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Glasgow Bethlehem Twinning Project
Health and Wellbeing
Beth Hannah & Fergal Doherty

Abstract

This article describes the involvement of two educational psychologists in a health and wellbeing initiative carried out under the auspices of a twinning arrangement between the cities of Glasgow and Bethlehem. It focuses on their participation in a six day visit to Bethlehem in December 2015 as members of a six person multi-disciplinary, multi-agency delegation. Relevant background information is outlined. This includes the basis for the visit; the nature of the partnership; and the context for the planned work. The aims and purpose of the visit and the type of information gathered are considered from an educational psychology perspective. In considering the wide range of experiences during an intensive visit programme, the authors offer their personal recollections and provide two vignettes. Possible developments and next steps on the path of collaboration and partnership between the professionals are outlined.

Background: Twinning

The City of Glasgow has had a formal twinning arrangement with the city of Bethlehem since 11th April 2007 (Neill, 2007). Cross-national twinning arrangements between cities provide potential to share and exchange educational and cultural opportunities. As part of a health and wellbeing initiative, there are plans to strengthen educational links between professionals involved in the delivery of psychological services and healthcare in Bethlehem and Glasgow. Glasgow City Council (GCC) and the International office of the Lord Provost of Glasgow have committed financially and professionally to supporting health and wellbeing initiatives linking both cities. In this context, a delegation from the Bethlehem Guidance and Training Centre for the Child and Family (Bethlehem GTC) and Bethlehem University undertook a week- long visit to Glasgow and other parts of Scotland in June 2015. This trip included visits and meetings with a range of professionals involved in the training and delivery of educational, psychological and health services as well as meetings with elected representatives of Glasgow City Council and a cross-party group of Members of the Scottish Parliament (MSPs).

Glasgow Psychological Service (GPS) has partnered with NHS Greater Glasgow and Clyde Health Board (NHSGGC) and two universities, Glasgow and Dundee, to build upon existing relationships to support workforce development in Palestine. In the field of healthcare, Gerry O'Hare, oncology specialist nurse with NHSGGC, and Mariam Awad, Dean of Nursing at Bethlehem University, have been involved in plans to develop a post-graduate diploma in oncology nursing at Bethlehem University.

Background: Context

Geographically, Bethlehem is a city located in the West Bank of Palestine. It has approximately 30,000 inhabitants (Bethlehem Municipality, 2016). Historically, the British withdrew from Palestine in 1948 at the time of the establishment of the state of Israel. Post-1948, there were ongoing conflicts and wars between the Palestinians and Israelis that led to the occupation of a large area of Palestine by Israel. The 1967 war between some Arab nations - including the Palestinians - and the Israelis led to the occupation of the remainder of Palestine, including Bethlehem. Compliance with the Oslo Accord of 1993 eventually led to the Palestinian Authority (PA) taking control over the city on 22nd December 1995. However, despite the Oslo Accord and the creation of areas under PA control, the West Bank remains an area under Israeli occupation. This occupation is reinforced by the presence of significant numbers of Israeli settlers, an expanding segregation wall running the length of the West Bank, encircling Bethlehem, a segregated road system, the destruction of Palestinian homes and the presence of soldiers from the Israeli Defense Forces.

The decades of conflict have had a significant impact on the health and wellbeing of the people living in these areas. A report by the World Health Organisation (WHO) (2001) highlights the impact of conflict on mental health and notes that “between a third and half of all the affected persons suffer from mental distress. The most frequent diagnosis made is post-traumatic stress disorder (PTSD), often along with depressive or anxiety disorders. In addition, most individuals report psychological symptoms that do not amount to disorders” (p.43).

Murthy and Lakshminarayana (2006) report on research studies that highlight the range of traumatic experiences of children and young people in Palestine, the levels of psychosocial problems, and the impact on their mental health. For example, in a study conducted by the Gaza Community Mental Health Programme, 32.7% of children aged 10-19 years suffered from PTSD symptoms requiring psychological intervention. Interestingly, this study found higher prevalence levels in boys (58%) than girls (42%) and in children living in refugee camps (84.1%) compared with children living in towns (15.8%).

Background: Host Organisation

Our host organisation, Bethlehem GTC, which was founded in 1994, provides a range of services including clinical work, consultancy, research, and training. It is funded primarily by a German sponsor, Weltfriedensdienst e.V. (WFD). The provision of funding support from non-governmental organisations (NGOs) appears to be a feature of services in the municipality of Bethlehem. During the visit we were impressed by the high levels of investment in educational, psychological and health provision through sponsorship and support from NGOs. The United Nations also has a presence in the area. For example, on the fifth day of the visit, we met with staff involved in the UN Refugee Relief and Work Programme. The United Nations Relief and Works Agency (UNRWA) was established in 1949 to “carry out direct relief and works programmes for Palestine refugees” (UNRWA, n.d.). UNRWA defines Palestine refugees as “persons whose normal place of residence was Palestine during the period 1

June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict.” To give a sense of the scale of their work, this population is estimated at 1.2 million people within Palestine.

Visiting Team

We were members of a multi-disciplinary and multi-agency delegation that visited Bethlehem in December 2015. The team brought extensive knowledge and experience of educational, psychological and health care provision as well as the training of professionals in these fields. This provided a range of complementary perspectives and an ability to apply both analytical and practical expertise to the information gathered during the visit.

