



CARING FOR THE CAREGIVER

Training of Trainers Manual

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The Caring for the Caregiver (CFC) Intervention



Training content:

This manual has the following sections:

1. Introduction to CFC
2. Core content for CFC
3. Practical application of CFC

Part 1: Introduction to CFC



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1

Vision of CFC

What CFC hopes to achieve for FLWs and caregivers

2

Principles underpinning CFC

How CFC aligns to other frameworks



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3

CFC intervention approach

Description of the CFC conceptual framework and process



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4

CFC training approach

Description of experiential and practical training processes



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The vision of Caring for the Caregiver

CFC is a relationship-centered intervention package. It aims to make relationship central to how we think about caregiving, and the systems that support caregiving in contexts of adversity. The potential impact of CFC isn't limited to changing caregiver behavior or the benefit this has for the child – it also includes shifting the relational tone of the people and systems delivering support to caregivers.

The core beliefs of the CFC package:

- *Caregivers are central to children's lives and development and should be valued;*
- *Caregiving is stressful and caring relationships and support are key to coping with stress;*
- *Strengthening responsiveness in relationships between FLWs and caregivers strengthens the quality of frontline work;*
- *Responsive relationships have important benefits for caregiver and child mental health.*



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CFC is not a treatment for mental health problems such as depression or anxiety.

CFC is a mental health promotion intervention aimed at:

- Strengthening frontline worker (FLW) mental health literacy;
- Mobilizing community resources in support of caregiving.

CFC is a mental health prevention intervention aimed at:

- Improving caregiver well-being and reducing the stress around caregiving in difficult situations;
- Improving caregiver support by strengthening partner and family relationships and improving access to caregiving resources.

To achieve this, the CFC package uses:

- **Essential Skills**, which strengthen FLW counseling and encourage a collaborative approach to working with caregivers, partners and families;
- **CFC Toolkit**, which includes **connect tools** to build caregivers emotional awareness, emotional regulation, self-care and coping; and **support tools**, that raise social awareness, engage partners and families, reduce conflict and improve family communication;
- **Key Messages**, that provide information and activities that respond to the most common caregiving challenges across developmental stages;
- **Resource Toolkit**, which includes tips and materials for extending support to caregivers inside and outside the home.

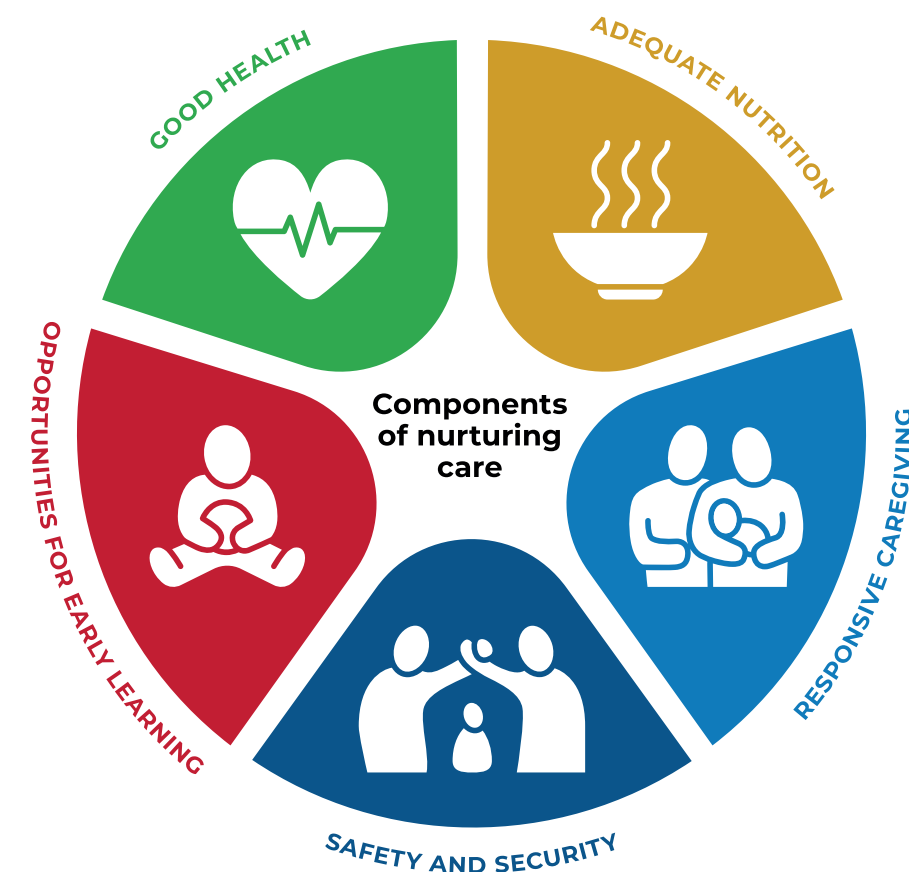
Principles underpinning CFC

The CFC information and content aligns with, and draws from multiple international guiding principles, frameworks and conventions related to child rights. These principles are critical to safeguarding and promoting enabling environments for children to survive and thrive. In the development of this practical guidance, four core, underpinning documents are the [Nurturing Care Framework \(NCF\)](#), [UNICEF's vision for elevating parenting](#), the [UNICEF MHPSS Global Framework](#), and the [Psychological First Aid \(PFA\) Guidelines](#).

1. The Nurturing Care Framework

The Nurturing Care Framework (NCF) for helping children survive and thrive builds upon a comprehensive body of evidence on how child development unfolds, and outlines effective policies and interventions that can improve early childhood development.

The NCF focuses on the period from pregnancy to 3 years, and explains that to reach their full potential, children need five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Importantly, it not only recognizes that caregivers are at the center of providing nurturing care for their children, but also that there are enabling environments (including policies, services, communities) which need to be in place for them to do so. CFC includes “Red flags for nurturing care”, which encourages FLWs to make referrals linking caregivers, their children and families to these services where needed.



2. UNICEF's Vision for Elevating Parenting

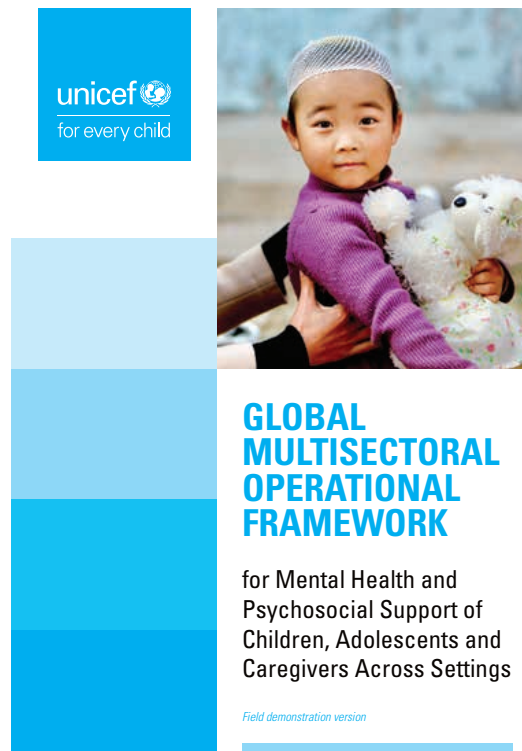
UNICEF's vision for elevating parenting is a strategic note that outlines key actions needed to enhance parenting support across the life course. It is closely aligned to CFC in that both elevate the role of the caregivers as collaborative partners and co-constructors of the support they need for themselves and their children. Both focus on community engagement and empowerment, and the creation of enabling environments. CFC has also been strengthened to include gender-responsive language in alignment with this strategic note.

3. The UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support (MHPSS) for Children, Adolescents and Caregivers Across Settings

At a community level, CFC is aligned to this UNICEF operational framework, which emphasizes the engagement of actors in the health, social welfare, child protection and education sectors at all levels of society, in order to design, implement and evaluate MHPSS strategies that are locally relevant, comprehensive and sustainable.

The Global Framework for MHPSS targets four key outcomes:

1. Improved child and adolescent mental health, and psychosocial well-being;
2. Improved caregiver mental health and psychosocial well-being, including for parents, caregivers, mothers, family and teachers;
3. Improved community capacity at district and sub-district levels, for non-stigmatizing, accessible, available and quality MHPSS service delivery, across primary health care, social welfare and protection, and education systems and structures;
4. Improved enabling environment for MHPSS across the policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data.



CFC works to achieve Outcome 2 in the following ways:

2.1 Increasing access to mental health and psychosocial well-being support:

CFC is designed to improve caregiver psychosocial well-being. Its design is relatively generic, in order to support context-specific adaptation in multiple contexts, linked to a wide range of programs and sectors and delivered by FLWs, all of which increase access to psychosocial support at a community level.

2.2 Increasing support networks for caregivers and families:

The CFC training, tools and activities include content which aims to increase caregivers' access to partner, family and community support, resulting in improved mental health and psychosocial well-being. There is also content provided to guide the establishment of local community-based support networks for caregivers.

2.3 Increasing caregiver and family skills in supporting child and adolescent mental health and psychological well-being

The CFC **Connect** and **Support** tools are focused on providing skills, capacities and confidence for caregiving, and includes age-sensitive Key Messages to address caregiver stress linked to expected developmental transitions.

4. Psychological First Aid (PFA)

Psychological First Aid (PFA) is a form of basic mental health and psychosocial support provided to acutely distressed children or adults soon after exposure to a stressful event. It is humane, supportive and practical assistance, offered in ways that promote the recipient's safety, dignity and rights. PFA involves:

- Practical care and support that is not intrusive;
- Assessment of needs and concerns;
- Helping to address basic needs;
- Sympathetic listening without pressure to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, loved ones and services;
- Protecting people from further harm.

Both PFA and CFC present practical strategies for providing support which is non-intrusive and builds on a strengths-based, relationship-centered counseling approach. PFA acknowledges the need for the FLW who is delivering the support to manage their own work-related stressors through adopting healthy habits. CFC complements this with the Resource Toolkit, which lays out the limits to the FLW role and gives practical ways to refer cases which are outside of their scope of work. Secondly, the CFC supervision module is designed to support FLW emotional well-being by ensuring that FLWs are mentored through handling difficult cases, are able to learn from peers and given opportunities for emotional check-ins.

Source documents

World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO; 2018. Licence: CC BY-NC-SA 3.0 IGO.

United Nations Children's Fund. *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings (field demonstration version)*. New York: UNICEF, 2021.

World Health Organization, War Trauma Foundation and World Vision International. *Psychological First Aid: Guide for Field Workers*. Geneva: WHO; 2011.

United Nations Children's Fund. *UNICEF's vision for elevating parenting: a strategic note*. New York: UNICEF, 2021.



CFC intervention approach

CFC is not a stand-alone intervention and should not be used in isolation. CFC can be used in all caregiver and child-focused programs, including those focused on primary health care, social protection, child nutrition or child development.

Implementing CFC does not require additional contacts with caregivers as it is an integrated package. It provides a specific set of skills, tools and activities which try to fill a gap in existing programs, in order to enhance them.

When you practice CFC, you integrate CFC activities together with content from other training packages in order to strengthen the focus on caring for caregivers as part of your intervention with caregivers.

The CFC process

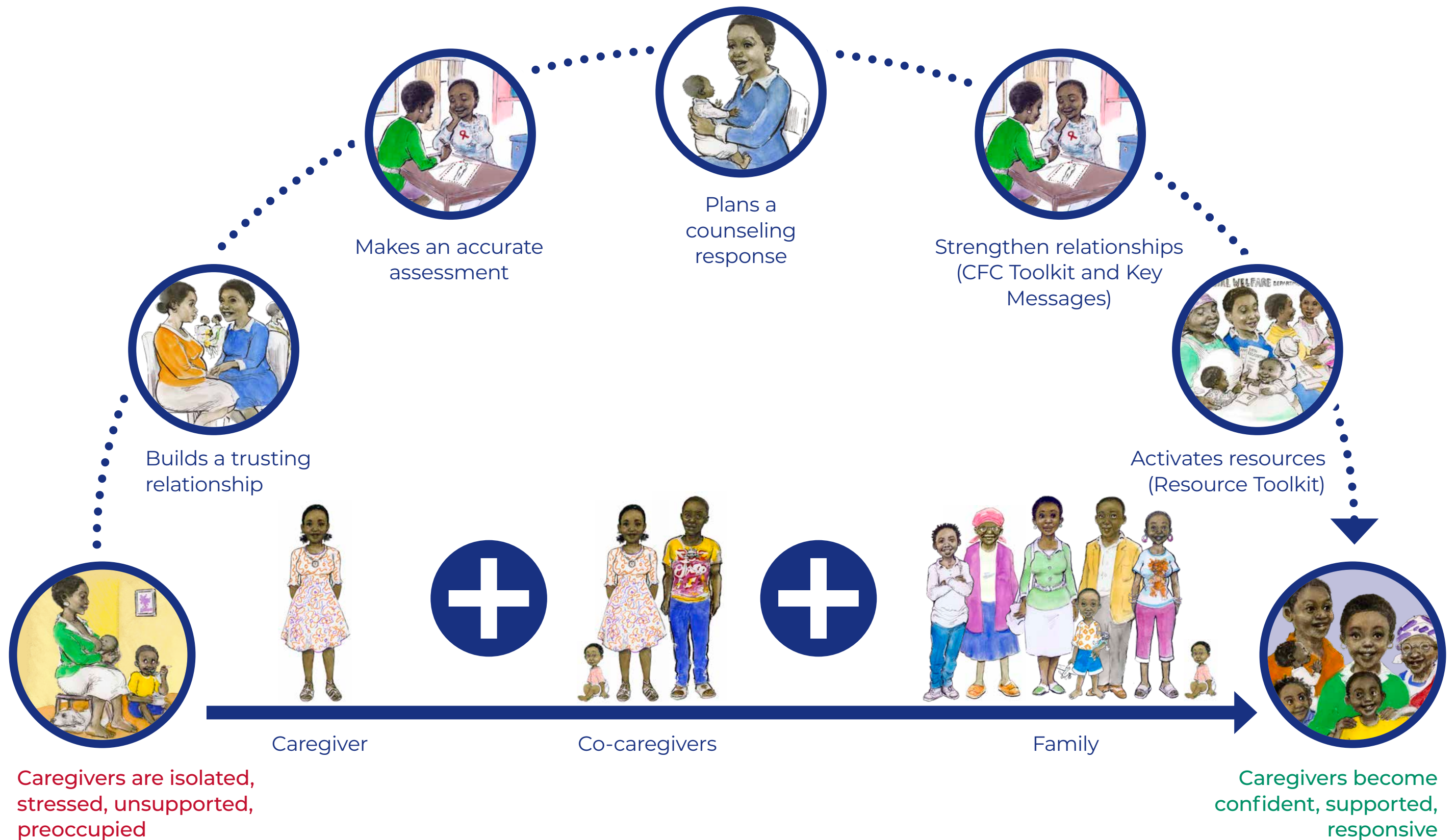
CFC can be used wherever it is needed, regardless of what the intervention is (home visiting or center-based) or who it is delivered by (FLW, nurse, teacher, lay counselor). **The CFC process** is the way FLWs adjust their routine work to incorporate aspects of CFC where it is needed.

During CFC training, the FLW will learn how CFC can provide care to caregivers and they will come to understand why both CONNECT and SUPPORT are important and need to be balanced.

As part of the activities, the FLW will have learned that the CFC process, by which integrated counseling is delivered, involves several core elements:

- ✓ **Being able to build a relationship:** meaning that FLWs need to have good reflection and counseling skills, and be sensitive to the challenges faced by caregivers during pregnancy and the early years of their children's lives. This enables them to establish a trusting, approachable and attentive relationship with the primary caregiver.
- ✓ **Being able to make an accurate assessment:** meaning that FLWs are able to identify both emotional and practical stressors, and to look within the caregiver, their partner, family and community for potential coping and support strategies.
- ✓ **Being able to plan a counseling response:** meaning that FLWs need to be able to summarize and prioritize what they understand about the caregiver's situation, and guide the flow of counseling activities.
- ✓ **Being able to activate resources:** meaning that FLWs are able to identify how CFC can augment their existing home or center-based services, and that they are able to identify the limits of CFC and make quality referrals. They are also able to advocate for, and develop community resources.

CFC COUNSELING PROCESS



CFC conceptual framework

A conceptual framework is a tool we use to show an overall picture. We use it to organize how we think about CFC and how we organize our CFC work.

A conceptual framework helps us to see a pathway to impact. It is the method for getting to where we want to be by using CFC. It presents an intervention approach that is easy to remember and apply.

Conceptual frameworks are broad and need to be suitable for using across several contexts. The easiest way to illustrate the CFC conceptual framework and how it works for FLWs and caregivers is to use what we call the **CFC Puzzle**.

The CFC Puzzle

The CFC Puzzle is a simple and easy talking tool which can be used when training FLWs. It can also be used as a job aid for FLWs to share when explaining CFC to caregivers.

We can think about CFC as a puzzle because it shares many characteristics of a puzzle, including:

1. Each piece of a puzzle is important on its own and if you leave one piece out, something is missing;
2. Puzzles are easier to complete when you have a clear picture to work from;
3. Sometimes puzzle pieces need to be tried in different positions to see how they fit. When pieces fit together, we begin to see the bigger picture;
4. The true value of each piece is better understood when the pieces of the puzzle have all been put together.

The CFC Puzzle is a visual representation of the CFC conceptual framework.

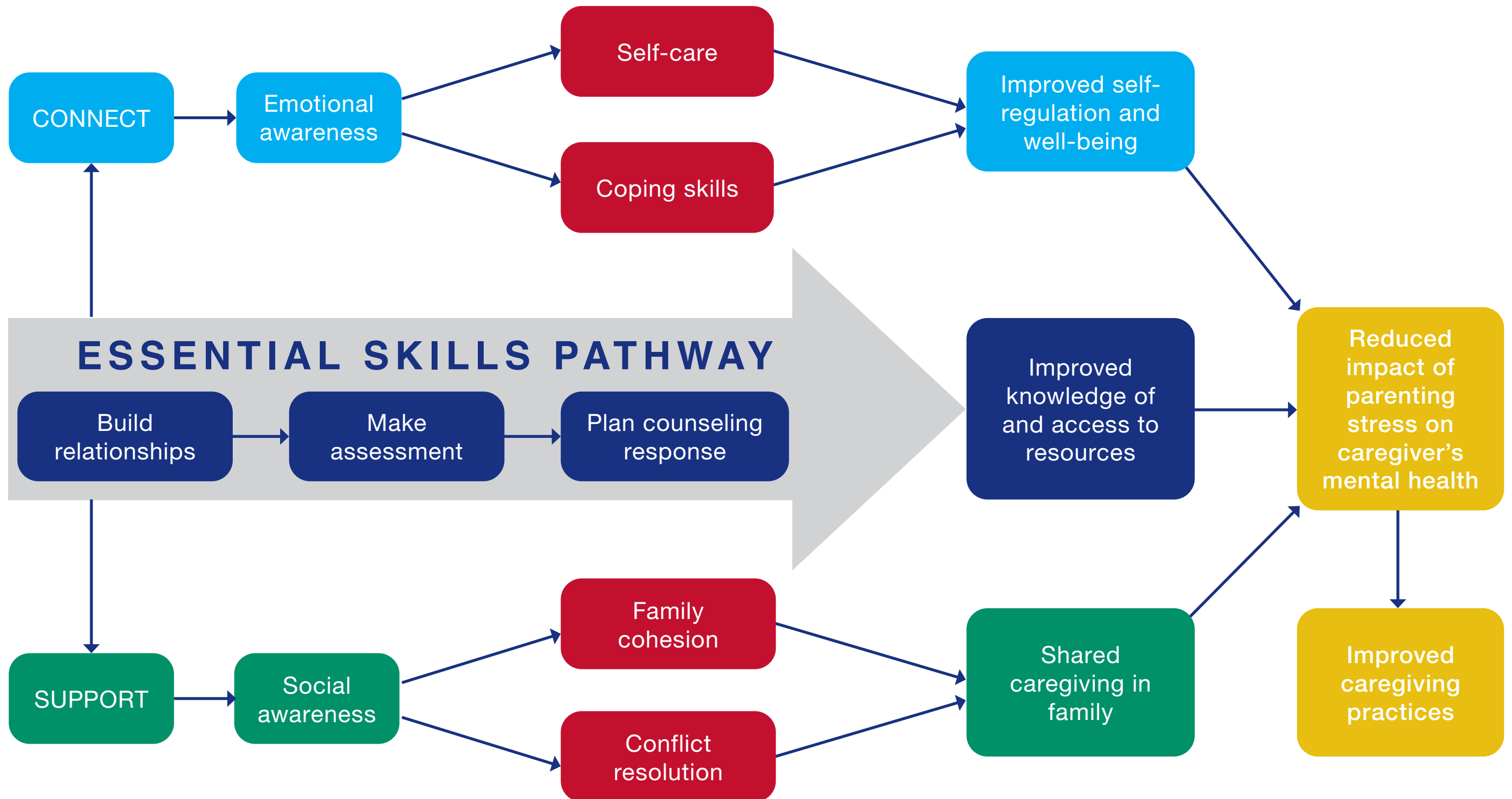


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THE CFC CONCEPTUAL FRAMEWORK



CFC Puzzle

Connect with caregiver:

- Tune in and connect to the emotional needs of the caregiver.
- Encourage the caregiver's ability to cope with emotions and stress.

