Programming Innovations for Enhancing Psycho-social Support to Caregivers in Humanitarian Contexts

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Setting the context & defining psycho-social support

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As of 2022, over 100 million people worldwide have been forcibly displaced due to conflict, violence, human rights violations, and persecution (UNHCR, 2022). Children under five have been heavily impacted as well, accounting for 16% of the forcibly displaced population (UNESCO's Global Education Monitoring Report, 2019).

Young children growing up in adversity need a positive and nurturing relationship with their family to mitigate the worst effects of a crisis

Kabay and Smith, n.d.

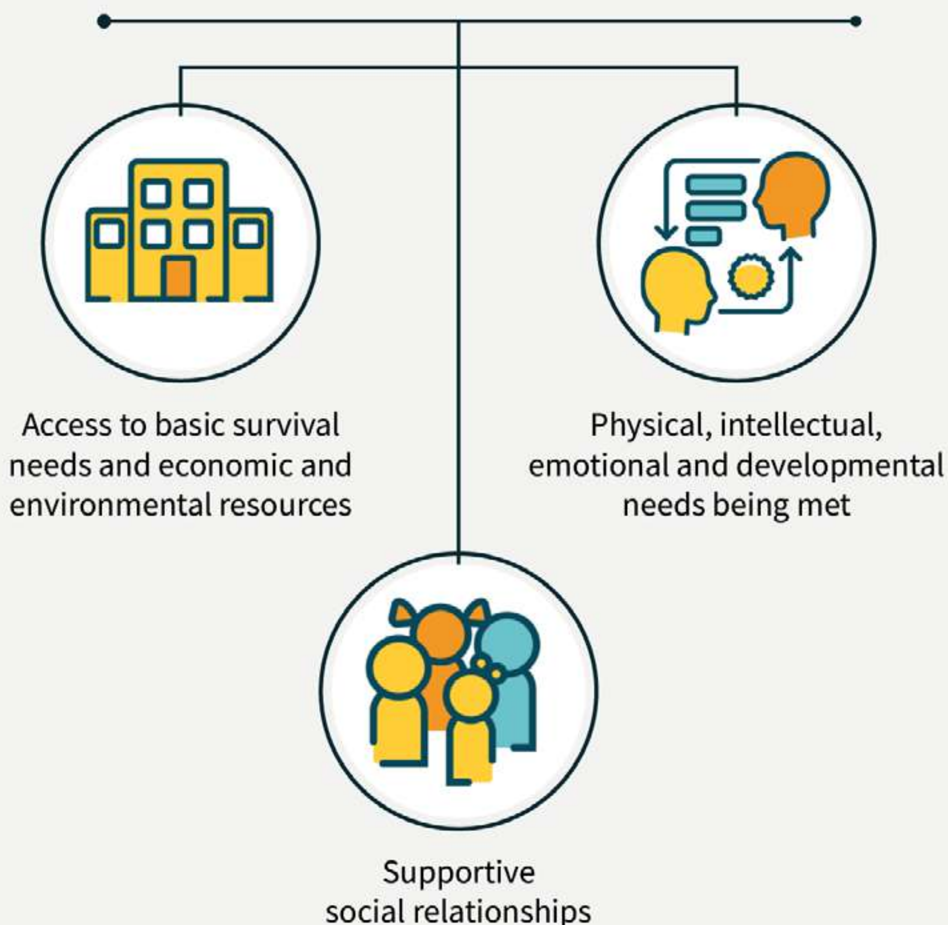
However, caregivers find it challenging to provide children with necessary support, primarily due to their poor mental well-being and stressors like family separation, limited livelihood opportunities, precarious access to public services and uncertainty about the future (SSM-Mental Health, 2022).

Poor mental health among caregivers leads to neglect of childcare, adversely affecting child development (JPAL, 2021). Recognising the criticality of the first five years of development on a child's cognitive development and later life (UNHCR, n.d.,2016), it is necessary to prioritise the psycho-social well-being of refugee families in programming for early years.

Currently, reviews of relevant research show that in low-and-middle-income-countries (LMICs) less than half of rigorously evaluated early childhood development (ECD) and parenting programmes have been found to effectively address parental mental health (Jeong et al, 2021).

