed needs of teachers and students. If programs are not considered valuable by the community, uptake will not be effective.
- **Collaborate and engage with caregivers and the broader community** to ensure that the intervention aligns with the values and skills promoted outside of the intervention. Consistency across the home and school environment provides additional opportunities to practice and further support the development of SEL competencies.
- **Provide referrals to additional services** for participants who have greater mental health needs. The development of SEL skills is insufficient to respond to acute needs and should be paired with referrals to relevant expertise and more focused, individualized care, as needed.