Support for caregiver:

- Engage support from partners and family and help resolve conflict.
- Problem solve barriers to accessing resources and services in the community.

Connect with child:

- Caregiver coping skills enable emotionally responsive and attentive caregiving.
- Understanding of emotional development encourages stronger parent-child interactions.

Support for child:

- Partner and family share caregiving responsibilities, which reduces burden on a single caregiver.
- Families create the environment for learning in everyday playful activities.

CFC training approach

The CFC training approach includes both experiential training and practical training. This is because there is growing evidence to support the use of problem-based learning methodologies instead of traditional didactic teaching approaches with adult learners. The CFC training approach embodies four training principles:

1 Adults are practical:

Being practical means that as adults we like to know how things relate to the real world. Most of us are balancing busy jobs with family and other adult responsibilities. We don't want to puzzle over how training relates to our lives. Interactive experiential learning processes help to demonstrate how to perform a task in real-life scenarios, placing training in the context of its practical application.

2 Adults are goal oriented:

As adults, we feel the need to learn to solve real-life tasks or problems, and our goals need to be clear, or we become frustrated and disengage. So it's up to trainers to provide meaningful learning experiences. It is important during training to set up explorative situations for trainees, where a goal is stated and then learners use available resources (CFC activities and materials) to solve the problem.

3 Adults have prior knowledge:

Adults already know a lot and don't like being treated otherwise. Adults bring varied life experience with them into the learning experience. It's more than likely that they will have had previous exposure to some of the key challenges that CFC addresses. Promoting shared learning through roleplay and group tasks encourages sharing of experiences, and reflecting on one's own experience makes CFC content more relatable.

4 Adults learn by doing:

Adults are grown up children after all, so we also like to learn through play. Explore using play to bring an element of fun during practical training. This can include making up songs to remember key messages or dramatizing case studies so that they come to life. There are many examples in the CFC Facilitator's Guide for how to interactively and creatively set up experiential situations and allow your trainees to add local value and content.

Experiential training

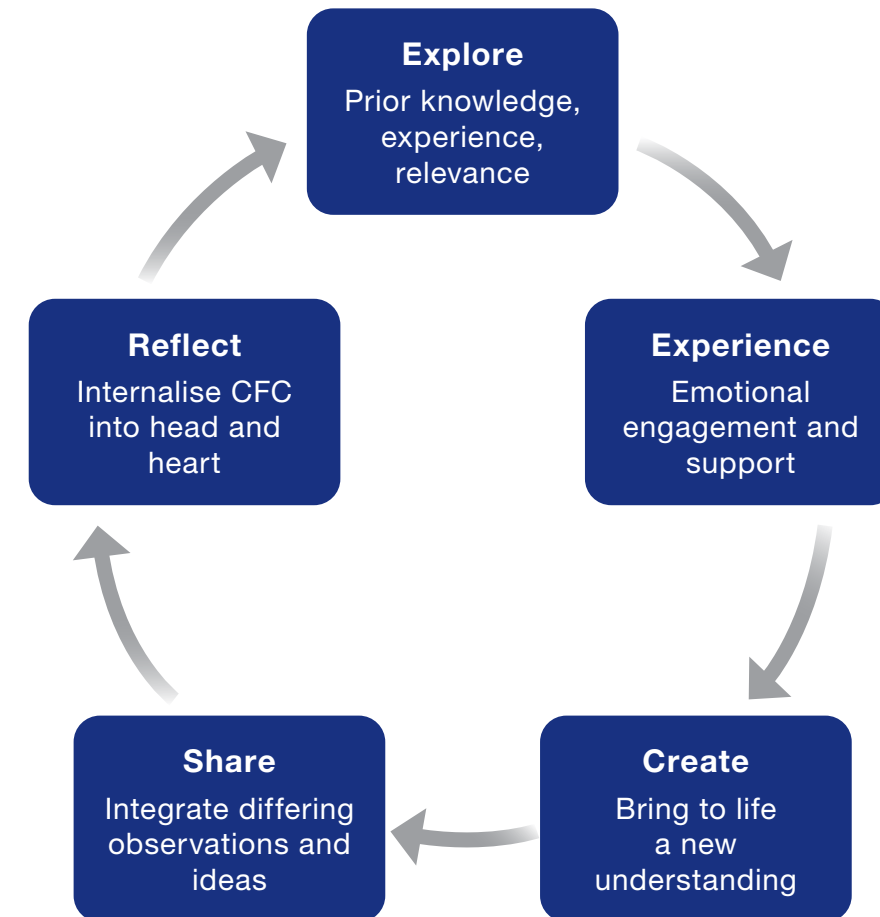
Experiential training uses participatory training techniques to encourage personal reflection.

The aim is to ensure that the participant has a first-person experience, which means that they experience CFC within their own life, in their own emotions, in their support systems and in their community in order to understand the *'why'* *'when'* and the *'how'* of using CFC.

It is important to note that during experiential learning, the content of CFC is not learnt in any detail. Instead, this part of the training builds self-reflection skills, together with an understanding of the importance of self-care and supportive relationships in managing stress. It also gives advice on coping with and navigating difficult situations.

The care and support that the participant receives during the training experience in turn motivates a willingness to engage in both caring for themselves and caring for caregivers in their community.

This experiential approach encourages new or shifted understandings of the needs of caregivers through the process of 'doing' a series of self-reflective exercises related to CFC, and then practicing 'reflection' in what is referred to as the **experiential learning cycle**.



The advantages of this approach for CFC are that:

1. By its nature it is attentive to personal and local context, ensuring relevance and salience across multiple contexts.
2. FLWs themselves have an opportunity to share and debrief about their experiences as FLWs, and the difficulties they might be facing in their work and community.
3. FLWs are offered the benefits of connection and support with other FLWs, and are reminded of their own value in their relationships with caregivers.
4. It results in a connected and supportive FLW peer group, who can support each other in the practical training and in implementation and supervision.

Practical training

The practical training uses a case study methodology that values prior knowledge and the community experience of trainees, and encourages trainees to learn from and with each other.

Practical training is completed over six sessions and aims to help FLWs become more familiar with how to use and apply the CFC essential skills, toolkit, key messages and resources in the local setting.

After an initial orientation session, during each practical training session the FLW will first receive information on the CONNECT and SUPPORT key messages for the age group before exploring two case studies. This allows the trainer to make connections between the key messages and real life scenarios, and to encourage self-reflection and practice of the CFC tools.

Importantly, by phasing learning to occur by age group and through practical application, the FLW is able to orientate and learn key messages without the trainer having to use heavily didactic models of training. The case study methodology allows the FLW to practice their essential skills and CFC tools and activities in a supportive environment, with peer and trainer feedback and encouragement.

In the final session of practical training, the team work together on the resources section of the CFC training manual, developing their capacity to provide resources within the home (counsel, educate and refer) and outside the home (map, build and advocate). These are resources that could be complimentary to CFC within the local context.

The advantages of this approach for CFC are that:

1. It gets trainees moving, doing, acting and sharing rather than requiring them to be passive recipients of didactic, standardised, imposed content;
2. It draws on the trainees' past experience and initiates more meaningful discussion, allowing for deeper questioning of the relevance of CFC;
3. It develops FLWs' capacity to integrate and use CFC content in the most salient way for their own context;
4. It helps the trainer develop an understanding of FLWs and their support needs, thereby facilitating better quality training.



Part 2: Core content for CFC



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1

Essential Skills

FLW skills
fundamental to
doing emotional
work with caregivers

2

CFC Toolkit

The Connect and
Support activities for
implementing CFC
with caregivers



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3

Key Messages

How CFC is applied
from pregnancy to
24 months



© UNICEF/UN1336496/Wilson

4

Resource Toolkit

Content that is
responsive to broader
challenges inside and
outside the home



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Core content of CFC

CFC acknowledges that not all caregivers are the same. In order to be responsive when implementing CFC, FLWs need to be flexible so that they deliver counseling that is suited to the individual caregiver, the caregiving relationships and family situation.

Things may be different, depending on:

1. The situation of the caregiver, e.g. they may be part of a couple, or they may be single caregivers;
2. The type of challenges in caregiving, e.g. emotional challenges, or difficulties in relationships with their partner or family;
3. The different types of barriers to caregiving, e.g. they may need information or help accessing health, education, or social services.

The CFC approach is designed to be flexible, in order to accommodate many different situations and scenarios. What this means is that CFC is not a curriculum – it does not have fixed steps or information to work through with every caregiver. Instead, the CFC model provides a framework for thinking about how FLWs can apply the CFC skills and tools to respond to the actual needs and situation of the caregiver sitting in front of them during their home visit.

The fact that CFC is not a curriculum does not mean that CFC does not have a structure – it does. CFC is comprised of three parts: an introduction to CFC, the CFC core content, and the practical application of CFC. The training manual works through all of these parts in detail.

CFC comprises four areas of core capacities, each linked to materials and tools. This core content includes:

Essential Skills: Provides skills to enable FLWs to build relationships and assess caregiver stressors, and outlines which CFC activities can be used to support caregivers.

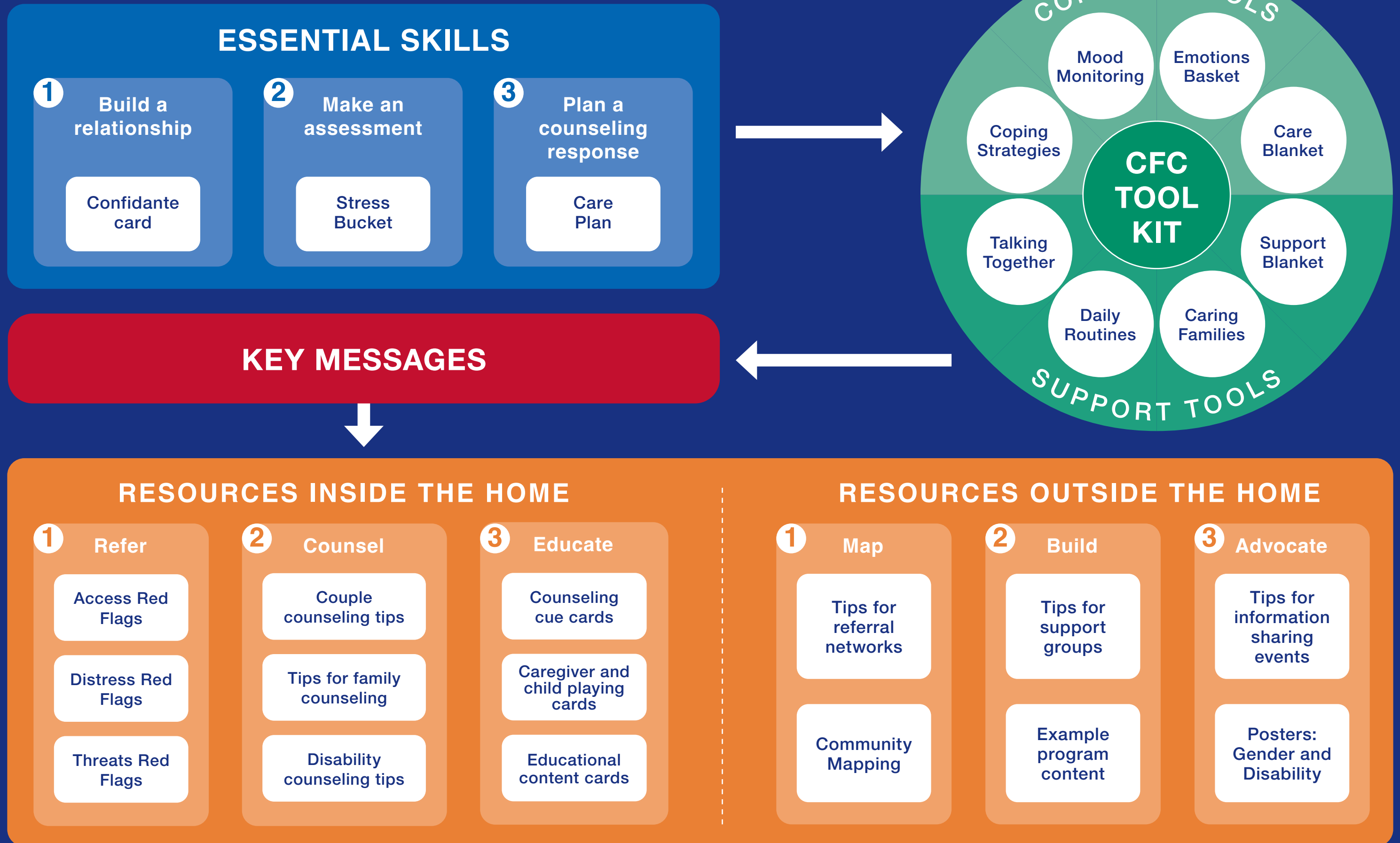
CFC Toolkit: Provides Connect and Support activities that can be used as talking and learning tools during integrated counseling sessions. These materials provide the FLW with confidence-building caregiver and family activities that will enhance their ability to engage with CFC.

Key Messages: This includes a clear set of recommendations for how CFC applies to caregivers, partners and families by describing key developmental challenges from pregnancy to 24 months.

Resource Toolkit: This content acknowledges that CFC occurs in a broader context, and that FLWs need capacity to strengthen resources beyond the individual caregiver or family. It provides content that is responsive to broader challenges inside the home and outside the home.

This ToT training manual provides this core content, and it is complemented by an additional section to support practical application using case studies.

CFC PACKAGE



Essential Skills for Caring for the Caregiver



Learning Objective: CFC Essential Skills

At the end of this section you will understand the following:

1. How to build a responsive relationship with caregivers;
2. How to make an assessment of practical and emotional stressors;
3. How to plan and organize an appropriate counseling response.

Introduction to Essential Skills

As children grow, they are faced with developmental challenges – learning to move around, to communicate or be in relationship with others. Caregivers are learning alongside their children. They need to know how best to support their children through these developmental challenges and are constantly adjusting the care they provide, based on their children’s physical, emotional and social needs.

For caregivers coping with any type of adversity – in addition to the demands of caregiving – even the simplest of problems can feel difficult to solve. This can leave caregivers feeling very despondent, make them lose confidence in their caregiving abilities and can affect how responsive they are to their children’s ever-changing needs.

CFC recognizes that FLWs need specific skills to ensure that they can address a caregiver’s emotional well-being and coping while delivering counseling on topics such as nutrition, health, social protection and child development.

By engaging with caregivers and their available support through partners or families, FLWs are better able to link the caregiver to community resources. FLWs are also able to identify caregivers who have no partner or family support, and thereby provide additional support and care to reduce their isolation.

The Essential Skills section provides training for FLWs on:

1. How to build responsive relationships with caregivers;
2. Gaining a deeper understanding of the caregiver’s emotional and practical stressors;

3. How to plan and organize a counseling response.

CFC is designed to be used primarily during home visiting because it not only improves reach to vulnerable female caregivers, but also allows FLWs to engage directly with male partners and family members in the household, in order to encourage a more equitable approach to caregiving. CFC can, however, be integrated into other child and caregiver-focused programs that are not delivered at home – see the adaptation guide for more details.



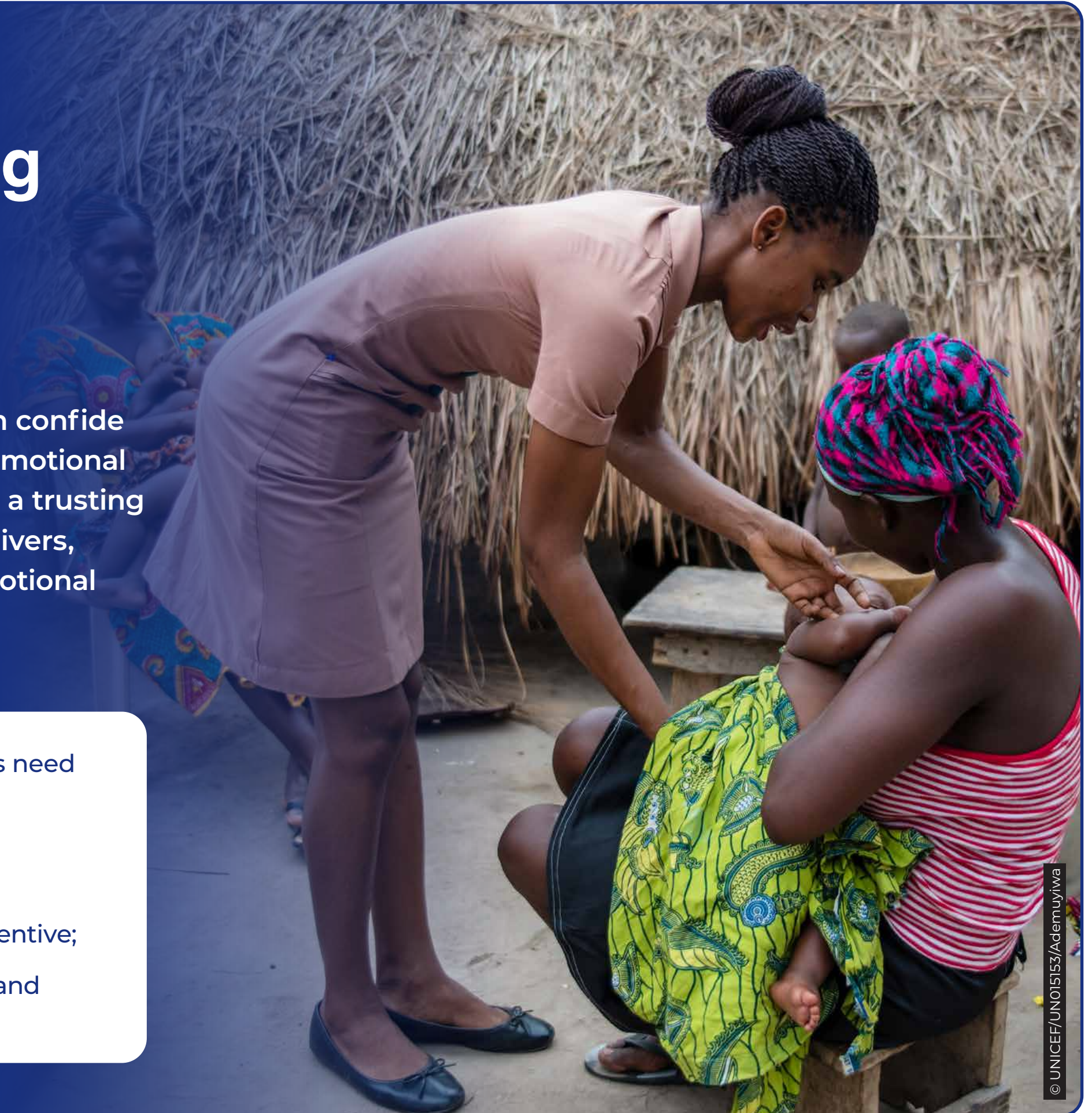
Essential Skill 1: Building a trusting relationship

Essential skill summary

When caregivers have someone they can confide in about the challenges they face, their emotional well-being improves. FLWs need to build a trusting and collaborative relationship with caregivers, which encourages disclosure of both emotional and practical caregiving challenges.