This handout aims to summarise the programmes that address the concerns of psycho-social support (PSS) of refugee caregivers of young children. We specifically attempted to identify programmes for caregivers with children from the age of zero to when they formally enter primary school (between the ages of six and eight).

For the purposes of this document, we define psycho-social support as the state of being or doing well of an individual in different aspects of life, including having supportive social relationships, access to basic survival needs and economic and environmental resources and physical, intellectual, emotional and developmental needs being addressed (UNICEF, n.d.).



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The handout is divided into three sections:

- **Section 1** offers an understanding of the importance of focusing on psycho-social support of refugee families, and the key gaps acting as impediments.
- **Section 2** focuses on common programming features as identified in various psycho-social support programmes for caregivers living in refugee crises.
- **Section 3** presents a mapping of service providers, and guidance tools on psycho-social support for caregivers in refugee contexts.

The handout is informed by literature and a desk review of programmes in refugee settings.

Importance of focusing on psycho-social support of refugee families

This section summarises the key arguments regarding the importance of prioritising PSS programmes for caregivers in refugee settings.

During the earliest years of life, i.e. zero to five years, quality caregiver- child interactions are the most critical to build a strong foundation for healthy ECD, early childhood mental health, early childhood learning and eventually more formal early childhood education (ECE) (Care Research Paper Series, 2019). One of the key advantages of having a strong relationship with the caregiver is that it helps young children learn how to regulate their emotions in a systematic manner when confronted with stress (Cummings and Kouros, 2008).

In destabilising contexts of conflict and displacement, the nurturing caregiver-child relationship becomes more critical (Bouchane, 2018). It is known to mitigate the worst effects of stress and adversity (Centre on the Developing Child, Harvard University, n.d., as cited in Moving Minds Alliance, 2023). It also reduces violence against children and increases positive development (Humanitarian Practice Network, 2018).

To build thriving relationships with children, the caregiver needs to work from a foundation of good mental health, which means having the necessary support to care for themselves (Early Childhood Matter, 2023). However, research indicates that caregivers commonly experience impaired health habits, psychological distress and psychiatric illness (Schulz and Sherwood, 2008). It is estimated that globally between 15-23% of children live with a parent with mental illness and parental ill-health predisposes these children to mental illness (Bernard van Leer Foundation, 2020).

The challenges are found to be exacerbated among caregivers experiencing violence and displacement (World Health Organization, 2022), as they suffer frequently from discriminatory policies, difficult access to services, and the loss of personal dignity, social roles, community fabric and family relationships (Mercy Corps, 2013). Research indicates that one in five people have a recognisable mental disorder after an acute onset major emergency brought on by conflict (United for Global Mental Health, 2020). Mothers are more prone to negative mental health conditions, as the majority of caregiving tasks often fall on mothers. An established body of literature highlights that refugee women from various backgrounds in resettlement countries with children ages zero to five face poorer wellbeing when compared to native-born (Aiyar et al, Children and Youth Services Review, 2023).

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When a caregiver's own mental health is compromised, they struggle to provide their children with nurturing and supportive care and become an indirect source of risk for their child's well-being. This results in children experiencing severe stress, psycho-social deprivation, and lack of stimulation, which can have long-term effects on their health, learning and behaviour (Bouchane, 2018).

Research shows that poor caregiver mental health is associated with adverse childhood outcomes, such as low birth weight, prematurity, developmental delays and various health problems later in life

Moving Minds Alliance, 2023

Given the importance of caregiver well-being, it is important that early childhood education and development (ECED) programmes focus not only on the holistic development of children, but equally on the caregivers. Research shows that ECED interventions that include an element directed at caregivers – by providing information on positive caregiving practices or by otherwise supporting caregiver well-being, have been successful in improving outcomes for young children (Friedlander and Perks, UNICEF blog, n.d.). Additionally, emerging evidence indicates that along with children, caregivers too benefit from ECED programmes through improved mental health outcomes (World Economic Forum Blog, 2023).

Gaps in psycho-social programming

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Despite an urgent need to implement scalable PSS interventions in conflict and other humanitarian contexts, there are persisting gaps which limit the successful implementation of such programmes. The key ones are articulated below.

