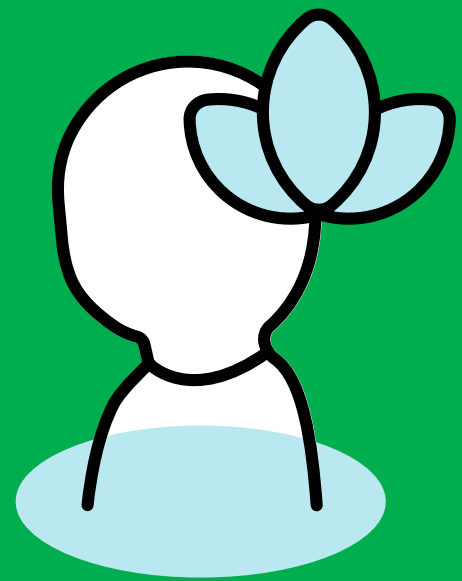


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Supporting Caregivers' and Children's Well-being:

Insights from Play to Learn Practitioners



June 2024



THE PLAY TO LEARN PROJECT

Play to Learn is an innovative humanitarian program from Sesame Workshop, BRAC, and the International Rescue Committee that harnesses the power of play to deliver critical early learning to children and caregivers affected by the Rohingya and Syrian refugee crises. Made possible with the support of the LEGO Foundation, Play to Learn reaches families in their homes, health centers, and play spaces—providing them with the tools needed to foster nurturing care and help children learn and thrive. Partnering with NYU’s Global TIES for Children as an independent evaluator, we are measuring the program’s impact on children’s development and caregivers’ mental health and well-being. By generating tested, scalable, and transportable approaches and educational content, Play to Learn is laying the foundation for transformational change—allowing us to reach generations of children affected by crisis, no matter where they are.

THIS RESOURCE

This resource was created to help curate and synthesize the expertise and insight from practitioners in early childhood development who worked with children and families affected by conflict and crisis under the Play to Learn project from 2018-2024. This resource was developed by Childhood Education International under a consulting agreement with the Play to Learn Project in consultation with Play to Learn partners. This collaborative effort underscores the power of co-creation in addressing the complex challenges of education in emergencies and advancing meaningful change.

The full collection of program resources can be found at the [Play to Learn Resource Hub \(https://sesameworkshop.org/our-work/impact-areas/play-to-learn-resource-hub/\)](https://sesameworkshop.org/our-work/impact-areas/play-to-learn-resource-hub/).

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Childhood Education
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The mental health and well-being of caregivers and children are intrinsically linked.

Caregivers whose mental health and well-being have been negatively impacted by conflict or crisis may be less capable of providing responsive, nurturing care to their children, which can negatively impact their holistic development. Early education programs that support the well-being of the whole family, instead of targeting children or caregivers separately, can be a multi-sectoral effort and require the expertise and inputs of a range of people to implement them effectively.

We asked practitioners from Play to Learn partners the following questions about their experiences supporting caregivers' and children's well-being, and it was agreed by all that positive outcomes depend on programs' providing proper support and staffing to meet the needs of families. Their stories and experiences, paraphrased below, can inform and inspire other practitioners planning early learning programs that support the well-being of the whole family.

About the Practitioners



- **FARZANA*** is a psychologist and manager of the Mental Health and Psychosocial Support (MHPSS) team at BRAC in Bangladesh managing MHPSS training in the camps.
- **ZEINA*** is an advisor at the International Rescue Committee (IRC) Middle East and Northern Africa (MENA) who liaises with partners for early childhood development (ECD) and health services.
- **NAZMUL*** is a psychologist at BRAC in Bangladesh overseeing psychological care in the camps

* Pseudonyms used for privacy





In your experience, who can provide psychosocial support and well-being services to caregivers and children?



ZEINA: In Jordan, we worked to establish partnerships to implement and scale Ahlan Simsim ECD services across different sectors. The National Council for Family Affairs (NCFA) formed a National ECD Team with representation from various ministries, such as Social Development (MoSD), Education (MoE), Health (MoH), and also community-based organizations and international non-governmental organizations (INGOs), like the IRC.

When you have all of these stakeholders coordinating externally, you have to understand the system and co-design and build a vision together. The IRC didn't identify on its own the "who," or those who would support families' well-being, but worked in a consultative process with various stakeholders. Through this process, midwives were an example of the "who," or those identified that could support families. They were seen as an appropriate entry point for caregivers of young children in the public health system.



NAZMUL: It starts first with arranging for staff trained in psychology, social services, wellness, and other fields to go into the field and assess communities. Community members and local staff can provide the initial support. For example, they can get acquainted with new arrivals, their culture, customs, and connections. Also, during the assessment, you can find out which community members may have a background in counseling families or providing some type of social services. Sometimes you find out who were teachers or who worked with children, and these persons may already have some training in helping children with co-regulation or dealing with emotions. You can find out if they're willing to help.

Those who support others' well-being don't always need to be professionally trained or have a degree. This is not the only way. Many people may be paraprofessionals and receive training and capacity building, such as from BRAC, in order to properly support other families.