In order to build trusting relationships, FLWs need to:

1. Understand the importance of being approachable and non-judgmental;
2. Be a confidante who is empathic and attentive;
3. Be collaborative, taking caregiver needs and context into consideration.



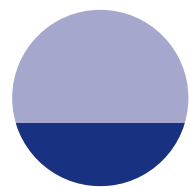
Building relationships with caregivers

This essential skill focuses on building the capacity of a FLW to establish a trusting, approachable and attentive relationship with the primary caregiver.

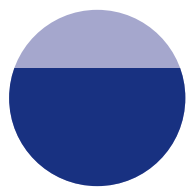
FLWs are influential figures in communities and caregivers may feel nervous or embarrassed to disclose a 'full picture' of their caregiving challenges, leading to missed opportunities for help.

This caregiver-counselor relationship skill is key to becoming an 'insider' in the caregiver's life. Without this, FLWs may be offering support on nutrition, health or child development that the caregiver is unable to follow, due to barriers in their caregiving relationships that the FLW may not be aware of.

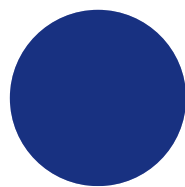
Being a trusted confidante encourages openness and enables the FLW to fully understand the caregiver's situation. FLWs are then able to prioritize which CFC strategies to implement, and how to involve other caregivers and family members in the process.



Trusting
relationship
increases full
disclosure of
challenges



Full disclosure
facilitates an
accurate assessment
of what coping,
support or resource
barriers exist



Assessment helps
select the best
CFC materials to
use to strengthen
partner and family
relationships, and
access to resources.

To do this FLWs need to be:

- ✓ Approachable;
- ✓ Trustworthy;
- ✓ Empathetic;
- ✓ Non-judgmental;
- ✓ Attentive;
- ✓ Collaborative;
- ✓ Realistic.

In order to deliver CFC effectively, FLWs need to:

- Have good self and social awareness, which will ensure that they are open to seeing the caregiver's perspective and able to understand the caregiving environment;
- Practice self-care and participate in regular supervision sessions so that they are able to control their own emotions about the caregiver's situation. Supervision will also enable them to consider strategies that they may not have previously considered for assisting and supporting the caregiver.

Relationship building starts with knowing oneself

Self-awareness: A self-aware FLW knows and accepts themselves. They take care of themselves by attending regular supervision, managing their workload and asking supervisors for help when needed. A self-aware FLW is able to role model self-care for caregivers.

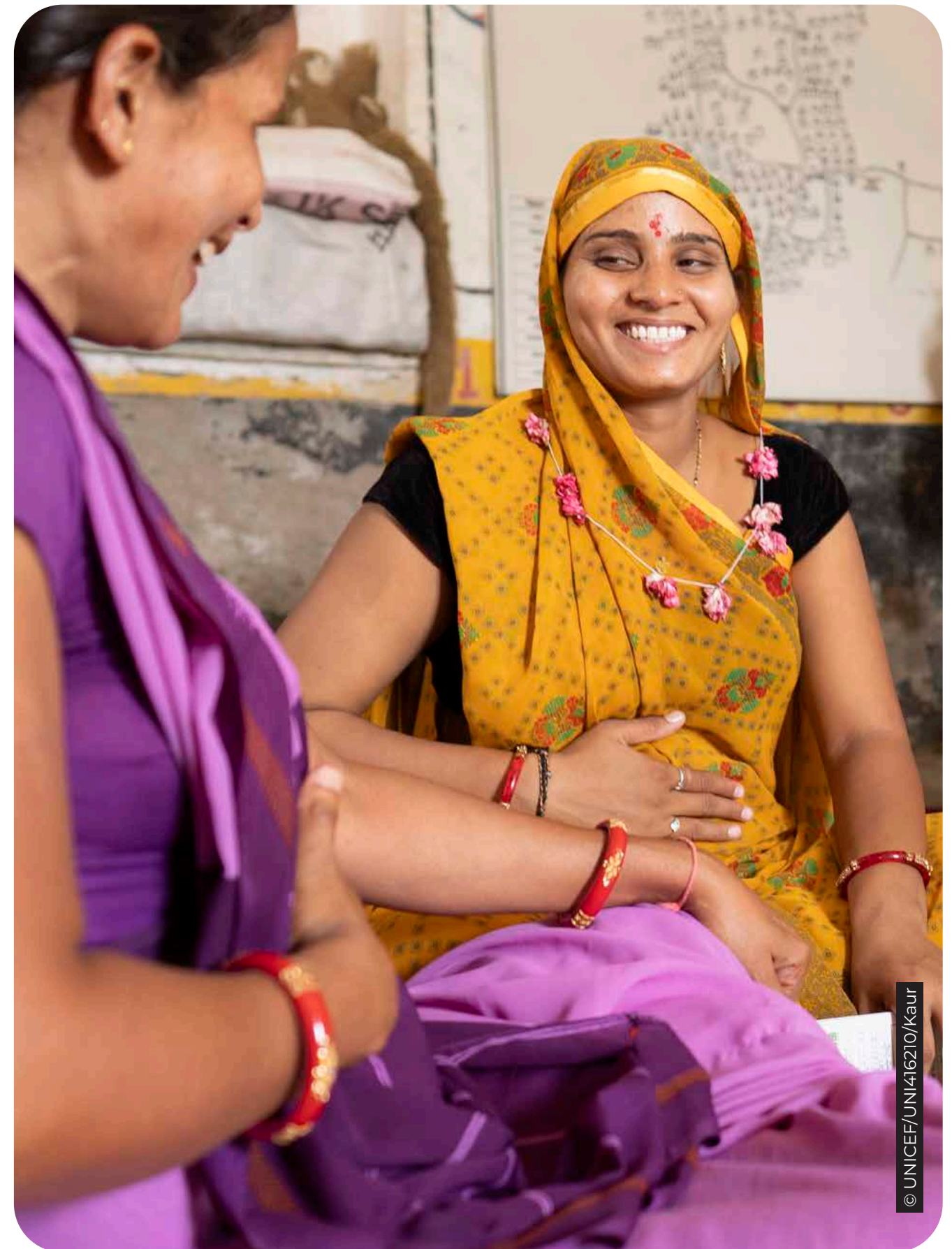
Key ingredients:

1. Be able to recognize and manage their own emotions;
2. Be attentive and focused on the caregiver's emotions during counseling;
3. Be mindful of their own norms and biases on issues such as gender and age of the caregivers, and use a non-discriminatory approach when working with caregivers and families.

Social awareness: A socially aware FLW is realistic about the situation of caregivers, partners and families. They are sensitive in the expectations they place on caregivers, offering gentle encouragement towards helping caregivers make the changes they are able to.

Key ingredients:

1. Be aware and open to seeing other people's point of view and feelings about a situation;
2. Be patient and understand that change accumulates over time;
3. Be able to offer guidance and advice in a non-threatening and encouraging way.



FLW-caregiver relationship

Relationships are powerful. No matter what the circumstances are, human relationships help people cope with difficult situations. A big part of the FLW-caregiver relationship is about supporting change, and it is rewarding when caregivers are willing and able to change their behaviors. Some caregivers may not want to change. Others might want to change, but are unable to enact the change within the limits of their resources or authority.

In these situations, FLWs may still offer information, advice and encouragement, understanding that change can happen incrementally over time.

Trusting relationships form when:

- People feel a commitment to care for one another;
- One person is willing to help another in a difficult situation;
- People share similar experiences.

The FLW-caregiver relationship can bring a helpful perspective on caregiving stressors. It reduces caregiver isolation, and offers reassurance and support to deal with difficult situations when they emerge.

Importantly, the FLW-caregiver relationship is critical for all integrated counseling, as it fosters an openness by caregivers to health, nutrition, social protection and child development information. This can improve a caregiver's coping ability, the quality of their caregiving relationships and will ultimately result in improved child outcomes.



Being a confidante

No matter where a FLW meets a caregiver – at home, at the clinic or in the community – establishing themselves as a confidante should always be the first step.

For most people, this is a natural way of being a friend or being a support to someone you care about.

The difference is that FLWs are doing this for someone who is not necessarily connected to them personally. Therefore, FLWs manage this a little differently to how you might with a friend or family member.

FLWs should always explain what being a confidante means for the caregiver by using the Confidante card illustrated below:

The Confidante card

**BEING A
CONFIDANTE**



**Caregivers need a trusted person
to talk to**

1 Be accessible
It is important that caregivers know you will be there to support them.

- Try to schedule your visits so you see caregivers regularly.
- Keep your appointments with caregivers and if you can't, let them know.

2 Be attentive
Caregivers need to feel they have a connection with you.

- Make eye contact, and try to notice the things caregivers say and feel.
- Ask gentle questions about the things you don't understand.

3 Don't judge
Try not to judge or blame caregivers for their mistakes or situations.

- Try to understand the caregiver – put yourself in their shoes
- Reassure caregivers that you accept them and their situation.

4 Be trustworthy
Remember that what is told to you by the caregiver is not shared with others.

- Do not speak about the caregiver to anyone without first asking her.
- Do not make promises to caregivers which you cannot keep.

Tips for managing confidentiality

Managing confidentiality remains the same in principle across all relationships in a family, but the starting point is always the primary caregiver in CFC. CFC acknowledges that most primary caregivers are mothers, but we also focus on encouraging the engagement of male partners and families.

Confidentiality is not a way to keep the caregiver isolated or to be secretive about their problems; instead, it cultivates autonomy, which in turn leads to the caregiver being open to the FLW's suggestions when the FLW thinks the caregiver should disclose something to their partners or family members.

Following the caregiver's lead is important because the caregiver is the expert on their relationships. Caregivers can provide FLWs with the best insights and advice on what they feel comfortable and safe to do or disclose outside of counseling sessions – be it to the caregiver's partner, family or service providers.

Being a successful confidante means that a FLW:

1. Treats the primary caregiver as their primary client, over the caregiver's partner and family;
2. Follows the caregiver's lead on disclosure of the caregiver's information;
3. Does not disclose the caregiver's information without their consent (unless a child or adolescent is in danger, or someone is at risk of harming themselves or others).

Essential Skill 2: Making an assessment

Essential skill summary

In highly adverse settings, caregivers and families can become overwhelmed by stress and FLWs may not know where to start or what to prioritize. The steps outlined in the *Making an assessment* essential skill make use of a 'Stress Bucket' technique. FLWs can use this technique to help the caregiver to assess and name the type of challenges they are facing. Identifying and empathizing with the caregiver about stressors helps the caregiver feel understood and increases their confidence to make changes in their caregiving environment.

To assess the challenges present in a caregiver's life, FLWs need to:

1. Identify types of stressors and what immediate response CFC can offer;
2. Identify scenarios or people linked to the stressors;
3. Identify whether a referral to other services is required.



Caregiving stress

Caregivers experience multiple stressors that are usually to do with general health and well-being, relationships or resources. These can stem from multi-generational poverty and socio-economic disadvantage, family and community violence, racism, sexism, illness, disability or poor mental health.

When a caregiver has stress that becomes too much to cope with, we call this parenting stress. Parenting stress occurs when caregivers are finding it difficult to maintain their parenting roles and responsibilities.

A stressed caregiver may:

1. Feel lonely, sad or tearful, feel tired and have low energy;
2. Become isolated and withdraw from their helpful relationships;
3. Struggle to calm their own and their child's emotions;
4. Find it hard to think positive thoughts about themselves or their child;
5. Have so many worries that they have difficulty focusing on caregiving.

Stress sensitive counseling

High parenting stress can affect not only the caregiver's own health and well-being, but can also challenge the caregiver's ability to provide nurturing care to their young children, which is key for their optimal development.

To provide the help that caregivers need, it is important to make a good assessment of the caregiving environment, including the stressors experienced by the caregiver.

This is important for three reasons:

1. It allows caregivers to feel seen, heard and respected, and provides them with opportunities to propose or choose solutions that are relevant to them and that are therefore more likely to lead to change;
2. It makes it easier for caregivers to take responsive action, which increases the chances of successfully eliminating or decreasing the effects of their stressors;
3. It allows the FLW to remain within the scope and capacity of their training, and to make informed and timely referrals where additional emotional, social or physical care is needed.

FLWs need to understand what stressors are, know how to name and talk about them, and be able to identify how they impact on caregivers' lives. They need to set limits on the things that they cannot provide.

Steps in making an assessment

When a FLW helps a caregiver to name and describe the stressors in their lives, they raise the caregiver's awareness of stressors so that they can more easily identify them, communicate about them and deal with them in the future.

The Stress Bucket technique will help the FLW in:

1. Naming and identifying types of stressors;
2. Establishing who is involved in the stressor or who can be helpful in managing the stressor;
3. Determining how the counseling can or cannot help to address a stressor.

Stress Bucket technique

The Stress Bucket technique involves three activities or steps. Each of these adds a layer of important information and moves the FLW from explaining to the caregiver to engaging the caregiver in the discussion and empowering them to see and think about their stressors with clarity.

In step 1: FLW orientates the caregiver to types of stressors and helps them to gain insight into the stressors in their lives and their different stress responses.

In step 2: FLW supports the caregiver to start making an assessment of the type of problem situation and intensity of the stressors faced by the caregiver which might be influencing the caregiving environment.

In step 3: FLW makes a reflection, showing empathy and helping the caregiver understand how the FLW can respond uniquely to that caregiver.



Step 1: Identify the types of stressors

The Stress Bucket provides a helpful way to teach caregivers five important things:

1. Caregivers can have stressors caused by many different things, including people that they are having difficulties with, life events, their context, or even an internal reason, such as mental health problems;
2. Every caregiver is unique. Something that is stressful for one caregiver may not be stressful for another;
3. If a caregiver's capacity for managing stress is like a bucket, when they experience stress, their bucket fills up. If there is no relief, the bucket can overflow and their stress starts to 'spill out', affecting their caregiving capacity;
4. Often emotional stressors are better dealt with by coping strategies, while practical stressors are better responded to with support strategies like practical help from friends or family, or linking caregivers to resources. It is important to remember that if emotional stressors are not dealt with, they can cause practical stressors and vice versa;
5. Helping the caregiver to identify their unique stressors is an important step in knowing how to find ways to manage their stress and emotional well-being.

Naming and describing stressors

Stressors can be recent or long-standing:

- Recent: they are linked to a specific event or trigger;
- Long-standing: they have continued for a while and are linked to a series of events.

Emotional stressors

This is the type of stress that comes from inside you rather than outside. It can include big emotions like anger, fear, guilt or worry.

Practical stressors

These are external things that are happening to and around caregivers, like financial pressures, food security or finding transport to get to the clinic.

Coping

Coping skills and emotional support help to reduce the impact of emotional stressors.

Support

Social support and practical help can reduce the impact of practical stressors.



Step 2: Who is involved in the stress cycle

The second step of the Stress Bucket aims to establish who or what might be the cause of the stressor.

1. Personal problems:

- Both emotional and practical stressors can fill a caregiver's mind with worries;
- Emotional stressors can lead to a change in emotional state and cause a caregiver to feel distracted and unable to be attentive in their caregiving role;
- Physical stressors (feeling fatigued, experiencing body pains and health problems) can also trigger emotional stress.

2. Relationship problems:

- Having problems in their closest relationships can leave caregivers feeling isolated and without emotional or practical support;
- These could be emotional difficulties within the caregiver's relationships (with child, partner, family, other important people), such as poor communication or disagreements;
- Withdrawal of practical support, financial stress, or unemployment can cause practical problems and can also lead to partner and family conflicts and emotional stress.

3. Resource problems:

- This could be any resource gap or barrier which leads to caregivers and children being at risk for poor health or developmental outcomes;
- Experiencing a barrier in access to information, services, or caregiving support (money, transport, time) can be stressful;
- Feeling unsure, or having a gap in knowledge about how to deal with a caregiver's own needs or a child's needs can negatively impact on health or developmental outcomes.



Step 3: Discuss what CFC can offer

While some stressors may be simple to deal with, others are more complex and require change to occur that goes beyond what the FLW can directly manage as part of CFC. The FLW needs to understand the difference between simple, complex, or complicated situations, and what their role is in each of them.

Simple problems:

- These are common problems that can often be easily fixed by making a few informed changes or addressed through discussions and sharing of information and knowledge;
- They can be linked to events in the caregiver's life (event-orientated problems) like pregnancy or childbirth.

Complex problems:

- These are less common and not as predictable. Finding the root cause usually involves a holistic, multi-faceted response;
- They are more difficult to solve, but they are manageable. Solutions may involve more than one response.

Complicated problems:

- These problems are unusual and can cause a lot of stress, fear and serious harm if they are not carefully managed;
- The root cause usually involves multiple different things, for example, psychological or social problems which have escalated to include violence or threats of harm;
- The FLW will need additional training to manage these, or will need to seek additional assistance from the team.

Using the Stress Bucket

The Stress Bucket activity helps FLWs to use a solution-focused approach while working within the limits of their scope of work.

Here is an illustrative example of the three steps of the Stress Bucket activity: how to identify stressors, the types of problem involved (personal, relationship, resources), and solutions for caregivers to cope with stress and gain support.

Emotional stressors

Feeling sad or having lots of worries about the pregnancy.

You have had a conflict with a friend.

Practical stressors

Not having enough money to feed your children.

Not having time to go to the clinic.

Coping

Practice relaxation techniques.

Talk to your healthcare provider about your worries.

Speak to a trusted confidante about the conflict with your friend.

Support

Enrolling children in a school feeding program.

Asking a family member to help with chores so you have time to go to the clinic.

Asking your employer to let you have time off.

Essential Skill 3: Planning a counseling response

Essential skill summary

This essential skill focuses on helping FLWs organize their CFC counseling response to best meet the emotional, relationship and access needs of the caregiver. It has two different tools which allow the caregiver to become part of the decision making process around the type of support they receive.

FLWs can use the 'Decision Tree' and the 'Care Plan' activities to guide the flow of counseling activities with caregivers, partners and families.

To support sustainable change in the lives of caregivers and their families, the FLW needs to:

1. Understand the scope of CFC and when referral to other services is needed;
2. Use the Decision Tree to summarize the caregiver's situation and how CFC can respond;
3. Work with the caregiver to plan the counseling response using the Care Plan activity.



Planning a counseling response

Caregiving places new demands on caregivers and families, meaning emotional well-being, social support, resource and knowledge challenges are common. While CFC provides tools and activities to address many of these challenges, FLWs need to know how to organize their counseling response to best respond to each caregiver's unique challenges at any given time.

This essential skill is comprised of two parts:

- The **CFC Decision Tree** provides FLWs with a way to describe the tools and activities within CFC for managing emotions and strengthening support pathways. It is also used to discuss what might be outside of the scope of work and therefore necessitates a referral to other services;
- The **CFC Care Plan** activity provides FLWs with a way to include the caregiver in the process of planning a counseling response to ensure that it is collaborative and responds to the caregiver's most salient needs.