1. **Narrow focus on child-outcomes as opposed to family-outcomes:** Family-based interventions have the potential to improve child and caregiver mental health and well-being and improve a range of family processes and functioning indicators (Moving Minds Alliance, 2023). Despite the critical role of caregiver well-being in child development, research highlights that there is an overwhelmingly narrow focus on the individual outcomes of the child by both scholars and practitioners in these contexts rather than on family outcomes (Care Research Paper Series, 2019).

   Combined or integrated interventions are not only necessary for fostering healthy early childhood development, but to also improve outcomes for parents (University of Bergen, 2021) There is a strong need today to focus on "whole family" or family-based interventions that focus on early response and prevention of mental health conditions for all family members (The MHPSS Collaborative, 2021).

2. **Limited research on programmatic elements of an effective PSS:** Studies from the US and other high-income countries show that psycho-social and other types of support to parents and caregivers together with stimulating and safe environments, have long- term positive effects on children in early years (University of Bergen, 2021). However, when it comes to contexts of conflict, there is extremely limited knowledge about caregivers and early childhood support.

   There is an immediate need to conduct quality research investigating the life conditions of caregivers, caregivers' approaches to vulnerable children and existing programmes that aim to provide a healthy ECED environment through supporting caregivers (Care Research Paper Series, 2019). In particular, the research should pay attention to context, long-term effects, scaling up, implementation, cost, ethics, and lived experience.

   In addition to this, in programmes that support ECED and caregiver well-being, there is also scope to better establish the connection between caregiver well-being and child outcomes (University of Bergen, 2021).

3. **Poor funding towards PSS programmes:** Another major gap is limited funding for PSS initiatives targeted at caregivers. As per a study (The MHPSS Collaborative, 2021) only 0.31% of official development assistance and 1% of private sector funding is allocated toward funding for child, youth and family mental health and psycho-social support. It is necessary to improve funding for parental and caregiver PSS in emergency and conflict settings and prioritise their well-being.

To increase funding for PSS in emergency and conflict settings, it will be critical to clearly showcase a better case for action alongside examples of why interventions can have such positive outcomes, and how best to deliver such interventions in the future

Key programming features

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This section articulates programming features as observed in various PSS programmes in humanitarian contexts.

1. **A critical component in planning PSS programmes targeted at caregivers requires a deep understanding of the culture within the impacted region.**
These considerations can span dimensions like recognising cultural perceptions and attitudes towards mental health; understanding the social fabric of the community, identifying the infrastructural landscape of the country including aspects such as social protection and healthcare systems; and gauging the broader political context within which the programme operates. Aligning design and delivery of PSS interventions with critical contextual considerations like these, allows PSS initiatives to be better positioned to address the needs of the caregiver population in refugee settings.

2 PSS programmes are often delivered to caregivers through group interventions.
PSS programmes for caregivers are often delivered in group sessions, and sometimes combined with individual home visits. Most parenting programmes have weekly meetings. Engaging in group sessions with recurring frequency provides caregivers an opportunity to get to know each other and build a relationship with their facilitator. The sense of community is important to build emotional security and social support. Group learning, in many programmes, is targeted through strategies like role play activities, structured play time with children and guided modelling on positive behaviours. Working as part of a group makes it possible to acquire new knowledge, have the opportunity to try out the strategies between sessions and give and get feedback on the progress being made.

In a few cases, only one-to-one home visits are used as a delivery method. A recent study highlighted that home visits can be powerful, as it allows for engaging caregivers who are unable to attend services regularly, as well as fostering more culturally sensitive services (Kim et al, 2021). However, a challenge is that such interventions can be resource-intensive and become burdensome to deliver in a cost-effective way.

3 Many programmes rely on trained community workers or volunteers who, with proper training and supervision, deliver non-clinical psycho-social support to caregivers.
The IASC (2007) guidelines recommend building of local capacities and strengthening the resources already present in emergencies. In many PSS initiatives, there is extensive involvement of local community workers and volunteers ensuring success and sustainability.

It is important to note that while the key services provided by local actors are focused, they are non-specialised like peer assistance, offering a listening ear, comforting individuals, and aiding in connecting them with relevant information and support services.