Farzana: Providing mental health or psychological first aid is helpful, especially if offered first to the caregivers so that they are then more capable in assisting with their own children. In Bangladesh, we already had a cadre of para-counselors who were trained to provide counseling and psychosocial support in schools and other places, so as an organization, BRAC arranged for them to come to the camps. We asked the para-counselors who spoke the dialect similar to Rohingya to come to the camps so that there wouldn't be as much of a language barrier and so families felt more comfortable to talk.

Also, over time, you want to find those in the community who can also provide psychosocial support and well-being activities. Through the assessments, we were able to identify those willing and interested to be trained in MHPSS so they could continue to lead and keep any programming sustainable in the long-term.

"Those who support others' well-being don't always need to be professionally trained or have a degree."

– Namzul, psychologist at BRAC

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What do you suggest for capacity building so that a person is better equipped to support families' well-being? How did you conduct training?

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ZEINA: For the ECD initiative that was done in health centers across Jordan, the midwives went through 50 hours of training on ECD, social-emotional development indicators, and ways to provide techniques to address family concerns such as dysregulation, social behavior issues, and mental health. Having training on topics specific to early childhood, as well as what needs to be addressed holistically for infants, toddlers, and young children, really helped improve the capacity and knowledge of the midwives. It prepared them to better answer questions and provide support to stressed and worried mothers. Midwives also had more access to social-emotional health tips to give to families, which in turn could help the children's well-being.

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Nazmul: Training is really needed for those who want to support the well-being of others, as well as ensuring their commitment to work with families. Once there was significant interest among those in the camps to be para-counselors, we developed a psychosocial support community model. Those identified to be para-counselors participated in a five-day training and then continued regularly with refresher trainings.

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Farzana: Those who want to support families should know that it takes a village and that they will need to coordinate with others or look to others for advice. For example, we follow a four-tiered model. In the first tier, the first responders in the community are play leaders and mother volunteers. They can provide screening and active listening, using their training on how to do this. They learned how to identify the children who would need help. If they identify a child who needs further support, then they would go to the second tier, the para-counselors. The para-counselors could then use a screening tool to assess what support is needed and provide various psychosocial interventions to families. As the para-counselors conduct this, psychologists from the third tier oversee their work. The senior psychologists and psychiatrists (who are in the fourth tier) would receive information from the psychologists and in turn provide additional insights or even medical assistance to the families. As you notice, everyone who interacts with children and families helps to contribute a form of support to their well-being.

“Being able to listen, look, and appropriately respond are skills that anyone needs when wanting to support....Also, for those who want to improve caregivers’ or children’s well-being, they need to be able to connect with others, get to know and build a rapport with the family, and have a sense of trust.”

– Farzana, MHPSS Lead, BRAC

**THE MHPSS
INTERVENTION
PYRAMID, AS
APPLIED BY BRAC
IN BANGLADESH**

TIER 4:
Psychiatrists and
senior psychologists
who provide highly
specialized care

TIER 3:
Psychologists who provide more complex
clinical mental health care, as needed

TIER 2:
Para-counselors who provide psychosocial
interventions, as needed

TIER 1:
Play leaders and mother or father volunteers who provide
screening and active listening to all families



PHOTO: SHEIKH SHANANUZAMAN ANKAN | BRAC IED

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What attributes does a person need to have to provide adequate support? Or, what approaches and behaviors should a person use with families?

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ZEINA: The midwives in the health centers are seen as trusted professionals by families. They can speak to them about mental health concerns. Having a level of trust and taking the time to build a relationship with families are what help these midwives provide social-emotional and mental health advice. We did find, though, that midwives don't always have enough time in the wellness visits with families; it could be that if given more time per visit, the midwives would be able to provide greater, more meaningful psychosocial support to families.

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FARZANA: Some of the communities felt that there was a need for others to really listen to and support the adolescents. Therefore, we worked to also train teachers in psychosocial support techniques. Being able to listen, look, and appropriately respond are skills that anyone needs when wanting to support. Responding to what a community expresses as their needs can make the difference. Also, for those who want to improve caregivers' or children's well-being, they need to be able to connect with others, get to know and build a rapport with the family, and have a sense of trust. They should be willing to discuss whatever the families would like to share and talk about. Once they have an established rapport with families, they can do deeper dives into more challenging subjects, such as past trauma and familial problems. Keeping an open mind and having a non-judgmental attitude towards families are also important skills for a person to have.

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NAZMUL: In some of the communities, it's better for male paraprofessionals and professionals to work solely with men, and the same for female practitioners with women. This is because those who support the well-being of others need to recognize that men and women may experience different stressors. For example, in the camps, it can be a more male-dominated culture, with women having to solely manage children and rear them alone. Also, some families practice polygamy, which can put strain on relationship dynamics.

Those who are in a role of supporting families' psychosocial growth, mental health, or well-being need to understand the strengths and challenges faced by families. They need to thoughtfully approach those who they are supporting. Those working with children should be willing to foster play and encourage various forms of expression. This is the mindset they should have when supporting families' psychosocial growth and well-being.

“Having a level of trust and taking the time to build a relationship with families are what help these midwives provide social-emotional and mental health advice.”

– Zeina, Advisor, IRC Middle East and Northern Africa (MENA)



**TO LEARN MORE ABOUT PLAY TO LEARN,
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