The CFC Decision Tree

The Decision Tree is a useful way to think about which CFC tools and activities might be more helpful in an integrated counseling session. It can be used by the FLW as a summarizing tool during a counseling session in the following ways:

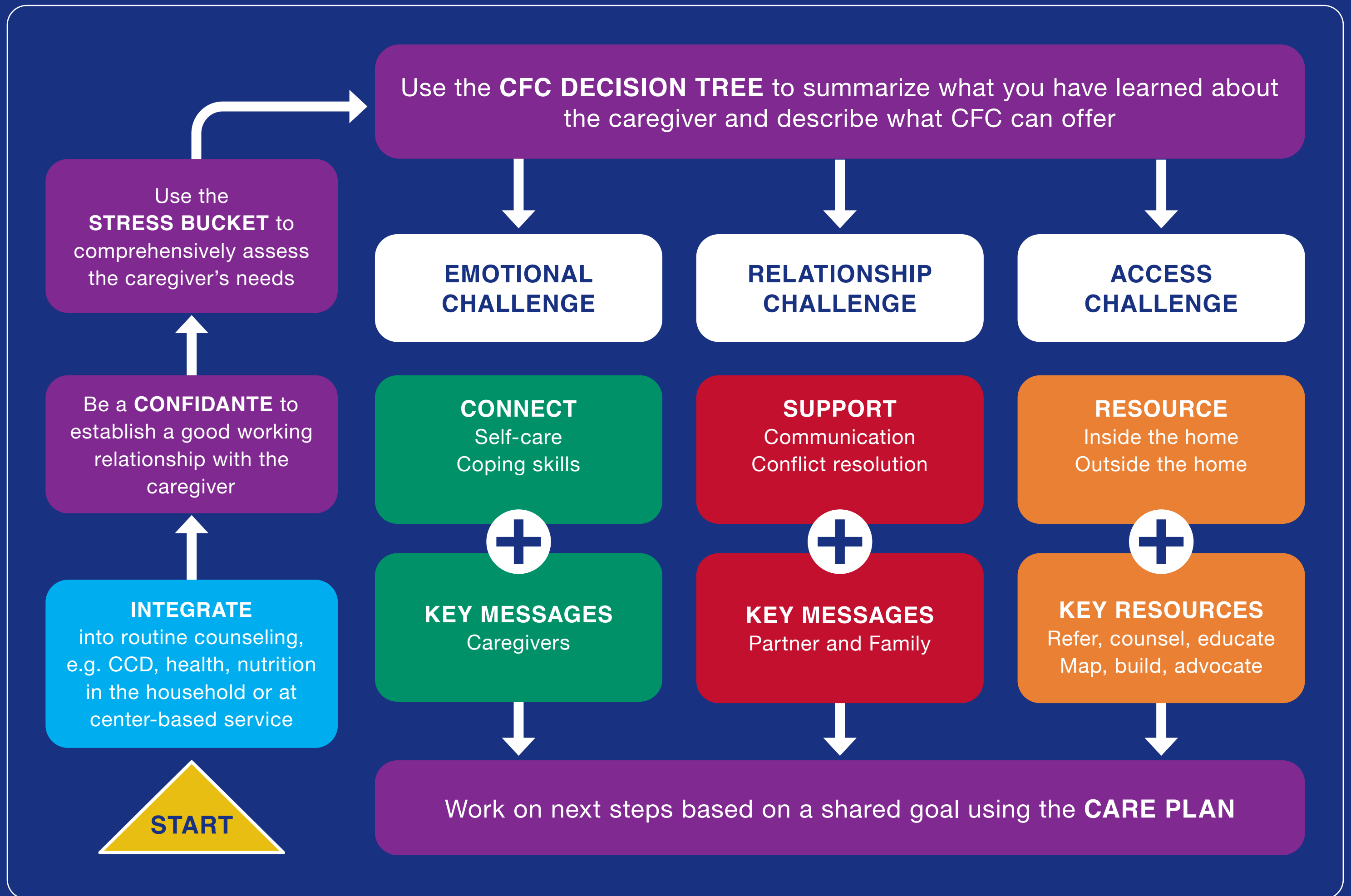
- The FLW reflects on what they know about the caregiver and their situation, as well as the caregiver's emotional and practical problems, as discussed during the Stress Bucket activity;

- Based on the type of problem, the FLW speaks through the Decision Tree (with or without the visual aid) so that the caregiver becomes aware of what they can offer as part of CFC.

The Care Plan activity

The Care Plan activity is a simple tool which helps the FLW to approach difficult situations in an organized way that does not place the FLW, the caregiver, or the child in any avoidable risk. The content provided in the Care Plan activity ensures that the FLW is sensitive, ethical and constructive in the suggestions they make, and that they use a collaborative approach when planning how to move forward with CFC. It also helps the FLW to explore with the caregiver whether one-on-one, couples or family counseling would be best suited for addressing the caregiver's situation, and how best to make this happen.

There are times when caregivers face complicated problems that are beyond the scope of the CFC Essential Skills and Toolkit. In these instances, FLWs are encouraged to take a team approach and to use the skills they will learn in the resources section of this training to strategize around common barriers to access or community challenges.



Care Plan

1. Negotiate

Negotiate a shared goal

Consider what the caregiver feels are priority stressors and identify connect, support and resource areas needing attention.

To respond to the most salient needs, balance the caregiver's priorities and your assessment of the most urgent priorities.

Get a commitment

Discuss activities to address the priorities and seek the caregiver's commitment to doing them.

2. Plan

Plan to use relationships

Explore what active or support roles you and the caregiver will play in next steps.

Agree on who will be involved (caregiver only or with others), and what actions each person will take.

Take a strengths-based approach

What strengths (yours, caregiver's or family's) can be used to help things go well, and what challenges can you prepare and plan for.

4. Reassess

Reassess the situation

Help the caregiver to review and reflect on the activities and how they created positive change or minimized problems.

Take time to celebrate the things that went well and offer reassurance where things were difficult.

Discuss next steps

Reassess the caregiver's situation and be attentive to areas that the caregiver may be avoiding.

3. Manage

Put plan into action

Decide on the next steps (what, where, when) and be reliable in taking action as planned.

Make sure the caregiver takes an active role and leads the change, with your support.

Provide appropriate support

Manage difficult conversations and role model positive behaviors. Intervene in harmful practices.



The CFC Toolkit



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Learning Objective: CFC Toolkit

At the end of this section you will understand the following:

1. How to use Connect and Support tools to meet the needs identified by caregivers;
2. When to incorporate specific Connect and Support tools during a counseling session;
3. How to use Connect and Support tools to involve partners and families.

The CFC Toolkit

The CFC Toolkit contains the activities that FLWs will use with caregivers during CFC counseling sessions. These activities are designed to address specific emotional and practical stressors, and to encourage behavior change in the caregiver towards better emotional well-being and increased support for caregiving relationships within families.



Integrated counseling

The CFC Toolkit is to be used only when needed as an add-on to routine counseling. This integrated approach complements the delivery of other routine programming because it responds to:

1. The need to activate and encourage positive emotions in caregivers (CONNECT tools);
2. The need to de-escalate conflict and to strengthen caregiving relationships (SUPPORT tools).

These activities are accompanied by Key Messages (in the next section of this manual), which describe emotional and practical stressors at key developmental stages, and how best to respond to these.

There are times when caregivers face complicated problems that are beyond the scope of the CFC Essential Skills, Toolkit and Key Messages. In these instances, FLWs are encouraged to take a team approach and to use the skills they will learn in the resource toolkit of this training to strategize around common barriers to access or community challenges, or to make referrals to appropriate services in their communities.

In this section, the following information is given for each tool:

Aim:
Orientates the FLW to what the purpose of the tool is and when it would be appropriate to use it.

Background:
These are notes to use in training to give the FLW a better understanding of the rationale behind the tool.

Aim:

This activity assists FLWs to discuss with caregivers that feeling cared for by someone helps your emotional well-being, which in turn helps their ability to be responsive to their child's emotional needs.

Background:

- In most cultures and countries, blankets are used as a symbol of comfort, warmth, protection and security.
- CFC uses a blanket metaphor to describe the importance of feeling cared for, and feeling that you can care for others even when you are facing many adversities.
- Most caregivers have stories about their blankets and what they represent for the family. In some cases it may have come from a special person, have colors, fabric, or features that are culturally relevant, or even represent coming through a hardship.
- Children's blankets are concrete representations of how much caregivers care for their children.

How to do the activity:

1. This is a gender-neutral activity than can be done with caregivers of all genders.
2. Wrap the CFC blanket around the shoulders of the caregiver or partner.
3. Ask the caregiver about their baby's blanket and ask them to share the story of that blanket.

Talking points:


- Feel this blanket around you and think back to how a blanket can be a place to rest and a source of warmth, protection and security.
- I know that you are special and deserving of care, comfort and support.
- I will be your blanket of care through this CFC journey.

Talking points:

- Blankets are used to welcome babies into the world, providing comfort and protection.
- During pregnancy, a mother's womb is a blanket of care for the growing baby as it provides a safe, nurturing environment.
- Breastfeeding is a blanket of care to a young baby as it provides nourishment and protection from some illnesses.
- A responsive relationship between a caregiver and child is a blanket of care, providing security and protection against the effects of a difficult environment.

Next steps/ links to other activities:

- You can use the *Emotions Basket* to discuss emotions in more detail.
- You can use the *Coping Strategies* activity to choose activities which can improve emotional well-being.



for every child

How to do the activity:
Describes how to present the tool to a caregiver, or where appropriate, to a couple or group. Some tools include talking points the FLW can use during a counseling session.

Next steps:
Gives some ideas for how the CFC tools complement each other, and what can be used as a next step in the counseling process.

The Toolkit cards are provided in the CFC card set so FLWs can use them to help caregivers understand the activity.

Managing emotions using CONNECT

When caregivers feel overwhelmed by their emotions, it can lead to:

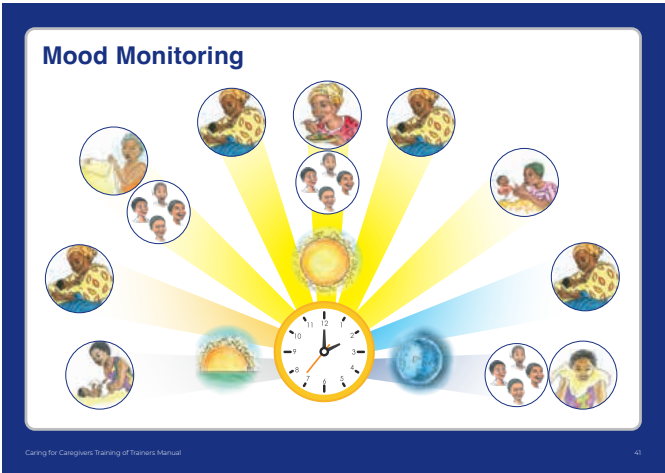
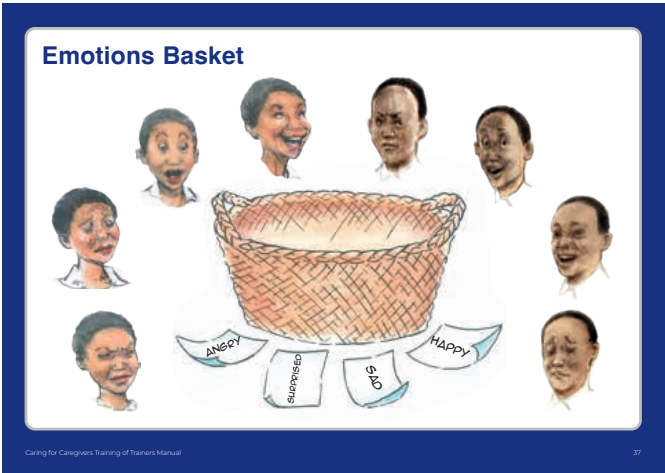
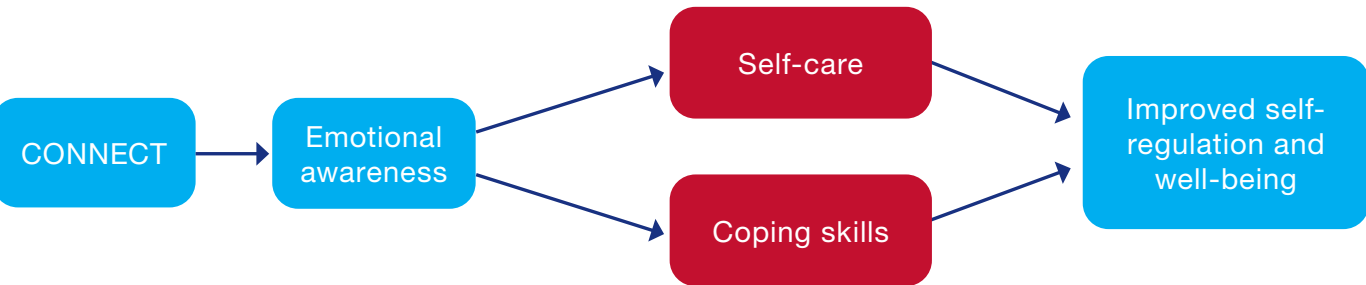
- Caregivers turning inwards and away from others;
- Caregivers feeling despondent, inadequate and isolated;
- Caregivers’ intimate and family relationships becoming negatively impacted;
- Caregivers’ confidence and ability to be attentive being negatively impacted.

Activation

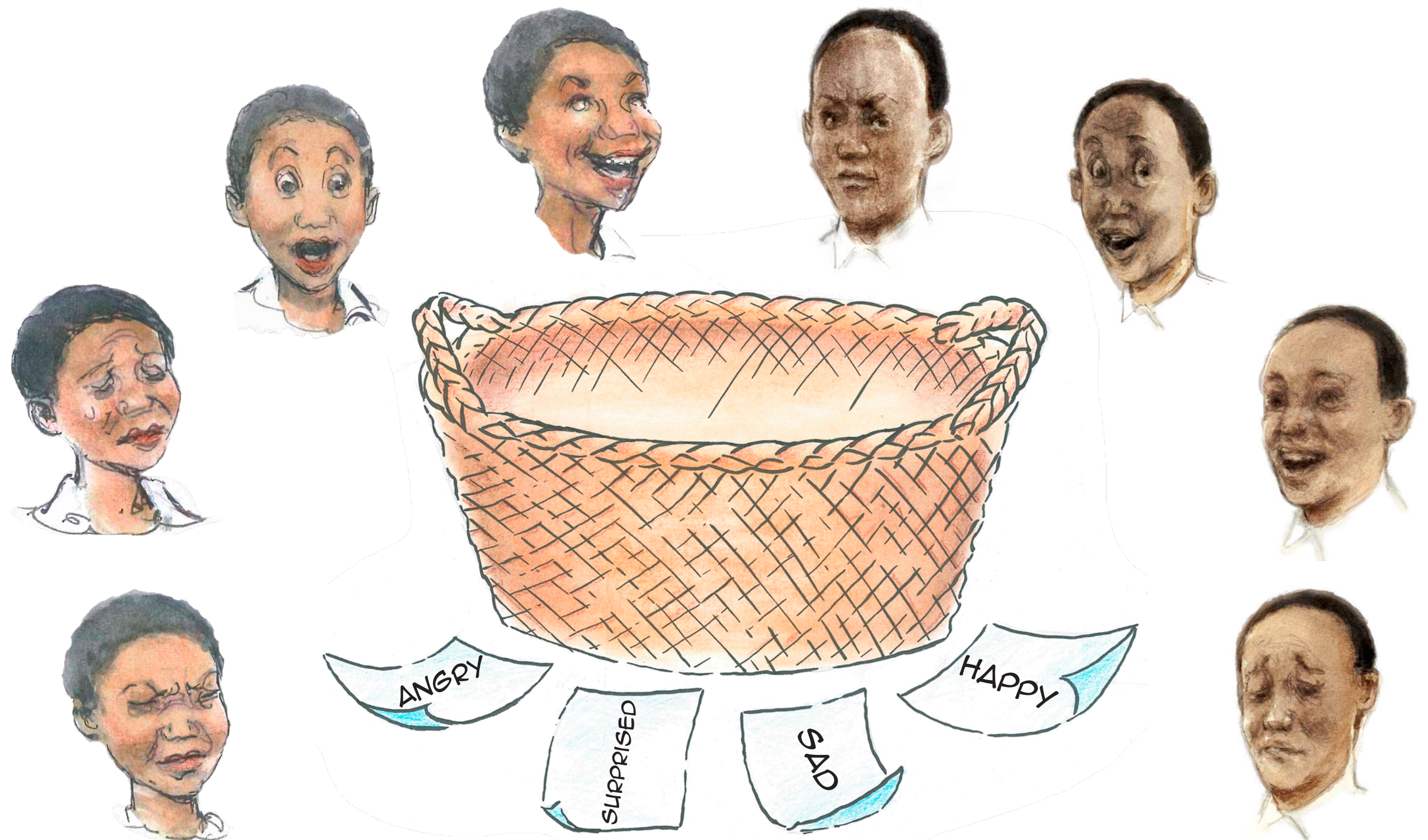
Activation is an approach to encourage positive emotions in caregivers. Activation involves doing pleasurable things that are linked to positive emotions. These can include self-care, relaxation and spending time doing things which are nourishing.

Activation is about the caregiver taking small, positive steps they would normally enjoy (even when they don’t feel like doing them). By changing what they are doing, they change how they feel.

In CFC, activation is done through the **CONNECT pathway**, and our response involves emotional awareness, coping strategies and daily routines.



Emotions Basket



Aim:

The aim of the Emotions Basket activity is to encourage caregivers to acknowledge and explore their feelings, to identify and name their **emotions**, and to become more **self-aware**. It is an opportunity for frontline workers to be in conversation with the caregiver, to provide reassurance and to praise strengths.

Background:

- We all have emotions – they are an important part of being human.
- Emotional awareness involves being aware of your own emotions, accepting them, and understanding how they influence your behavior.
- Just as caregivers need to be responsive to their children's needs, they also need to be able to recognize their own emotional needs and understand the importance of caring for themselves.
- When we help caregivers to take care of themselves, we are ensuring that they are able to care for their children in the best possible way.

How to do the activity:

With a caregiver:

1. Orientate the caregiver to the importance of knowing, naming and managing emotions, and use the Emotions Basket card to present and name some emotions (happy, sad, surprised, fearful, angry).
2. Now ask the caregiver how they are currently feeling (encouraging them to describe some other emotions not on the card), or you can describe situations which elicit strong emotions for the caregiver.

If doing with a couple or in a group:

1. Ask one person to think about an emotion and then to act out this emotion without speaking. The second person needs to guess the emotion their partner is acting out.
2. Invite each person to offer the other a compliment. Notice how positive communication can positively influence your emotions and how *expressing* a positive emotion links to *experiencing* a positive emotion.

Talking points:

- Do you think other people know how you are feeling?
- Who do you share your emotions with? Who is your most trusted friend?
- You have mentioned some difficult emotions – what do you do for yourself when you feel this way?
- How do you think your emotions affect your child?

Next steps/ links to other activities:

- You can use the *Mood Monitoring* activity to identify times, people or activities associated with different feelings.
- You can use the *Coping Strategies* activity to deal with negative emotions.

The Care Blanket



Caregivers need partners and families to show them care and offer emotional support

Aim:

This activity assists FLWs to discuss with caregivers that feeling cared for by someone helps your emotional well-being, which in turn helps you to be responsive to your child's emotional needs.

Background:

- In most cultures and countries, blankets are used as a symbol of comfort, warmth, protection and security.
- CFC uses a blanket metaphor to describe the importance of feeling cared for, and feeling that you can care for others even when you are facing many adversities.
- Most caregivers have stories about their blankets and what they represent for the family. In some cases it may have come from a special person, have colors, fabric, or features that are culturally relevant, or may even represent coming through a hardship.
- Children's blankets are concrete representations of how much caregivers care for their children.

How to do the activity:

1. This is a gender-neutral activity than can be done with caregivers of all genders.
2. Wrap the CFC blanket around the shoulders of the caregiver or partner.

Talking points:

- Feel this blanket around you and think back to how a blanket can be a place to rest and a source of warmth, protection and security.
 - I know that you are special and deserving of care, comfort and support.
 - I will be your blanket of care through this CFC journey.
3. Ask the caregiver about their baby's blanket and ask them to share the story of that blanket.