In the long run, there is a need to balance between community-led support services and specialised interventions to meet the diverse needs of large numbers of caregivers in humanitarian settings (UNICEF Technical Note, n.d.).

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4 **PSS programmes can be seen leveraging existing local networks such as women's groups or religious networks as entry points to enable caregiver well-being.** These networks often serve as hubs of trust and mutual support for caregivers, making them ideal platforms for delivering psycho-social services. At times, this may even involve activating support from community leaders, such as faith leaders, to promote the overall well-being of both children and caregivers.

Through group dynamics, parents recognize their strengths as individuals, while discussing strategies that help them solve daily problems and reduce stress and avoiding harsh self-judgment

The World Bank, 2015

Support networks may contribute to improved caregiver effectiveness that can be sustained after the intervention ends. Many programmes have gender-specific support groups allowing for culturally appropriate models of engagement.

5 PSS programmes often seem to focus on a common set of topics to support caregivers in distress.

Many of the topics are focused on helping caregivers with processing trauma and engaging in self-care. Several programmes centre around fostering knowledge about the development trajectories of children, how they are affected by the exposure to adverse events and fostering child-rearing good practices to support sensitive and responsive caregiving. Within positive caregiving practices, the focus is predominantly aimed at home, school, and in the community alongside learning to play.

6 Many PSS programmes leverage existing education and health care systems.

There are attempts to integrate PSS programmes into community-based primary health and nutrition services as well as the education sector. This is predominantly done by focusing on the training of teachers, social workers, and health providers to identify and refer parents at risk for mental health conditions.

Integration with communal spaces like schools and health centres are also seen to be natural entry-points as they instinctively furnish a space for refugee parents and other caregivers to come together informally and build a community.

More broadly, access to reliable education and health services for children play a pivotal role in lifting an immense burden off the shoulders of caregivers. It frees up their time to focus on daily survival tasks (like collecting food, and water) without worrying about their children.It also provides them time to cope with stress associated with crisis. Additionally, observing growth in their children can reinforce caregivers’ sense of accomplishment and well-being.

Programming Examples

As highlighted in the previous sections, there is evidence of why it is important to invest in parental and caregiver well-being to improve early childhood development. However, the evidence of what works, where and how, is limited. In this section, we present an overview of PSS programmes operational within various refugee contexts and offer concise insights into their respective models and approaches. While not all programmes are evaluated, they show promise to be successful in such contexts.

Along with programming examples, the section will also provide an overview of important guidance, tools and standards developed to inform programming of PSS programmes in humanitarian settings.

The following section summarises examples of promising PSS interventions addressing caregiver well-being in direct ways in crisis contexts.

PROGRAMME

Sugira Muryango (SM) or Strengthen the Family

LOCATION

Rwanda

DESCRIPTION

The intervention is informed by the World Health Organization (WHO) Care for Child Development package. It is a home-visiting model which (a) Builds parenting skills and improves knowledge of ECD; (b) Coaches parents of young children on interactions and playful parenting; (c) Develops a "family narrative" to build hope and highlight sources of resilience for addressing challenges and reducing the risk of violence; (d) Strengthens problem-solving skills as well as the navigation of formal and informal community resources; and, (e) Builds skills in parental emotion regulation and alternatives to harsh punishment.

Sugira Muryango integrates these core components into 12 modules and two booster/follow-up sessions. The trainer who visits the homes of the parents for training is a local volunteer.

FURTHER READING

Research Note on Sugira Muryango "Strong Families, Thriving Children"

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PROGRAMME

The University of Los Andes: Semillas de Apego

LOCATION

Colombia

DESCRIPTION

Through a 15-week training programme, the intervention focuses on (1) Assisting victimised mothers and primary caregivers in processing their own trauma; (2) Allowing a proper understanding of the child's development trajectories and how they are affected by the exposure to adverse events; (3) Fostering child-rearing good practices to support with sensitive and responsive caregiving.