The delegation members, along with ourselves from the field of educational psychology, were:

- Stephen MacLeod, Head of Specialist Children’s Services, NHSGG&C
- Hamish J McLeod, Programme Director, Doctorate in Clinical Psychology, University of Glasgow and Honorary Consultant Clinical Psychologist
- Kirsty Smart, Speech and Language Therapy Professional Lead, NHSGG&C
- Gerry O’Hare, Oncology Clinical Nurse Specialist NHSGG&C

Aims of Visit

The six day visit aimed to build upon the knowledge and understanding of service provision in Bethlehem and professional development needs gained through discussions with Bethlehem GTC staff to aid future planning. It was envisaged that the visit would also provide an opportunity for the delegation to gain first-hand insight into the social and political context of the area to enhance our understanding of the needs of the population and of the professionals and agencies serving that population. Throughout the planning phases we were cognizant of the potential danger of attempting to translate our ways of working to a different context. As Kasujji (2014) cautions, when referring to professionals from high income countries working in low and middle income countries, “High income countries are failing to understand that what works well for them may not work well in other settings” (p. 2).

During the planning stages of the visit, we were able to draw upon our knowledge and experience of working as Educational Psychologists (EPs) in local authorities in Scotland and in the training of EPs. We were interested in gaining a better understanding of the context within which Bethlehem GTC operates. In working with our partners in Bethlehem GTC to explore ways of building workforce capacity, we viewed it as essential to investigate and assess the educational and health provision in Bethlehem.

The Visit

General: Bethlehem GTC were excellent hosts and throughout the visit we were impressed by their warmth and hospitality. This was especially poignant given the immense challenges faced by those living and working in the West Bank. They coordinated a varied programme of visits to health, NGO, and educational sites interspersed with social and cultural experiences. The six day visit provided

us with an invaluable insight into the challenges being faced by a population living under occupation. The everyday challenges of life were apparent from the outset. A number of people we spoke to reported difficulties moving throughout the West Bank due to security checks, roadblocks, random stop and search incidents and restrictions to roads on which they were permitted to travel.

Educational Psychology Focus: Built into the programme were visits to educational establishments in Bethlehem (mainstream and special) to aid our understanding of educational provision (infrastructure, staffing, resources); the nature of student needs and the ability of teaching staff to meet those needs. From referral data supplied by Bethlehem GTC, we were aware of the range and complexity of needs of children and young people being referred. This led to questions around the capacity of schools to address students' additional support needs, particularly wellbeing, through staff training and access to other resources (e.g. school counselors). We were also interested in gaining a better understanding of the educational programmes available in the local university and the potential for future collaboration.

Personal Focus: From both a personal and professional perspective the visit has had a significant impact. To illustrate this, we will each describe one of the places visited during the trip which left a lasting impression.

Visit to Crèche Orphanage (Beth)

This orphanage is run by The Daughters of Charity of St. Vincent de Paul and provides care to abandoned children from birth up to the age of 6 years. We were advised that the reasons for abandonment included pregnancy arising from rape or incest as well as mothers being unable to provide adequate care for their babies. Whilst being impressed with the high level of physical care of children in the crèche (clothing and nutrition), it was apparent that staff were unable to meet the socioemotional needs of the children in their care. I was particularly affected by a visit to the baby room which included seeing two children born pre-term and only a few days old. Staff clearly cared about the children but could not offer the intensity of social interaction and emotional responsiveness that would be provided by adults in a family setting. Emotionally, this was a very upsetting visit as I knew that most of these children would continue to live in an institutional setting and that this would have a negative impact on their development.

Childhood Attachment and Resilience: Another Form (Fergal)

Playing marbles over 'stanks' in the streets of Glasgow and Donegal, plus the collecting of bits of brass, copper and lead to take to the 'scrappy' for some sweetie money, were part of childhood memories. However those childhood pastimes took on a different form in Palestine. Our meeting one day was interrupted by the, closer than usual, sound of the regular clashes between Palestine children and youngsters (6-16 years) with the IDF. Skunk gas, tear gas, rubber bullets, then live rounds were the IDF answer to the sling shots. When that particular clash died down and the soldiers retreated behind their massive wall I was moved by the these same youngsters stealing up to the wall to retrieve the content of their sling-shots ie marbles; plus gathering the brass casings from the live rounds to bring to the 'scrappy'. Attachment to each other and their people and resilience in face of such overwhelming odds is an example to us all.

Next Steps

The visit has strengthened relationships between the municipality of Bethlehem and the city of Glasgow. It has also energized us to continue on the path of collaboration and partnership between professionals in both settings for our mutual benefit. The next steps in this journey will be based around the report submitted to the Lord Provost's Office in Glasgow and which is presently under consideration. The information gained is synthesised into an analysis of the opportunities and threats to sustainable workforce capacity building activities with a focused analysis of the development opportunities that may be pursued by Bethlehem GTC with additional support and resources. These are organised into three work packages that were planned collaboratively with Bethlehem GTC representatives and centre around Bethlehem GTC senior and junior staff development as well as Bethlehem GTC service delivery development. Some examples are:

- Iterative refinement of the action plan and mapping of potential resources - including staff from GPS, NHS GG&C and the two universities
- The preparation of curricula and training standards documentation
- An intensive school(s) for Bethlehem GTC senior staff in Glasgow to develop key skills and knowledge development with reciprocity for GPS and NHS staff in Bethlehem - including trainees.
- Open negotiations with Bethlehem based educational partners for the development of a postgraduate certificate/diploma (utilising the knowledge and experience of Gerry O'Hare and Mariam Awad mentioned earlier)
- Application for MRC Health Systems Research Initiative Development funds (e.g. 2017 round) using developments in 2016 as evidence of delivery capacity/pilot data

These will hopefully not only provide clear initiatives for Bethlehem GTC development but also reciprocal developments for the involved agencies here. This will include joint opportunities for educational and clinical psychology practitioners including for those in training. So watch this space!

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