Talking points:

- Blankets are used to welcome babies into the world, providing comfort and protection.
- During pregnancy, a mother's womb is a blanket of care for the growing baby as it provides a safe, nurturing environment.
- Breastfeeding is a blanket of care to a young baby as it provides nourishment and protection from some illnesses.
- A responsive relationship between caregiver and child is a blanket of care, providing security and protection against the effects of a difficult environment.

Next steps/ links to other activities:

- You can use the *Emotions Basket* to discuss emotions in more detail.
- You can use the *Coping Strategies* activity to choose activities which can improve emotional well-being.

Mood Monitoring



Aim:

The aim of the Mood Monitoring activity is to identify the rhythm of the caregiver's moods throughout a typical day or week. It is an opportunity for the frontline worker to help the caregiver become aware of their moods, and what they can do or ask for to improve their moods and well-being.

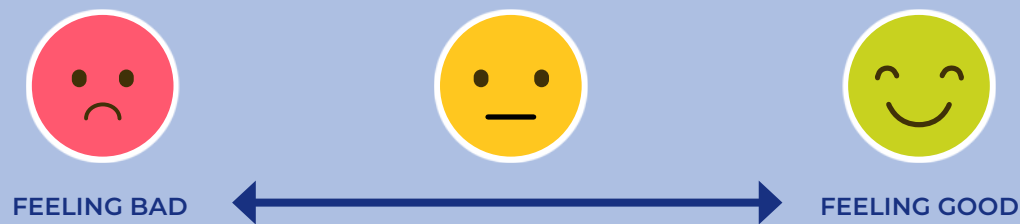
Background:

- Moods are a natural part of our emotional rhythm.
- When someone is in a good mood, they might feel happy and motivated.
- When a caregiver is feeling down, they might prefer to be alone, find it difficult to be responsive, or struggle with tasks which require a lot of effort and attention.
- When someone is aware of their moods, they are better able to make informed health decisions and prevent or avoid things that trigger negative moods.

How to do the activity:

With caregivers:

1. Ask the caregiver to identify their mood at different times during an average day, using the faces below that represent different moods.



2. Working through each mood, ask the caregiver:
 - What is it like to be around other people?
 - Do you feel like caring for yourself? Others?

If doing with couples:

1. Ask the first person to describe a time of day in their normal routine.
2. Ask the second person to guess what the first person's mood might be in this situation. Did they guess correctly?
3. Ask the first person what makes them feel supported when they are in this mood.

Talking points:

- Changing moods are normal and a natural part of our emotional rhythm.
- Monitoring and understanding your moods helps you plan for periods of low mood or energy.

Next steps/ links to other activities:

- You can use the *Daily Routines* card to help identify healthy routines and how to stick to them, so you can do things according to the routine rather than letting your mood decide.
- If caregiver expresses distress, take steps to refer, using Red Flags information.

Coping Strategies



Aim:

The aim of this activity is to encourage caregivers to develop and strengthen positive coping strategies. It is an opportunity to speak about the effect that stress can have on emotional and physical well-being if not managed well.

Background:

- Too much stress is bad for us – it makes it difficult to think, plan, or enjoy daily activities. Experiencing a lot of stress over a long period of time can make us sick.
- Coping strategies are the things we do to help us cope with stress, but sometimes these things can be harmful.
- Healthy coping strategies make us feel good, calm our bodies and minds, and make us feel more in control of our thoughts. They are also good for us. An example is going for a walk with a friend when you feel upset.
- Harmful coping strategies might make us feel better in the short term, but can contribute to longer-term stress, e.g. drinking alcohol.
- Most people use coping strategies to deal with difficult or uncomfortable situations many times throughout each day, sometimes without even realizing it.

How to do the activity:

1. Ask the caregiver to share what they feel in their bodies when they are stressed, anxious, upset or angry. Some examples might be that their heart beats faster, their breathing changes, they might shake or have difficulty concentrating.
2. Ask the caregiver what kinds of things they currently do, or could do, that would make them feel better during stressful times.

Here are some activities that can be used as healthy coping strategies:

- **Deep breathing exercise:** Breathe in through your nose for the time it takes to slowly count from 1 to 4 (4 counts), hold the breath for 2 counts and then breathe out through your mouth for 4 counts. Repeat the breathing slowly and steadily a few more times.
- **Take time to rest:** Try to plan for periods of rest or, if possible, pause the activity that is making you feel stressed and return to it later.
- **Do things you enjoy:** Talk to a friend, sing, pray, dance, go for a walk or run, listen to music or read.

Talking points:

- The coping strategies caregivers choose to use should be helpful (e.g. exercising, speaking to a friend) and not harmful to their health (e.g. drinking alcohol, hitting someone).

Next steps/ links to other activities:

- Identify times in the day where some of these coping strategies can fit into the caregiver's daily routine.
- Use the *Emotions Basket* or *Mood Monitoring* activity to explore how coping strategies make the caregiver feel.

Strengthening relationships using SUPPORT

When caregivers experience too much confrontation and conflict, it can lead to:

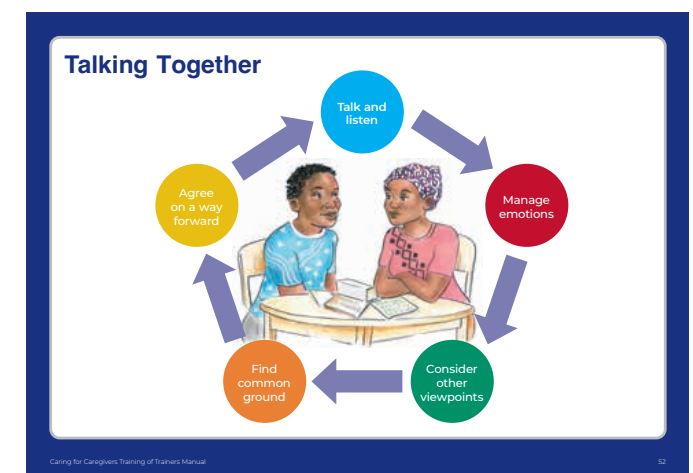
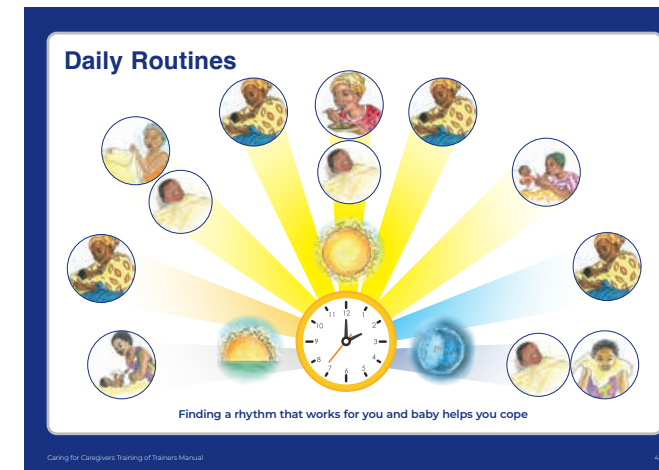
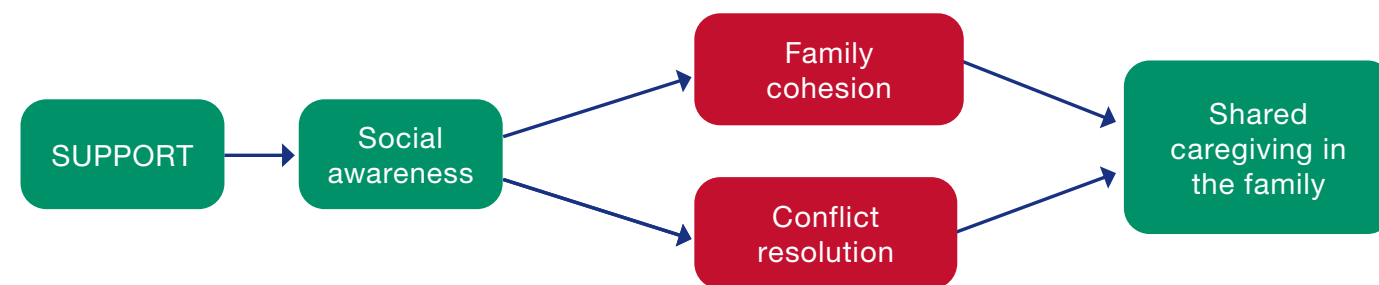
- Caregivers feeling weary, let down and hopeless;
- Caregivers feeling hurt and rejected;
- Escalation in partner and/or family conflicts over time;
- Increased frustrations and harshness in caregiving approaches.

De-escalation

De-escalation involves engaging in healthy communication around difficult issues that are causing frustration. Caregivers, their partners and families are encouraged to share their feelings in a way that is not harmful to others, and helps the family to problem solve together.

By reducing the big emotions linked to a situation and allowing challenges to be spoken about and shared, communication can be improved and avenues of support can be opened.

In CFC, de-escalation is done through the **SUPPORT pathway** and our response involves co-caregiving, problem solving and family communication.



Daily Routines



Finding a rhythm that works for you and baby helps you cope

Aim:

The aim of this activity is to help caregivers to plan a daily routine which will help them to balance caregiving demands, chores or work with activities which are meaningful to them and that will improve their emotional well-being. It is also an opportunity to discuss where in the day coping strategies can be applied, and where support might be needed.

Background:

- There will always be things in our lives that are beyond our control and we need to accept that. However, there is so much that we can control, especially if we follow a routine.
- Having a daily routine can improve caregiver emotional well-being – it helps caregivers cope with change, ensures time for healthy habits and can reduce stress levels.
- Routines are also important for young children because they make their environment feel more predictable, which makes children feel safe and secure.

How to do the activity:

With caregiver:

1. Discuss the benefits of having a set daily routine.
2. Use a blank piece of paper and chart the caregiver's current daily routine.
3. Talk about the things they are finding difficult to manage, taking note of stressful times and activities where help might be needed from others.
4. Facilitate the creation of a daily routine with the caregiver which they feel is manageable.
5. Ensure there is planning for periods of rest, self-care and nourishing activities.

If doing with couples:

1. Do this activity together, each partner creating their own daily routine chart.
2. Ask them to identify where there are spaces to offer help to each other so that the caregiving load can be shared.

Next steps/ links to other activities:

- You can use the *Talking Together* activity to facilitate asking for support.
- You can use the *Mood Monitoring* activity to identify periods of stress and low energy that might influence the daily routine.

The Support Blanket



Caregivers need relationships, family and community support

Aim:

To identify supportive relationships and resources, and to discuss any barriers that might be preventing a caregiver from accessing these.

Background:

- In the Care Blanket activity, we introduced the blanket metaphor to describe feeling cared for because it is a symbol of comfort, warmth, protection and security.
- Blankets can also represent comfort, security and support – an extension of care given to caregivers from others.
- It is important to understand what support caregivers need and what barriers they face in accessing support.
- Partners, family and community are a blanket of support for caregivers and children. They can be a source of support themselves, or can help caregivers overcome barriers to support.

How to do the activity:

1. Use a baby's blanket if available. Explain to the caregiver that just as they are a blanket of care and support for their child, they also need a blanket of support around themselves.
2. Use the activity card to speak about different types of support needed by caregivers, children and families (acknowledge resource needs that the caregiver might have already identified through discussions or other activities).
3. The discussions can be separated into support from people and support from organizations, places and other resources that may be available to the caregiver.

Talking points:

Supportive relationships

- Ask the caregiver what type of support the people in their life usually provide.
- Ask the caregiver how they would like the people around them to support them.
- Discuss some ways that caregiving responsibilities can be shared with partners and families.

Supportive places

- Ask about community resources and discuss any barriers to access.
- Discuss resources that they may not know about.
- Ask the caregiver if there is any way that their partner or their family can help them access these resources.

Next steps/ links to other activities:

If the caregiver has identified barriers to accessing supportive relationships or resources, the *Talking Together* activity can be used to encourage discussions with partners or families.

Caring Families



Aim:

This activity helps the FLW introduce themselves and understand the caregiver's family structure and their caregiving roles. Through playful interaction, the FLW is able to build a relationship with family members, and become a trusted source of support and information.

Background:

- Families are an important part of caregiving; they provide a sense of belonging and can work together to solve problems.
- No matter how challenged a family is by adversity, in most cases they want the best for each other and especially for their children.
- Engaging the family in a respectful way, offering praise wherever possible, and acknowledging periods of suffering helps them be open to your advice and care.
- You'll know that this activity has been successful when you see family members moving closer together, begin talking with each other, and when they share with you what support they offer to caregivers.

How to do the activity:

1. Take out your family characters card set and lay the cards out in a way that invites the family to move closer around you in a circle, making sure no one is excluded.
2. Invite family members to choose a character card that represents themselves. If there is hesitation, encourage children to choose for themselves and for others. Often this will break the ice and increase active participation. The FLW should also choose a character card that represents themselves in their own family.
3. Initiate conversation with each person (be sure to ask their name). If hesitant, say something like: "Why don't we start with the children," as it is often easier to get children started by asking their names and ages, or similar questions.

Talking points:

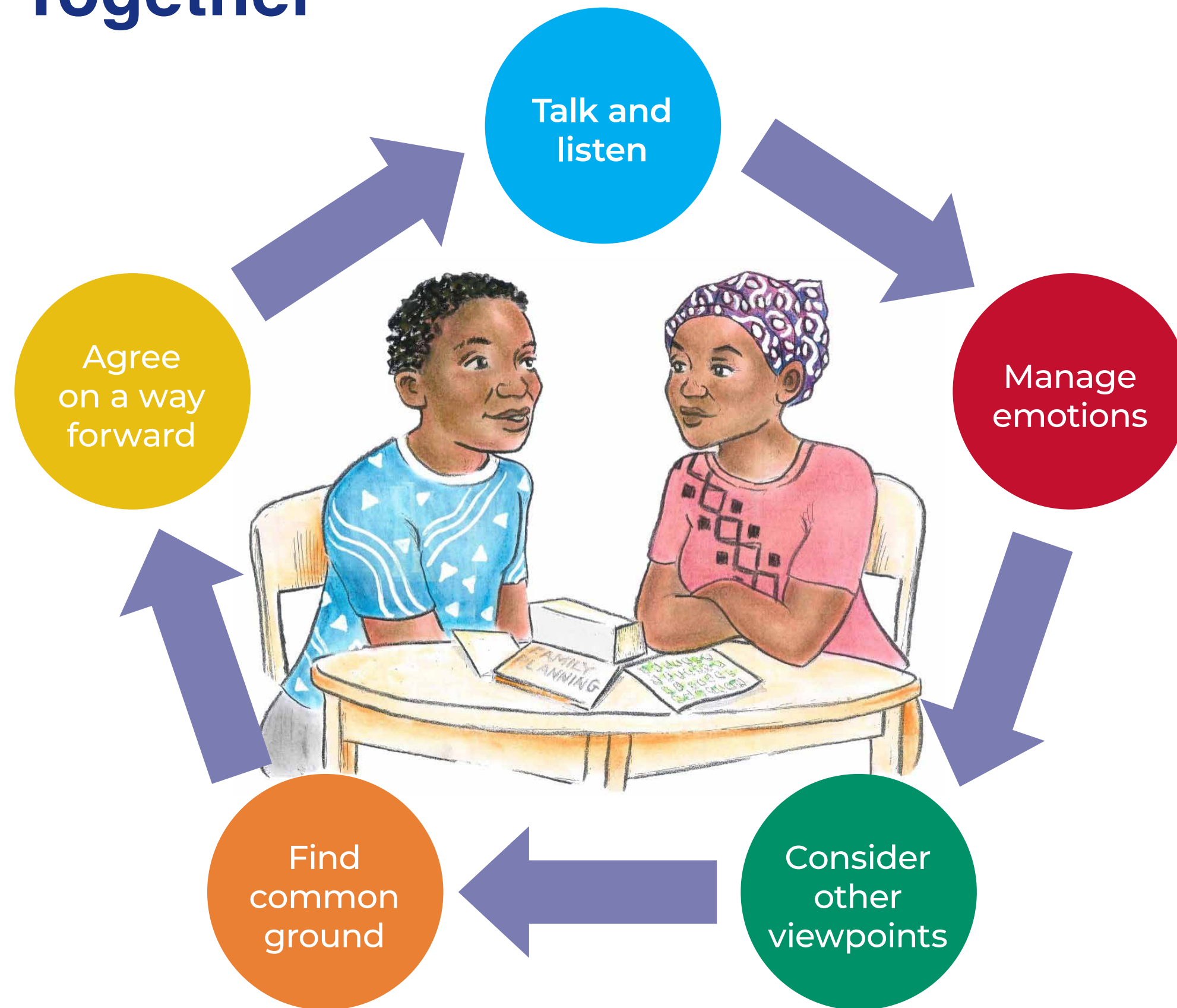
- Can you tell me who you are in the family and why you chose your character card?
- What do you think are some helpful things you do for this family?
- Can you tell me about who in this family helps you the most and why you say that?
- The FLW closes the exercise by affirming each person and the helpful things they bring to the family.



Next steps/ links to other activities:

- Going forward, the FLW will have useful information for problem solving or identifying support.
- This activity provides an understanding of family relationships, which is useful if conflict resolution needs to be facilitated.

Talking Together



Aim:

This activity gives the FLW a way to facilitate caregiver, partner and family communication around conflicts of any type, while encouraging an environment of fairness, respect and understanding.

Background:

- There are five main causes of conflict: information conflicts, values conflicts, interest conflicts, relationship conflicts and structural conflicts.
- Managing conflicts can be difficult as they elicit strong negative emotions and can leave caregivers in a state of disagreement between family members.
- Resolving a conflict does not mean all parties have to be in agreement or be happy with a situation, but it is important to come to an understanding which helps everyone involved have more empathy for others.
- Regardless of the cause of conflict, the FLW should be able to facilitate a shift in the caregiver, couple or family's focus from a state of conflict towards a state of resolution by creating a safe, calm environment for discussion and problem solving.