FURTHER READING

Google Site by Andrés Moya

PROGRAMME

Amna: Baytna

LOCATION

Greece

DESCRIPTION

The programme works with the local community in (1) Creating a space for pregnant women and mothers with children to meet twice a week to share experiences, interact with others, and learn more about pregnancy (in case they have infants) and child development; (2) Supporting children with motor skills, reading, writing counting, expressing feelings confidently through creative and sensory play, and healthy coping mechanisms for the future. The programme ensures that toddler groups meet at least once a week depending on the site; and (3) Building the parent-child emotional connection and attachment, and marital relationships.

FURTHER READING

Case study by the Moving Minds Alliance

Case study by Nurturing Care Framework

PROGRAMME

SOS CVI: Family Strengthening Programme

LOCATION

Implemented in 112 countries

DESCRIPTION

The caregiver support programmes are aimed at fostering parents with a broad range of coping skills and parenting strategies. They also provide an opportunity to parents to network with their peers – helping to combat feelings of isolation and burn-out often experienced by those in the caring field. The intervention is available individually and in group settings.

FURTHER READING

SOS Children's Villages: Annual Report
SOS Children's Villages Website: Strengthen Families
Power of Caregiving

PROGRAMME

Transcultural Psychosocial Organization (TPO): Journey of Life program

LOCATION

Uganda

DESCRIPTION

The programme focusses on engaging caregivers in building awareness around child protection and fostering psycho-social support through reflection, dialogue, and action. The programme is delivered in a workshop format across twelve sessions implemented by non-specialised humanitarian workers.

FURTHER READING

Changes to Findings and Resources by Implementation Science Collaborative

PROGRAMME

War Child: The BeThere Intervention

LOCATION

Lebanon and Jordan

DESCRIPTION

The intervention works to lower the stress and improve well-being among parents and other caregivers. The intervention strengthens the abilities of caregivers to develop positive parenting techniques and is delivered in a nine-session format by trained facilitators. Caregivers meet in small groups for the sessions conducted. The programme is delivered by non-specialised professionals.

FURTHER READING

War Child Website

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PROGRAMME

Strong Minds

LOCATION

Uganda and Zambia

DESCRIPTION

The programme provides free group talk therapy to low-income women and adolescents with depression, including those in refugee contexts. The programme is delivered by lay community mental health workers. Therapy is delivered in person or by phone through an eight to twelve-week programme that teaches them how to identify their unique triggers, manage their current depression, and prevent future episodes.

FURTHER READING

Note on Strong Minds by Mental Health Innovation Network

PROGRAMME

Right to Play: Play to Grow Programme

LOCATION

Tanzania and Uganda

DESCRIPTION

The intervention works with parents and caregivers of children aged three to six.

It comprises a 24-week parent education programme designed to support the development of nine key parenting skills like child development, play, alongside a component of psycho-social support.

The 24 sessions are supplemented by six monthly home visits from the Parent Educator designed to build trusting relationships with participating parents/caregivers and gives an opportunity to discuss their experience of the programme, what they are learning, and how they are applying new knowledge and skills. The monthly visits also provide an opportunity for Parent Educators to observe participating parent/caregivers' progress in applying the parenting skills developed through the weekly sessions. The final component of the intervention model is a series of radio messages designed and contextualised to reinforce the key themes and skills focused on in the regular sessions.

In group sessions, the facilitator also holds conversations with caregivers about family safety. There are also activities to promote self-compassion amongst caregivers.

The intervention is now expanding to respond to the needs of children and families affected by conflict and crisis, particularly those that have been displaced, experienced war or community violence, or have experienced the loss of or separation from a loved one. In this programme, two additional sessions are prioritised, focussing on the impact of adversity on children and their caregivers.

FURTHER READING

A Blog by Right To Play

PROGRAMME

USAID, Save The Children, Institute for Reproductive Health: Real Father

LOCATION

Uganda and India

DESCRIPTION

The programme is a group-based mentoring model, with regular home visits. It is directed towards young fathers aged 16 to 25 parenting a child ages one to five. Eligible young fathers choose men from their own communities to serve as mentors, who in turn provide the young fathers with advice, guidance, and practical tools for parenting in individual, couple, and group sessions over the course of six months. Mentors are trained and provided with a curriculum.

Wives of young fathers also participate in REAL, helping to select the young father's mentors and participating in two couple-based sessions on couple communication and parenting.