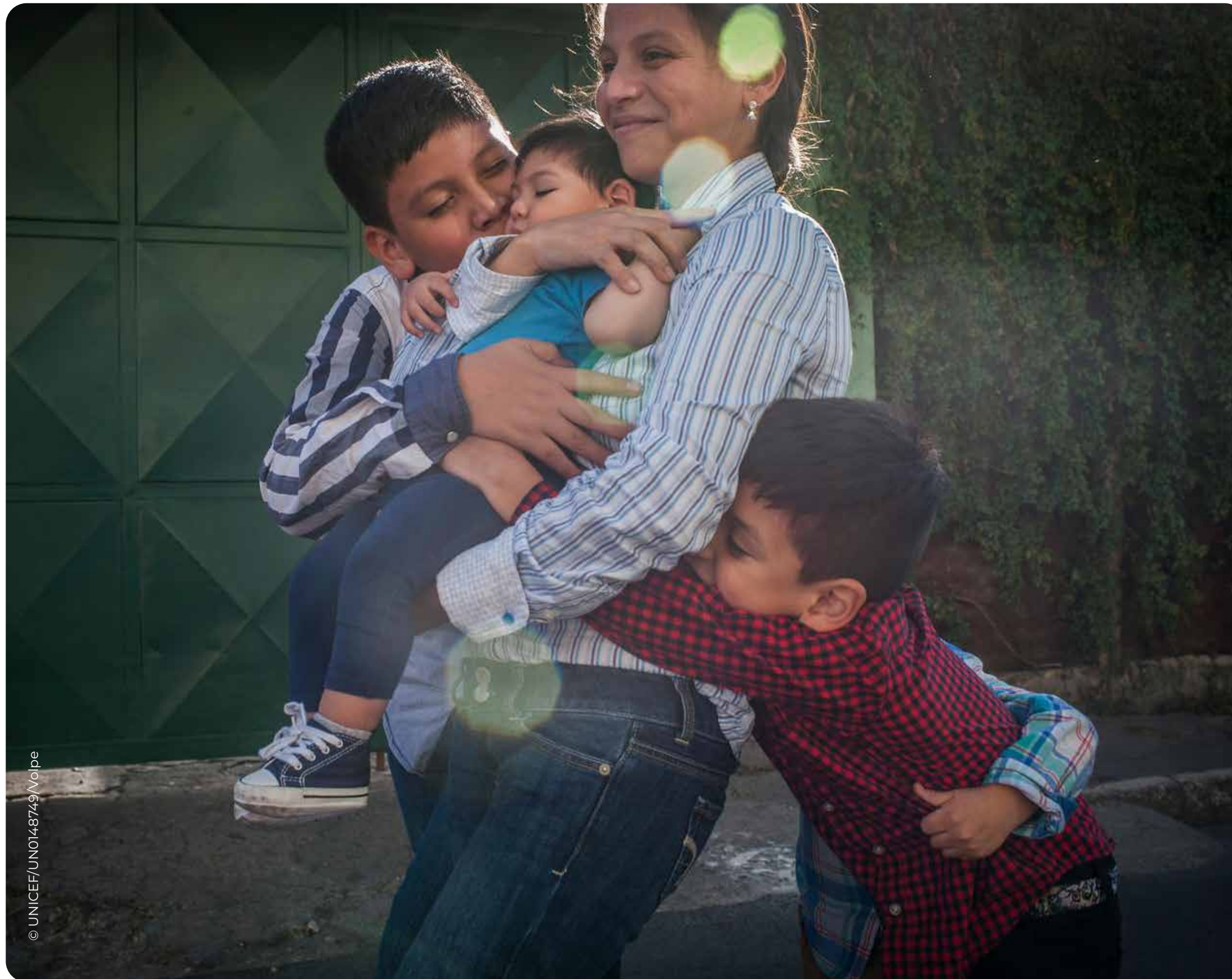
How to do the activity:

1. Plan the session carefully together with the caregiver. Try to choose a time and place that will help lower emotional tension in the meeting.
2. Get the family together and explain what the meeting will be about by outlining the type of conflict the caregiver wants to help resolve.
3. Explain your role, highlighting that a mediator can be helpful in managing difficult conversations. Explain the activity steps, including how emotions will be managed (colored cards or alternative).
4. Facilitate the session using the conflict resolution steps:
 - **Talk and listen:** Summarize the problem and allow each person to say how they feel;
 - **Manage emotions:** Keep emotions in check by using colored cards where needed (**GREEN:** things are going well; **YELLOW:** a warning to prevent escalation; **RED:** time to stop and manage emotions – take a break, take deep breaths, sing together);
 - **Consider others' viewpoints:** Use negotiation and reflection skills to help family members consider others' viewpoints;
 - **Find common ground:** Try to facilitate brainstorming of potential solutions to the conflict, or propose small steps towards a solution;
 - **Agree on a way forward:** End the session with a summary and reflection on the process.

Next steps/ links to other activities:

Conflict resolution is not quickly or easily achieved – multiple contacts may be needed to completely resolve a conflict. Remember that any Red Flag situations should be dealt with first before engaging families in a conflict resolution activity.

Key Messages for caring for caregivers



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Learning Objective: CFC in the first 1,000 days

At the end of this section you should understand:

1. Key challenges facing caregivers at each developmental stage;
2. Emotional and practical support needed to improve caregiving practices and promote shared caregiving;
3. How to use the CFC activities, information and playing cards to counsel at each developmental stage.

Introduction

Each developmental stage – from pregnancy through to the end of the first 1,000 days – presents its own challenges to caregivers, partners and families. Many of these are linked to the way in which caregiving responsibilities are being managed and to how the child's developmental needs change over time.

Each caregiver's situation is unique. It is important to be flexible and to be able to adjust, depending on the situation. Not all families need all the CFC content; some may need more, some less if they are doing well. However, caregivers, partners and families may share common challenges during each developmental stage.

The recommendations that follow will give you guidance on these common challenges and how to use your CFC Essential Skills and materials to address these. They cover the developmental pathway across the first 1,000 days, from conception to age 2 years (including pregnancy), 0-6 months, 6-12 months and 12-24 months.

Even when caregivers, partners and families are doing well, it is still important that you use the CFC skills and tools to promote coping and to build confidence in caregiving. This is because all caregivers will at some point experience challenges, so by equipping caregivers with CFC skills, you will strengthen their capacity to cope with stress and difficulties, if and when they do arise.

Much of what is learned in the earlier ages can be applied across all ages, so it's important to understand that each stage of development builds on the ones that come before.

For each developmental stage, we provide you with the following:

- A list of common challenges that caregivers, partners and families may face;
- A CFC Puzzle reminding you of the Key Messages you should remember;
- A list of key CFC messages for caregivers, partners and families.



PREGNANCY



Common challenges in pregnancy

Relationships can be difficult and strained when a pregnancy is unexpected, when there are barriers to accessing resources or if there is conflict over the pregnancy.

Partners and families may feel worried and unsure of how to provide for the caregiver's or baby's needs.

Partners and families don't always understand the emotional and practical needs of pregnant women and their growing babies.

CFC Puzzle: Pregnancy

Connect with caregiver:

Pregnancy can elicit strong emotions. Being aware of, and managing emotions is important for a healthy pregnancy.

© WITS/01

Support for caregiver:

Access to health care is critical for a healthy pregnancy. Emotional and practical support from partners and family is equally beneficial.

© WITS/06

Connect with child:

Emotional distress affects the baby during pregnancy. When caregivers feel connected to, and have positive feelings about the baby, the baby is protected.

© WITS/07

Support for child:

A new pregnancy can create pressure on family resources. When families understand how the baby is growing in the womb, and feel connected to them, they are motivated to share resources.

© WITS/08

Key Messages for caregiver: Pregnancy

Connect for caregiver

Pregnancy is a time of change and big emotions.
Emotions can be:

- Pleasant: excitement, joy;
- Difficult to manage: fear, worry or sadness.

Connecting with caregivers in pregnancy includes:

1. Being a trusted confidante who caregivers can speak openly with;
2. Helping caregivers understand and name the emotions they are feeling.

Connect for child

If a pregnant caregiver's stress and emotions are overwhelming them:

- They might not be able to have positive thoughts about the baby;
- The stress can have an impact on their pregnancy outcomes.

Behaviors to encourage in caregivers include:

1. Practicing relaxation, which calms their bodies and their minds in times of stress;
2. Thinking about, and talking to the baby.

Support for caregiver

Lack of support during pregnancy can lead to challenges including:

- Emotional: Feeling isolated or stressed;
- Practical: Money problems or poor access to health care.

Supporting caregivers during pregnancy includes:

1. Enabling them to identify support needs and who might offer support;
2. Facilitating how the caregiver can ask for support from their partner and family if they aren't already providing support.

Support for child

Pregnant caregivers might struggle to support themselves and their child's development during pregnancy if:

- They don't understand what pregnancy care involves;
- They cannot access the resources they need.

Problem solving with caregivers can include:

1. Building caregivers' confidence by sharing information about how to stay healthy during the pregnancy;
2. Identifying and linking to key resources.

Key Messages for partners and families: Pregnancy

Connect for partners and families

Pregnancy is a time of change and big emotions for partners and families. Emotions can be:

- Positive: excitement, pride;
- Negative: fear, uncertainty.

Connecting with partners and families in pregnancy means:

1. Being a trusted confidante who partners and families can speak openly with;
2. Helping them understand and name the emotions they are feeling.

Connect for child

If a co-caregiver does not understand the emotional and practical needs of pregnant caregivers and their growing babies:

- They might feel overwhelmed by their partner's pregnancy and what to do to support them;
- They might not know how to start bonding with the baby.

Behaviors to encourage in partners and families include:

1. Singing and talking to the baby, which encourages a bond with the baby and motivates their care for the baby;
2. Thinking about what support they want or need.

Support by partners and families

If partners feel supported by their families and social networks, they will better be able to support the pregnant caregiver, which results in:

- Emotional: Less conflict in the partner relationship;
- Practical: Better access to resources.

Supporting partners and families during pregnancy includes:

1. Facilitating the identification of support needs and pathways to access support for themselves and their partners;
2. Helping caregivers, partners and families to talk about their feelings around the pregnancy.

Support for child

The best way to support the child's development during pregnancy is to support their mother. Partners are key supports for pregnant caregivers:

- Emotional: Reducing interpersonal strain;
- Practical: Helping with physical tasks.

Problem solving with partners and families can include:

1. Building confidence by sharing information on how they can help their partner to stay healthy during the pregnancy;
2. Problem solving around barriers to accessing resources, and attending ANC (antenatal care) with the caregiver.

0-6 MONTHS



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Common challenges – 0-6 months

Caregivers need support to manage the many adjustments of the post-partum period, such as recovering from birth, loss of energy and managing sexual and reproductive needs.

A key challenge at this time is setting a rhythm and routine to ensure caregivers have the energy to cope with the new baby's demands.

A newborn baby's capacity for communication is still developing and caregivers can feel unsure of whether they are meeting the baby's needs.

CFC Puzzle: 0-6 months

Connect with caregiver:

Care of a newborn baby is exhausting. Caregivers are easily stressed and emotional and need to be encouraged to take time to look after their own health and well-being.

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Support for caregiver:

During the first six months after the baby's arrival, families go through many adjustments. Families may need to reorganize routines and resources in support of caregiver and baby.

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Connect with child:

When caregivers are rested and healthy, they are more attentive. When caregivers feel confident that they understand the baby's needs, it's easier to connect with the baby.

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Support for child:

Babies discover the world through interactions with caregivers and other family members. Support and encouragement helps to grow the family's awareness of how baby can be in relationship.

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Key Messages for caregiver: 0-6 months

Connect for caregiver

The post-partum period and the demands of a newborn baby can have physical and emotional consequences, including:

- Emotional: low mood, struggles with body image;
- Physical: pain after childbirth and lack of sleep.

Connecting with caregivers includes:

1. Helping caregivers identify sources of stress or worry around caregiving;
2. Offering reassurance and boosting confidence by reminding caregivers that they are doing well.

Connect for child

When a caregiver is tired and has low moods, this can lead to:

- Negative perceptions of the child, which might cause them to be harsh towards the baby;
- Dwelling on repetitive thoughts, which can lead to them being less responsive to the baby's cues.

Caregivers can connect to the child by:

1. Understanding that behaviors such as crying are normal and are a type of communication;
2. Talking to them throughout the day and watching their responses and attempts to communicate, which can be through gestures, facial expressions or even crying.

Support for caregiver

Lack of support leads to challenges including:

- Emotional: feeling overwhelmed by caregiving responsibilities;
- Practical: problems with feeding or attending to health needs.

Supporting caregivers includes:

1. Supporting the establishment of routines such as resting when the baby is resting;
2. Identifying relationships and resources for support and any barriers to accessing these.

Support for child

When children feel safe and loved, they have the best chance of reaching their full potential:

- Caregivers need to provide consistent and responsive care;
- Interaction and communication are important ways for babies to learn.

Supporting the child can include:

1. Supporting the establishment of routines that allow time for play and learning;
2. Interacting with the baby in a playful way – not only is this a learning opportunity for the baby, but it can improve the caregiver's experience of caregiving and it improves the care the baby receives.

Key Messages for partners and families: 0-6 months

Connect for partners and families

Partners and families can feel isolated from caregiving for their newborn when:

- The caregiver-child bond is close and seems to be self-sufficient;
- They are overwhelmed, stressed or don't understand their role.

Connecting with partners and families includes:

1. Helping partners and families identify sources of stress or worry around caregiving;
2. Affirming that they have a role to play and boosting their confidence that they can help both the caregiver and baby.

Connect for child

When male caregivers believe that women are naturally better equipped to provide care for children than men, this can lead to:

- Male caregivers missing opportunities to bond and build a relationship with their baby;
- Female caregivers feeling overwhelmed with the caregiving responsibilities.

Partners and families can connect with the child by:

1. Holding the baby or carrying the baby in a sling;
2. Getting to know the baby's likes and dislikes through interacting – looking into their eyes, making silly faces for them and watching how they respond.

Support by partners and families

Partners and families are important sources of support for caregivers. When partners and families do not provide support this can lead to:

- Caregivers feeling isolated and overwhelmed;
- Caregivers feeling resentful towards their partners.

Supporting partners and families includes:

1. Helping them identify where and how they can provide emotional and practical support for the caregiver;
2. Helping them identify where they can take over or assist with household tasks, which will allow the caregiver to rest.

Support for child

When partners and families do not spend time engaging with the baby, they might:

- Be unsure of the needs of the baby and their role in providing support;
- Feel unequipped to support the baby's development.

Supporting the child can include:

1. Identifying community resources for young babies and any barriers to accessing these;
2. Spending time providing care for the baby (giving the baby a bath, playing with them). This improves the caregiver-child bond and makes the caregiver more effective.

6-12 MONTHS



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Common challenges – 6-12 months

The developmental changes happening at this time can have an impact on family life.

The baby needs caregivers close by to feel safe, which might place caregivers under increased pressure.

Caregivers may need to return to work and separation may be difficult, requiring support from partners, employers and families.

CFC Puzzle: 6-12 months

Connect with caregiver:

Worrying about providing for the baby can make it difficult to think positive thoughts or to find solutions to problems. Trusted confidantes can quieten worrying thoughts.

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Support for caregiver:

Caregivers need to juggle the baby's needs and the needs of others, including partners, other children, family and work obligations. Sharing caregiving activities can reduce stress and family conflict.

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Connect with child:

Babies are highly sensitive to caregiver stress and react with disruption and crying. Nourishing activities counter the emotional intensity of caregiving, increasing sensitivity and responsiveness.

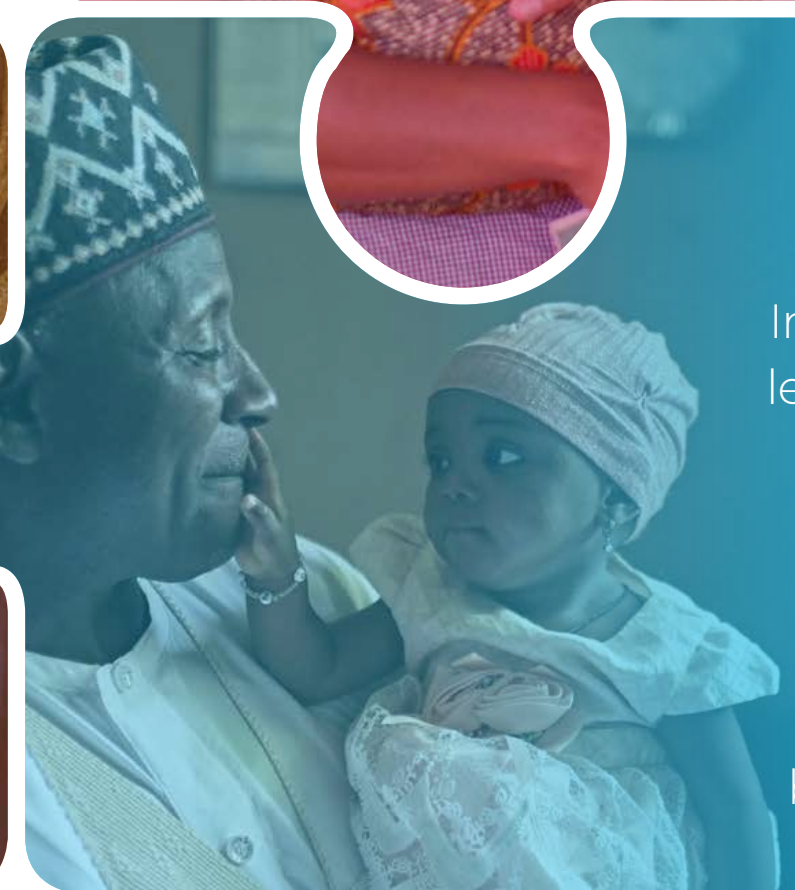
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Support for child:

In family interaction, babies learn to express their needs and learn the social rules of relationships. Babies connect things they hear with actions they see. Family cohesion helps build their self-confidence.

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Key Messages for caregiver: 6-12 months

Connect for caregiver

Children can introduce caregiving stressors, including:

- Relationship: Balancing their own needs with child's needs can be difficult, e.g. need for intimacy or returning to work;
- Emotional: Difficulties with separation can lead to guilt and caregiving insecurities.

Connecting with caregivers includes:

1. Listening to the caregiver's thoughts, feelings and needs without judgment;
2. Facilitating activities which enable caregivers to deal effectively with stress and worry.

Connect for child

If caregivers feel that they are not equipped to care for the baby, this can lead to:

- Feelings of frustration and taking it out on the baby;
- Less effective parenting, and withdrawal from the caregiver role.

Behaviors to encourage in caregivers include:

1. Encouraging discussion about caregiving roles and responsibilities to ensure the caregiving load is shared;
2. Identifying co-regulation techniques that promote soothing and bonding, such as singing.

Support for caregiver

A child's needs can disrupt family life, causing conflict for their caregiver, including:

- Resources: Introduction of solids can increase pressure on food security in the household;
- Safe spaces: The child's increased mobility requires more supervision and can intrude on broader family spaces.

Supporting caregivers includes:

1. Respecting breastfeeding choices and providing women with adequate space and services to support continued breastfeeding;
2. Discussing the child's safety and learning needs with partners and families, which can reduce conflict about the child's behavior.

Support for child

Providing adequate care can be difficult when:

- Caregivers cannot access basic resources for themselves or their children;
- Caregivers are overburdened and there is no time for rest and play.

Supporting the baby's development can include:

1. Linking to nutritional supports to alleviate stress associated with complementary feeding, if there is food insecurity;
2. Playing with, and talking to the baby using materials in the home while carrying out routine activities (e.g., washing, cooking).

Key Messages for partners and families: 6-12 months

Connect for partners and families

Babies can introduce stressors for partners and families too:

- Relationship: Feeling frustrated that the baby's needs are dominating the household and the caregiver's time;
- Emotional: Feeling rejected when the baby seems to prefer the caregiver over the partner.

Connecting with partners and families includes:

1. Listening to the partner and family's thoughts, feelings and needs without judgment;
2. Facilitating activities which enable partners and families to deal effectively with rejection and frustration.

Connect for child

A lack of balance in the caregiver's role can lead to:

- Resentment of caregiving, leading to inattentive care and a poor relationship with the child;
- Compromising on caregiving activities in order to meet demands on their time and attention.

Behaviors to encourage in partners and families include:

1. Identifying techniques for dealing with baby's separation from caregiver (using distractions and soothing techniques);
2. Doing activities regularly with the baby to build their relationship and to boost the partner and family's confidence.

Support by partners and families

Babies can place relationships and household resources under strain:

- Time: Limited time for the caregiver to spend with partner/friends/family, or to participate in other activities;
- Resources: Introduction of solids and other material needs for the baby can increase pressure on food or financial security;

Supporting partners and families includes:

1. Discussing how caregivers, partners and families can have time for themselves, time with the baby, and time for each other;
2. Discussing conflict and resentment, and encouraging appreciation for each person's contribution to the caregiving.

Support for child

Caring for the baby can be difficult when:

- The family doesn't understand baby's developmental needs;
- There are barriers to accessing resources for the baby (food, financial, health services).

Supporting the baby's development can include:

1. Helping partners and families to get more directly involved in child feeding and learning;
2. Discussing budgets with caregiver, and how to overcome barriers to accessing health services for baby and caregiver.

12-24 MONTHS



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Common challenges – 12-24 months

Children need help to manage big emotions. They may be testing their own limits, doing things that seem hurtful, refusing to listen, hitting or biting.

Helping caregivers manage their own feelings and normalizing the child's behavior as developmentally appropriate may reduce negative attitudes and harsh parenting.

This is also the time when most children start to forge clear gender identities. Most children can tell if they are a boy or girl by the time they are 2 years old.

CFC Puzzle: 12-24 months

Connect with caregiver:

Children's emotions can be up and down and responding calmly is important. Confident caregivers who are emotionally contained have better relationships with their families and their children.