The programme also offers a community awareness campaign that catalyses reflection on gender norms, parenting, and violence prevention.

FURTHER READING

Note by Institute of Reproductive Health
Research brief by USAID

PROGRAMME

BRAC: Phone-based Pashe Achhi

LOCATION

Bangladesh

DESCRIPTION

The programme trains community volunteers called Play Leaders to provide improved psycho-social support to children and their caregivers. The Play Leaders interact with children as well as mothers and caregivers, with the help of the scripts on audio files. Children are engaged through activities such as reciting traditional rhymes called kabbiyas, while mothers and caregivers are given basic psycho-social support, health and hygiene tips, and child stimulation tips. The calls to children and caregivers are weekly in nature for ~ 20 minutes. The programme was initiated in response to COVID-19.

FURTHER READING

Pashe Achhi

PROGRAMME

Arab Resource Collective: Health, Early learning and Protection Parenting Programme (HEPPP)

LOCATION

Jordan and Lebanon

DESCRIPTION

The programme has interactive training sessions, lasting two to three hours each on aspects like health, nutrition, early learning, social welfare, physical protection, and psycho-social care and support for the caregivers, covering mental health and well-being. This is a group-based training model. Parents are trained in community centres whereas facilitators are identified from locally present NGOs.

FURTHER READING

A chapter on HEPPP in Early Childhood Matters

Apart from direct interventions as laid out above, access to quality childcare centres play a key role in alleviating the stress of caregivers by ensuring a safe environment for their children, granting them time for self-care, and coping with the stress associated with crisis. Programmes rolled out by Kidogo and aeioTU are providing caregivers the option of accessing quality affordable childcare, designed on principles of "the whole family approach", thereby reducing their stress.

Through a social franchising approach, Kidogo trains daycare operators and certifies them as Kidogo "Mamapreneurs". Kidogo also provides ongoing coaching, mentoring and support to Mamapreneurs to ensure that they consistently meet the franchise's quality standards. Kidogo's solution is a win–win–win for children as it provides them holistic care, nutrition and early stimulation, and for parents as it improves their well-being and unlocks earning potential.

Similarly, aeioTU offers high-quality, and low-cost early childhood education centres across Colombian cities, including low-income and humanitarian settings. Beyond the daycare centres, the model assumes that community members play a big role in holding responsibility for children. Given this, aeioTU tailors its support to meet the context of various caregivers (e.g., flexible daycare schedules). In areas with a high presence of Venezuelan migrants, aeioTU trains migrant women to be formal caregivers and educators to better support the children while generating income for their own selves. More examples on family and community oriented childcare programmes can be found in this handout.

Promising Guidance, Standards & Toolkits

In addition to the above programmes, there are critical standards, guidance and tools which promote caregivers´ mental health and psycho-social well-being and strengthens their capacity to support children.

Caring for the Caregiver (UNICEF)

UNICEF has prepared a training module to support caregiver well-being. This module provides information about how to help caregivers increase their emotional awareness, practice self-care, and improve their coping skills. It is a four to six-week training programme. This training is delivered through face-to-face formats, practical sessions, community preparation, and ongoing supervision. About 20 participants are trained together. On-going supervision is provided in both group-based and 1:1 interactions. A trainer guide manual is also provided, which offers a detailed day-to-day description of training on the CFC module. The module can be accessed here.

The Thinking Healthy Manual (WHO)

WHO has prepared this manual on low-intensity psychological interventions. It outlines an evidence-based approach describing how community health workers can reduce prenatal depression through evidence-based cognitive-behavioural techniques in low-middle-income-countries. The intervention is delivered in groups, or home visits. The programme is implemented primarily during the last trimester of pregnancy, lasting until approximately 10 months postnatal. The manual can be accessed here.

A more detailed list of guidance, standards and toolkits has been curated on the knowledge platform, MHPSS MSP, which can be accessed here. While resources are applicable for LMIC contexts, all have not been contextualised for crises and displacement contexts.

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Global Schools Forum (GSF) is a collaborative community of non-state organisations working to improve education at scale for underserved communities in low- and middle-income countries.

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Questions?

If you have any questions about this handbook, please contact priyanka.upreti@globalschoolsforum.org