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Support for caregiver:

Children's behaviors can be frustrating to caregivers and families. Families can reduce conflict by agreeing to set disciplinary practices that shape their child's behavior.

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Connect with child:

By understanding children's emotional development, caregivers are able to remain calm when emotions are high. Children learn how to be in trusting relationships and how to regulate their feelings.

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Support for child:

Through family interactions, children learn to express what they feel or want and they start to learn the social rules of being in relationships. Harsh punishment can make children lose confidence and become fearful.

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Key Messages for caregiver: 12-24 months

Connect for caregiver

As children develop emotionally, they can appear demanding and stubborn and this can lead to caregiver stress, including:

- Emotional: Being patient and calm with the child can take up a lot of emotional energy;
- Social: Caregivers may lose confidence in their caregiving ability in response to the child's behavior.

Connecting with caregivers includes:

1. Encouraging awareness of emotional well-being and teaching coping strategies to manage their own and child's emotions;
2. Building the caregiver's confidence by normalizing big emotions, frustrations or resistant behavior as being part of the child's social development.

Connect for child

Caregivers may react in anger or use harsh discipline, resulting in:

- Children feeling unsafe or afraid of their caregiver;
- Caregivers feeling ashamed and that they are failing.

Behaviors to encourage in caregivers include:

1. Identifying triggers in child behavior that elicit high emotions (e.g. hitting or biting) and sharing tips on managing these;
2. Encouraging social activities with other caregivers of similar aged children to normalize challenges and build confidence.

Support for caregiver

The child's growing independence places new demands on family rituals and rules, including:

- Emotional: Sibling relationships may become strained as toddlers test boundaries and learn to share;
- Social: Different normative views on discipline, leading to interpersonal conflict and inconsistent parenting.

Supporting caregivers includes:

1. Discussing the need for consistency in caregiving practices and discipline with partners and families;
2. Linking to community resources (e.g. ECD facilities) where children can socialize and where caregivers can gain support.

Support for child

When caregivers do not understand the behaviors of this developmental phase, it can lead to:

- Perceptions that the child is selfish, leading to less sensitive care;
- Harmful parenting practices such as harsh parenting.

Supporting the child can include:

1. Guiding their behavior by maintaining predictable routines and setting kind, but firm limits;
2. Role modelling shared gender roles, good social behaviors and positive interactions with others.

Key Messages for partners and families: 12-24 months

Connect for partners and families

Dealing with the emotional development of children at this age can be challenging for partners and families too:

- Emotional: Behaviors such as tantrums can make partners and families feel powerless, or lose patience with the child;
- Social: Feeling frustrated, hurt, or offended if caregiver/family criticizes their parenting or discipline style.

Connecting with partners and families includes:

1. Engaging with partner and family's version of events in an open and exploratory way;
2. Encouraging self-care and teaching coping strategies to manage their own and their child's emotions.

Connect for child

Low confidence in caregiving can lead to:

- Feeling frustrated and hurt by the child's behavior;
- Poor boundaries and inconsistent or harsh discipline.

Supporting the child can include:

1. Identifying triggers in child behavior that elicit frustration or anger (e.g. hitting or biting) and sharing tips on managing these behaviors in a more gentle, positive way;
2. Promoting the child's sense of consistency and trust through relationship-building play activities with caregivers.

Support by partners and families

When caregivers are not in agreement with regard to child discipline and their parenting roles, it can lead to:

- Interpersonal conflict;
- Violence in the home, when frustrations escalate.

Supporting partners and families includes:

1. Finding ways to problem solve without using violence, and encouraging the partner and caregiver to appreciate the strengths each other has, and what they do well;
2. Identifying times for both the caregiver and partner to take breaks, practice self-care and recharge.

Support for child

Positive discipline and conflict resolution results in:

- Caregivers and families being better able to be emotionally present for the child;
- Children observing and learning good social behaviors and positive interactions with others.

Behaviors to encourage include:

1. Accessing social activities with other caregivers of similar aged children to normalize challenges and build confidence.
2. Demonstrating care activities and positive interactions as an example for the child.

RESOURCE TOOLKIT



Learning Objective: Activating resources

At the end of this section you will know:

1. How to identify and respond to red flags, while staying within the scope of CFC;
2. How to map community resources and build good referral networks;
3. How to build resources in your community to increase support for caregivers.

Introduction

CFC is designed to be integrated into other programs focused on caregivers and children, including those focused on primary health care, social protection, child nutrition or child development. For this reason, CFC content does not include extensive information on health, nutrition, safety or early childhood development.

Integrating CFC into other programs provides an opportunity to strengthen integrated counseling in several ways. When using CFC tools and activities, FLWs could uncover problems that are beyond the scope of CFC, and in these situations they need to have the confidence and capacity to respond in a way that minimizes risk, or can prevent further harm to caregivers and children.

CFC aims to strengthen the FLW's capacity for integrated counseling in four specific ways:

- ✓ Firstly, by strengthening the FLW's capacity to focus counseling beyond caregivers through the inclusion of couples and families, and to be sensitive to the needs of special populations, such as caregivers of children with disabilities.
- ✓ Secondly, by strengthening the FLW's ability to build knowledge in families, using playful and engaging learning approaches to increase household-wide understanding of all aspects of the nurturing care framework.
- ✓ Thirdly, by strengthening the FLW's capacity to identify red flags, respond appropriately, and make referrals for additional support. This ensures greater access to services for high risk caregivers and families.
- ✓ Lastly, it aims to strengthen the FLW's capacity to map local resources and additional caregiver supports at a community level, and build capacity to undertake, in teams, community-wide education or action as required, in order to deal with a specific issue.



The CFC resource process

There are two areas of resourcing in CFC:

1. Resources that can be used inside the home;
2. Resources that can be used outside the home.

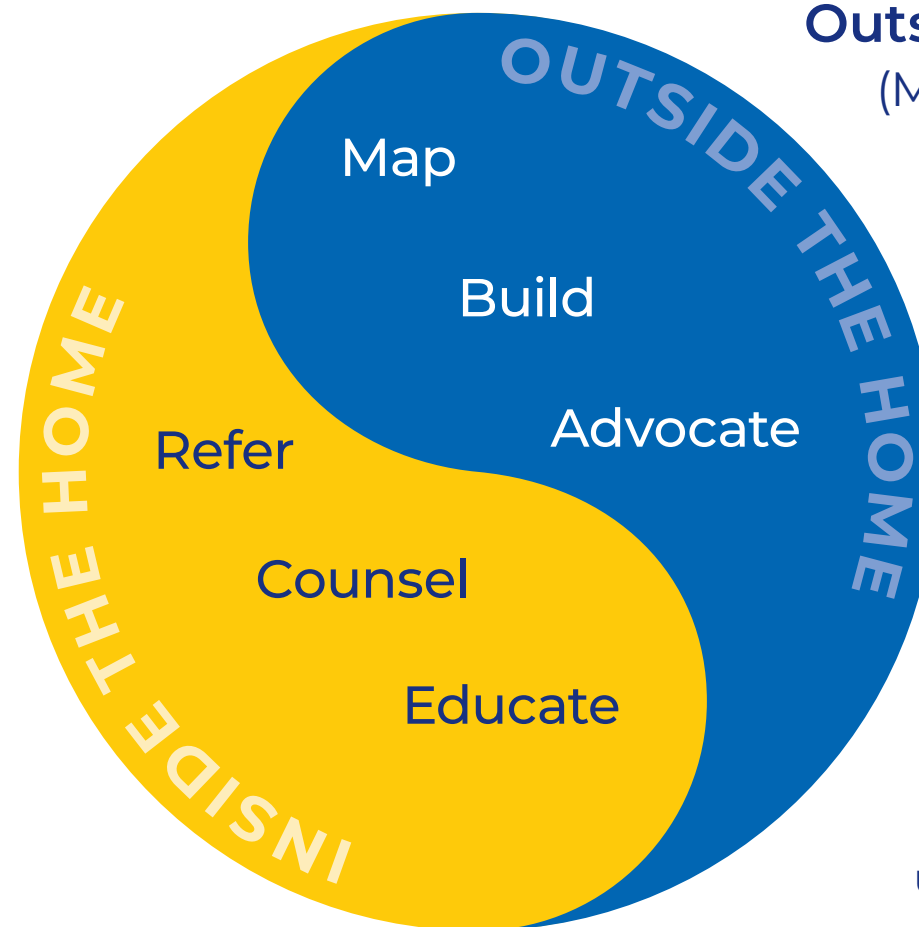
Inside the home:

(Refer, Counsel, Educate)

When we need to link to resources outside the home, gaining the support of the family for a referral to external support clears the pathway for the caregiver to access additional resources.

During 'Counsel' and 'Educate', the FLW's responsibility is to respond in a way that is non-judgmental and helpful to the caregiver's situation. The FLW offers brief and time-limited interventions which meet the family where they are, and which aim to enhance their engagement and knowledge. In situations where distress and threats are identified, the FLW's responsibility is to remain calm and to increase the caregiver's internal sense of empowerment and safety, while quickly connecting them to helpful resources suited to the situation.

FLW supervisors and managers are responsible for ensuring that referrals sources exist.



Outside the home:

(Map, Build, Advocate)

CFC is only useful and sustainable when it becomes embedded within existing community structures and is carried out by engaged FLWs.

During 'Map' and 'Build', CFC comes alive when FLWs are able to invest in their own communities, and can mobilize their communities to develop the resources they need.

'Advocate' recognizes that it is important to address normative practices which are unhelpful (or in some cases even harmful) for women and children. In this section, care has been taken to encourage gender transformation and the active engagement of male partner support and involvement in caregiving.

Supervisors and managers are responsible for ensuring that these activities don't place FLWs at risk.

Resources inside the home






Learning Objective:

At the end of this section you will know:

1. How to REFER when identifying red flags;
2. How to COUNSEL couples, families and special populations;
3. How to EDUCATE using playful learning to increase knowledge in the home.

There are three resource target activities that usually take place **inside the home environment**. The table below summarizes when these might be needed and indicates the resource materials available in CFC:

REFER	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to psychological services.</i></p> <ul style="list-style-type: none"> Distress Red Flags 	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to social services.</i></p> <ul style="list-style-type: none"> Threat Red Flags 	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to multi-sector services.</i></p> <ul style="list-style-type: none"> Access Red Flags
COUNSEL	<p><i>Some caregivers may have additional needs within the scope of CFC, and tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> Tips for caregivers of children with disabilities 	<p><i>Counseling partners or a co-caregiver is sometimes needed, and additional tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> Tips for couples counseling 	<p><i>Behavior change may require support from partners or family, and additional tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> Tips for family counseling
EDUCATE *all education tools can be used across caregiver, partners and families	<p><i>Educational tools can improve caregiver knowledge.</i></p> <p>Information cards:</p> <ul style="list-style-type: none"> Counseling cue cards <div>  </div>	<p><i>Educational tools can engage partners in important caregiving activities.</i></p> <p>Information cards:</p> <ul style="list-style-type: none"> Caregiver playing cards Child development playing cards <div>  </div>	<p><i>Educational tools can improve family knowledge and engagement.</i></p> <p>Information handouts:</p> <ul style="list-style-type: none"> Healthy habits Fetal development <div>  </div>
	CAREGIVER	COUPLE	FAMILY

REFER

There will sometimes be situations in which CFC is not enough to meet the immediate needs of the caregiver and family. We call these red flag scenarios. If we don't set these limits on the responsibilities of FLWs in these **red flag** situations, we place both FLWs and caregivers at risk. Red flag situations don't happen to everyone, but are common enough that FLWs should be prepared and know how to respond.

Some of the examples given here might be within the scope of work for certain FLWs, depending on how CFC is integrated in your context. But for most FLWs, they will need support from a supervisor, or a team approach, to respond to a red flag situation. CFC encourages FLWs and supervisors to be aware of red flags that might emerge during integrated counseling, and to be prepared to respond to these through referral and establishment of referral networks.

There are two important types of red flags CFC is concerned with:



Distress Red Flags:

These include barriers to services, such as primary health care, infant feeding and nutrition, safety and shelter, and early education. Although the CFC content does not focus on the provision of these services, if these access barriers are not addressed by the FLW delivering integrated counseling, risks can accelerate, and caregivers and children could be in danger of poor health and poor developmental outcomes.








Distress and Threat Red Flags:

These might include the caregiver contemplating harming themselves, feeling hopeless and suicidal or feeling that they or their children would be better off dead. It might also include threats of social harm, meaning that the caregiver, child or family are under threat of being harmed or abused by another person or persons inside or outside their family.



Access Red Flags

Component of nurturing care	Red flags for referral	
	Caregiver	Child
Good health 	<ul style="list-style-type: none"> Any illness requiring medical intervention; Mental illness, including suicidal ideation and/or behavior; Substance abuse. 	<ul style="list-style-type: none"> Any illness requiring medical intervention; Poor growth, stunting; Not receiving immunizations; Developmental difficulty or disability.
Adequate nutrition 	<ul style="list-style-type: none"> Signs of malnutrition – under- and overweight, micronutrient deficiencies, including during pregnancy; Breastfeeding difficulties; Household food insecurity. 	<ul style="list-style-type: none"> Signs of malnutrition – under- and overweight, micronutrient deficiencies.
Safety and security 	<ul style="list-style-type: none"> Any limitation to accessing essentials (water, food, clean air, hygiene products); Signs or report of abuse towards the caregiver. 	<ul style="list-style-type: none"> Signs of physical punishment, abuse and neglect, poor hygiene; Barriers to accessing social and child protection services where necessary.
Opportunities for early learning 	<ul style="list-style-type: none"> Low levels of knowledge around age-appropriate activities that support early learning. 	<ul style="list-style-type: none"> Limited or no interaction with adults and other children; Limited or no access to safe objects for play and/or early childhood education services, where appropriate.
Responsive caregiving 	<ul style="list-style-type: none"> Inappropriate or limited interaction with the child (not responsive to cues); Signs of harsh parenting. 	<ul style="list-style-type: none"> Signs of insecure or weak attachment to the caregiver; Poor socio-emotional development, unusual or limited parent-child interaction.



Distress Red Flags

What you might see:

- Distress that is making daily life difficult;
- Very low mood, losing interest in things, sleep problems or thinking that they would be better off dead;
- Self-harm risk (thoughts, plans, obtaining the means, or prior attempts);
- Repetitive negative thoughts about harming their child.

What you can do:

- Stay calm. Having someone to talk to can help prevent suicide. Acknowledge feelings and offer reassurance;
- Probe for a confidante in the family or someone close by and ask permission to approach the confidante for help;
- Request (in person or over the phone) that the confidante keep watch until referral is secured;
- Remove means (e.g. poison, rope) of self-harm if possible;
- Check in after 24, 48, and 72 hours, or until referral is completed.

What you need to know to refer:

- Frequency (is it happening daily, weekly, intermittently?);
- How immediate is the threat? (their current thoughts, if they have made plans, if they have tried before);
- Try to establish what kinds of things trigger these feelings (e.g. an argument or an ongoing relationships problem);
- What supports are available (e.g. family, confidante) and is the caregiver willing to accept help?



Threat Red Flags

What you might see:

- Noticeable injuries, withdrawn or fearful behavior by caregivers or children;
- Noticeable short-temperedness and controlling behavior by caregivers themselves, their partners, family or children;
- Reporting of emotional, physical or sexual abuse of caregivers or children.

What you can do:

- Listen to and believe them, and take threats of abuse seriously;
- Offer reassurance. Remind the victim that the abuse is not their fault and that they are being brave by confiding in you;
- Explain that there are ways to get help for dealing with these situations and that you are able to refer them to help resources;
- Follow the caregiver's lead. Gently probe for as much detailed referral information as possible;
- Don't rush into anything that might escalate the situation.

What you need to know to refer:

- Frequency (is it happening daily, weekly, intermittently?);
- Is there an urgent need for medical care or alternative housing?
- How immediate is the threat? (it is an immediate threat if the perpetrator is a resident or if they are returning soon);
- Has the caregiver sought help before? If so, what worked or didn't work?

COUNSEL

Families come in many shapes and sizes, but in most cultures and countries, caregiving is a family responsibility. The FLW can show care and support to all family members, which will empower them to feel confident about caregiving and increase support for the primary caregiver and child.

There will be situations where using only CFC tools is sufficient, and other situations where the FLW may want to involve co-caregivers or family members in integrated counseling that goes beyond CFC content. This can include couples counseling on things like family planning (where CFC is coupled with primary health care service delivery) or family counseling on infant feeding (where it is coupled with nutrition services).



FLWs need the confidence to focus counseling beyond an individual caregiver if the situation requires it, and when the caregiver consents. To strengthen the FLW's capacity to counsel, CFC provides some additional tips.

Tips for couples counseling:

Couples counseling is helpful when the problem scenario requires that the caregiver and her partner, or one other co-caregiver, need to work together on solutions.

Tips for family counseling:

Family counseling is helpful in all situations because caregivers and children do better when families are involved. It is particularly useful when the problem scenario needs to be solved by a group of people, such as by a family.

Tips for counseling caregivers of children with disabilities:

Counseling that is needs-aware is helpful when a caregiver is facing specific, additional caregiving burdens that the FLW needs to acknowledge in order to build a relationship with the caregiver.

10 tips for couples counseling



1. For couples counseling to go well, it is important for you to think about the **when** (which day and what time) and the **where** (at home, whose home, elsewhere) very carefully.
2. When there are a lot of stressors or conflict, it's helpful to try to find a neutral space and, if possible, take the couple away from their normal environment, as this can help them relax and be more open.
3. Explain your role clearly and emphasize that you want to help them to listen to each other, be understanding towards each other, and manage their feelings during the conversation. Remind them that there is no right or wrong way, only their way, and you are not there to judge them.
4. Always stress the confidentiality of your counseling and explain how you will use de-escalation tools (like colored card from *Talking Together*) to help them communicate, so that nothing takes them by surprise in the session.
5. Couples might feel a little awkward at the beginning of a counseling session, so it can be useful to have ideas to get them talking. You can ask each partner to tell you something about the other, or something they really like about their partner.
6. Hearing someone say something positive about you can be a very helpful way to create connection. You can even start by asking them about the first time they met or fell in love.
7. Encourage turn taking to ensure that couples give each other time to talk and help them to listen to each other. Pay attention to their verbal and non-verbal cues – it can help you understand where they might be misunderstanding each other.
8. Sometimes using a tool like the Emotions Basket, Care Blanket or Support Blanket allows for discussion of difficult topics in a non-threatening way.
9. Couples who have been experiencing conflict might benefit from being left with homework to help them keep up their connection and communication in the periods between counseling.
10. Direct them to use some coping strategies or nourishing activities and to make a set time in each day to speak to each other about how their day has gone.

10 tips for family counseling



1. When first meeting with a family, invite them to tell you about their family story. This helps them to feel acknowledged and communicates that you have not pre-judged them.
2. Family counseling helps to encourage a sense of connection between family members so that they can work on a problem together, or to reduce resistance amongst family members towards a caregiving issue.
3. Plan family sessions for a day, time or place when the family members are able to be present and relax, as competing responsibilities can cause distractions.
4. Some family members might find it difficult to interact at first. Children usually engage easily, but adolescents can be more shy and resistant and adults might feel awkward. Include warm-up activities to draw family members in.
5. Families can become very set on the types of activities that they can or should do. Many see play as only for children, but play is healthy and fun for both children and adults, and can be used as part of family counseling.
6. Acting out a story can sometimes make issues easier to talk about. It can help to get the family talking about their roles and responsibilities, and how they care for each other and the children.
7. Family counseling can help to reduce family isolation by engaging families in shared activities with neighbors, and linking them to community events.
8. Make sure to include some disability-friendly activities so that family members with a disability are not excluded.
9. After a family session, it's good to ask family members to reflect on how they felt during activities (what they enjoyed most or didn't enjoy). This will help to strengthen your connection with the family members.
10. Not all family situations are suited to playful types of counseling, for example, families that are dealing with acute trauma, bereavement or illness.

10 tips for counseling caregivers of children with disabilities



1. Caregivers of children with a disability or complex medical needs face added psychological, social, and financial stressors, so connecting them to additional support is important.
2. These caregivers are often socially isolated. This may be because they feel their problems are unique or because their movement is restricted, as the child's disability makes it difficult to leave the home.
3. For children with disabilities, appropriate intervention during the early years is critical for them to achieve their full developmental potential.
4. Encouraging caregivers not to compare their child to other children, but rather to see their child as an individual. Celebrating the child's achievements helps caregivers.
5. Caregivers may hesitate to play with their children or feel scared that they may hurt them. Encourage play and physical activity as it benefits the child's development as well as the caregiver-child relationship.
6. With many responsibilities to manage, remind caregivers that their own needs are important, and help them to manage feelings of guilt about taking time for self-care. Encourage them to ask for help.
7. Resources and services for children with a disability and their families are often limited in communities. Open dialogue about the access barriers facing these families and advocate for services and inclusiveness in your community.
8. People often blame caregivers for their child's disabilities. Discouraging self-blame among both male and female caregivers and educating them about their child's abilities can improve their coping.
9. Facilitating open discussions in the family about the challenging aspects of the child's care and behavior can prevent distress, frustration or harsh discipline.
10. It is important to challenge harmful misconceptions or stigma around disability within the community and to discourage the exclusion of these families, as this puts children and their caregivers at risk.

EDUCATE

As outlined in the COUNSEL section, when FLWs have the opportunity to meet with caregivers together with their partners, co-caregivers and families, a different approach to sharing of CFC messages may be required.

Family members may resist change because of a lack of understanding about why caring for the caregiver is important or valuable. Equally, one of the larger barriers to accessing adequate health and social care is often a lack of knowledge or awareness about the need for, and availability of services.

Regardless of whether the educational content is linked to CFC or to other aspects of the nurturing care framework, FLWs may benefit from having access to simple, user-friendly information that can be shared in an interactive, non-confrontational or non-judgmental way:

- It's an important way to orientate families as to how and why the information is relevant to them;
- Making educational content engaging and playful will improve participation, enhance moods, and help families become excited about the content.

CFC provides two example card sets, with instructions on how to use them to enhance family education sessions. Information is provided in the Adaptation Guide on how these can be broadened to cover other important areas of knowledge.

1. Counseling cue cards:

These are informational cards which provide an illustrated summary of knowledge-based messages, which can be used as counseling cue cards or as talking tools among low literacy caregivers. They encourage FLWs to take a storytelling approach and to make integrations more conversational and unique to the family scenario. There are two sets – one covering messages for caregivers and the other for children.

2. Playing cards:

The Caregiver and Child Development playing cards are an engaging learning tool which can be used to invite the caregiver and their family to play a matching pairs card game. Playing card games like the matching pairs game requires players to memorize the content of the card and the position of the card. The card game includes two sets of each playing card set. The cards are shuffled and then all laid out face downwards. Family members take turns to turn over two cards at a time until they can match pairs. This is a fun way to ensure messaging is repeated and reinforced. They introduce an element of play and learning which is congruent with the principles of CFC. During training, the playing cards can be used by FLWs for learning and memorizing knowledge-based messages.

These are separate resources that can be used in households with caregivers and families.

Resources outside the home






Learning Objective:

At the end of this section you will know:

1. How to MAP community resources and pathways to resources;
2. How to BUILD resources in situations where additional supports are needed for the caregiver;
3. How to ADVOCATE for caring for the caregiver within your local community.

These three resource practices target resources that are usually found **outside the home environment**. The table below summarizes when these might be needed and indicates the resource materials available in CFC:

RESOURCE	TARGET	RATIONALE	MATERIALS AND ACTIVITIES
MAP 	When awareness or access to resources is low, FLWs may need to work in teams to map community resources that respond to common caregiving challenges, and build family awareness about these.	<i>Some caregivers, couples or family members may not engage in healthy behaviors if they do not know about the resources available to support them to do so. There may also be barriers within their family that block a caregiver or a child's path to the resource.</i>	Community Mapping: <ul style="list-style-type: none"> Referral networks
BUILD 	When resources are lacking, FLWs may need to work in teams to build community resources that are responsive to common caregiving challenges.	<i>Some caregivers may not have access to supports in their community, but could benefit from being with, and learning from other caregivers who share the same challenges.</i>	Tips for setting up support groups: <ul style="list-style-type: none"> Support group poster
ADVOCATE 	Where community-wide problems exist, the FLW may need to advocate for the needs of caregivers and to change harmful beliefs and normative practices.	<i>In some communities, normative practices may be harmful to caregivers and behavior change might not be possible without encouraging change through knowledge building.</i>	Tips for information sharing events: <ul style="list-style-type: none"> Gender inequity poster Disability inclusiveness poster

MAP

Community Mapping helps FLWs think about the resource assets available in their communities before they start integrating CFC into their routine counseling with caregivers. Community Mapping ensures that a process is undertaken to establish partnerships with local public service providers who can receive referrals. Inter-sectoral co-operation can enhance this process substantially, and engaging with community leaders and community-based organizations is strongly encouraged.

Community Mapping

Community Mapping can be helpful in achieving the following CFC goals:

CONNECT:

1. Creating a clear line of referral for caregivers who have very high mental health risk (depressed, suicidal) and may need additional care over and above integrated home-based counseling.
2. Connecting caregivers with other experienced caregivers who can provide mentorship and can role model positive caregiving practices, which is central to mitigating parenting stress.

SUPPORT:

1. Orientating FLWs to available community social support services, including social protection programs like poverty alleviation, income supports or services that respond to family or intimate partner violence.

2. Improving links between services and marginalized families, who may have limited access or have otherwise been excluded.

RESOURCES:

1. Identifying gaps in referral networks so that FLWs can, with the support of their supervisors, work with community leadership, public services and not-for-profit organizations to strengthen provision.
2. Sensitizing public services and local leadership about the importance of CFC and the need to provide caregiving support within communities.

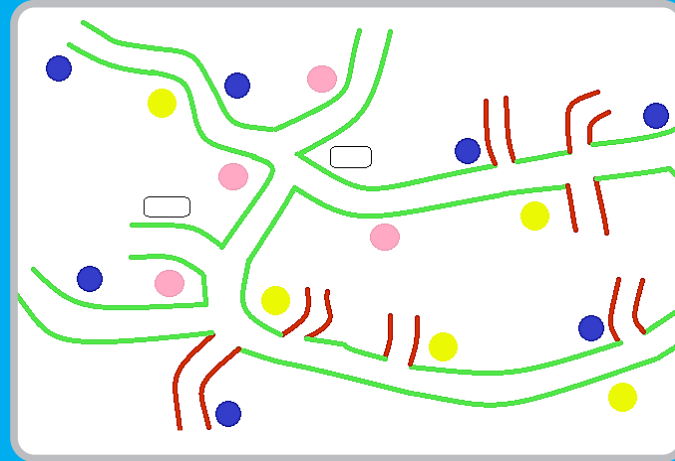
CFC provides a Community Mapping activity card and some tips for setting up referral networks.

Community Mapping Activity

This activity helps FLWs to visualize their communities and the resources available within them. It can also be used by FLWs directly with caregivers, partners and families to identify available resources and sources of support, as well as problem solve barriers to access.

1 Draw a community map

Draw a map of the community in which you will be implementing CFC.



2 Identify resources

Use colored stickers or pens to show the resources on the map. Resources may include:

- A physical structure or place (for example, a school, hospital, church, library or recreation center);
- Environmental resources (water, agriculture, transport links);
- A business that provides jobs and supports the local economy;
- Community structures (community development forums, tribal leaders, teacher associations);
- Public, not-for-profit organizations and community based organizations.

3 Interrogate the pathway to resources

During this process, you will uncover key information about barriers to access. These barriers might be:

- Inside the caregiver, e.g. they are not accessing a resource because they do not know that it exists or that it could be beneficial;
- Inside the family, e.g. somebody in the family is preventing the caregiver from accessing a resource;
- Inside the community, e.g. the resource is hard to reach geographically, or only available at inconvenient times.

4 Identify absent resources

- Work to increase resources that might be absent in your community using a gender responsive approach.
- FLWs can access the UNICEF resource, [‘Caring for Caregivers during the COVID-19 Crisis’](#) for additional information on how to address absent resources.

10 tips for referral networks



1. Local health and nutrition services: the local clinic clerk, community health worker, counselor, nurse, midwife or doctor.
2. The local emergency services or organizations that respond to emergency situations: ambulance services, help lines, crisis centers and the local police station.
3. Poverty relief services: Depending on the community, this could be the local social welfare office or other municipal services that respond to emergencies, but may also include community, faith-based and non-profit organizations.
4. Social protection team: local police and/or a social worker who could respond to cases of family or intimate partner violence, substance abuse or child abuse and neglect.
5. Auxiliary healthcare team: a team of auxiliary or rehabilitation healthcare workers, including a psychologist, social worker, physiotherapist, occupational therapist, speech therapist, and dentist (normally only available at district or regional hospitals).
6. Psychological services: psychologically trained professionals (at the clinic, district health services or in the community, as well as religious counselors) who can respond to mental health problems including depression and bereavement, and can offer support for any caregivers who are in crisis or feeling suicidal.
7. Community leaders: can assist in managing issues of stigma and discrimination in their role as decision makers and advocates for the local community. These leaders include religious leaders, traditional leaders and local government officials.
8. Early childhood development centers: local teachers or an ECD team trained in delivering early childhood development education and interventions.
9. Water, sanitation and hygiene services: ensure safe water and sanitation, and proper waste management within the community.
10. Gender advocates or women's rights organizations: communities, services and social networks that demonstrate investment in women and girls, support gender equity and positive gender norms.

BUILD

Caregivers often find reassurance and understanding from being together with other caregivers who are going through the same thing, or have been through it and are willing to lend their support to others. Caregiver support groups may include caregivers, partners or families and they can be valuable across all age groups, but especially so in the first year of a child's life. CFC messaging could also be integrated into an existing support group that already brings caregivers together for the purposes of a program, such as Care for Child Development-focused ECD groups.

Caregiver support groups

Caregiver support groups can be very helpful in achieving the following CFC goals:

CONNECT:

1. They provide an opportunity to see that others may be facing similar caregiving challenges, so the caregiver may feel less isolated in dealing with their caregiving difficulties.
2. Sharing feelings can offer immediate relief and prompt encouragement and reassurance from others, which can impact positively on caregiver confidence and self-worth.

SUPPORT:

1. Coming together in a group increases social support for caregivers by introducing them to other caregivers in the community.

2. This can be especially helpful for caregivers facing similar challenges, like raising children while being young or single, raising children with specific difficulties, or facing similar relationship challenges, e.g. bereavement or migration.

RESOURCES:

1. Providing safe and informed spaces to share tips and advice on caregiving, as well opportunities for bringing local experts on health or social protection to share their knowledge.
2. Bringing together groups also provides opportunities to challenge local norms and beliefs that might undermine caregiving.
3. Given that CFC encourages inclusiveness, it is important for FLWs to acknowledge that there are additional challenges faced by caregivers caring for children with disabilities. FLWs should feel empowered to provide them with support, either through CFC integrated counseling or by establishing additional supports, such as support groups. CFC provides some tips for counseling caregivers of children with disabilities.

CFC provides tips for setting up a support group and some examples of caregiving support content.

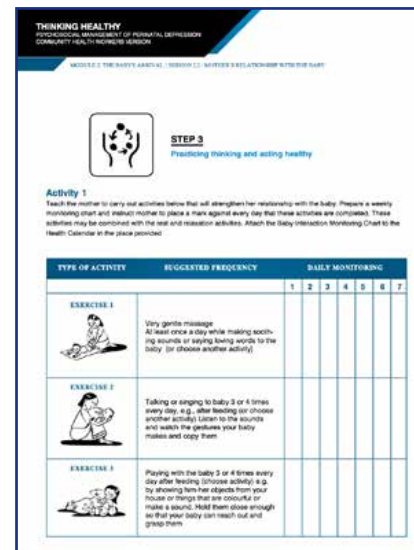
10 tips for setting up a caregiver group



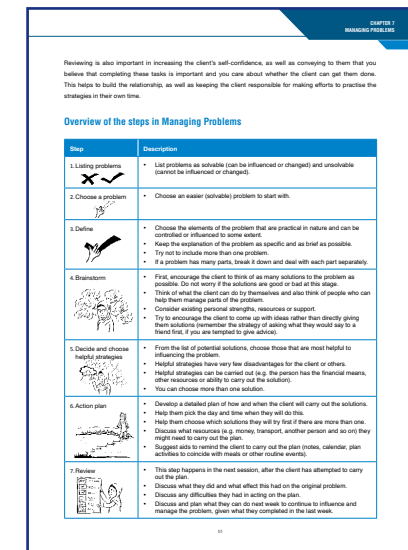
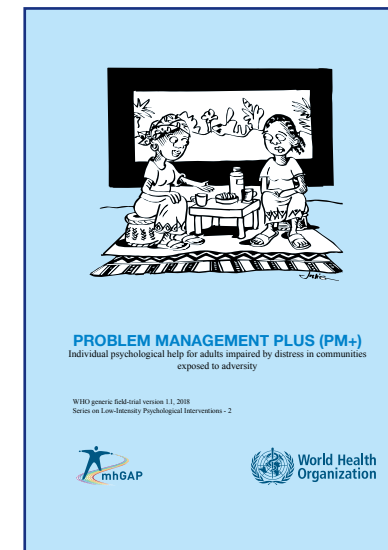
1. Make sure a group does not already exist; if it does, you can join and support that group, rather than replicating what they are doing.
2. Be clear about the purpose of the group and manage expectations. Try to limit group size or discussions. If the group expands, consider running extra meetings.
3. Check with local churches, community centers or even community-orientated businesses to see if they have a meeting space you can use. Make sure it's a space that caregivers would find easy to get to, and that allows for some privacy.
4. Not all support groups meet in person. Many caregivers find meaningful support through online support groups or WhatsApp message support groups.
5. Choose a regular time to meet and try to keep it regular. This increases the chances that your group becomes established and that people continue to join over time.
6. Be sensitive about when you have meetings. Avoid times that will be stressful for parents to attend without their children having to come along, or try to find someone that can mind the children while the caregiver attends.
7. Get the word out by putting up notices or ask other locals (nurses, pastors, shopkeepers, community leaders) to alert caregivers about your group. Put information about the group in newsletters for schools, community organizations and churches.
8. Don't be discouraged if it takes time for the group to grow and become stable. Even with a lot of commitment, it can take up to 6 months for a group to take root, so be patient.
9. Inviting guest speakers on specific topics (like child care, early child development, child nutrition, social protection or special education) can help to build interest in a group that is just getting started. Be selective in who you choose to speak to your group – they trust you to bring them credible information and support.
10. Groups tend to fluctuate between high and low attendance, so don't worry if you get a big turnout one week and a small turnout the next. Have activities prepared that can work for either small or big groups.

There are several UNICEF and WHO programs which provide information that FLWs can use in support groups with caregivers. Here are some examples:

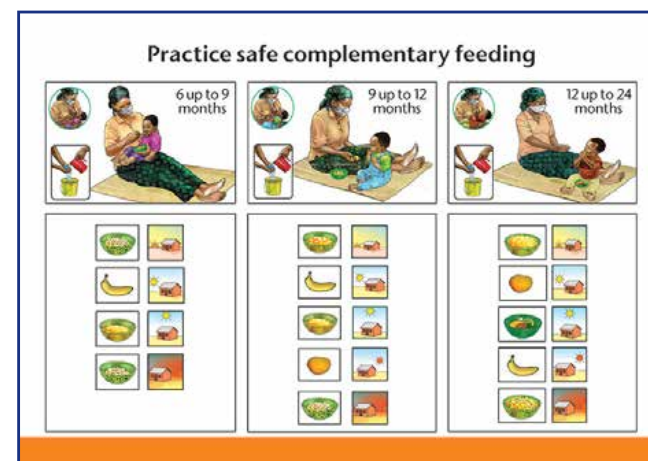
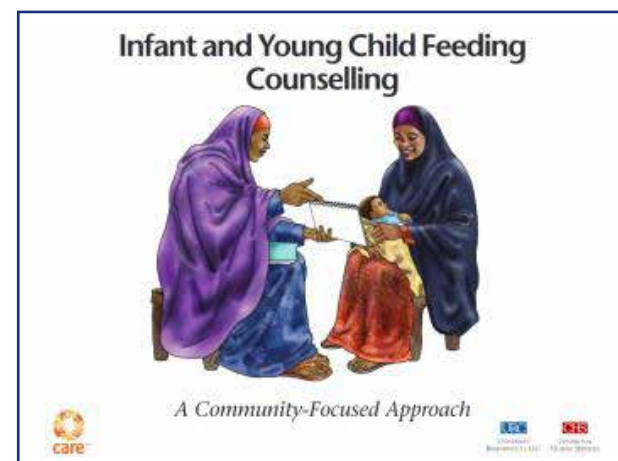
Thinking Healthy



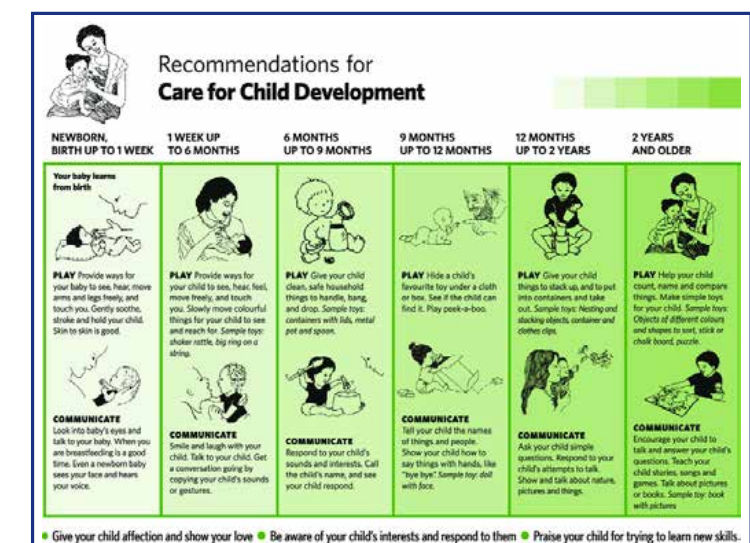
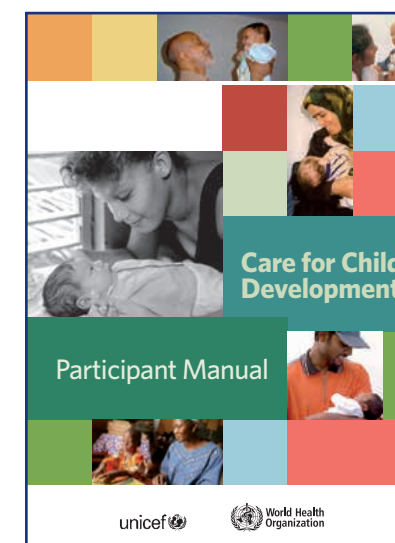
PROBLEM MANAGEMENT PLUS (PM+)



Infant and young child feeding counseling



Care for child development



ADVOCATE

Strengthening caregiving practices in your community often requires community change. To facilitate this, it's important that information circulates amongst community members and particularly amongst community leadership. Once-off events, or repeating events in different sectors of the community (called a **road show**), can be useful approaches by which FLWs can share their knowledge of nurturing care more widely.

Information sharing events

Information sharing events can be very helpful to achieve the following CFC goals:

CONNECT:

1. Caregivers may feel intimidated or shy to ask for information in a one-on-one session, and it's hard to motivate for changes in behavior without seeing good examples.
2. Information sharing road shows can use role plays or 'acting out' parenting challenges to help caregivers realize that their challenges are common and that their feelings and emotions about caregiving can be managed positively.

SUPPORT:

1. Large, fun, engaging events invite caregivers and the community to come together to be educated on alternative practices, while enjoying time together and being able to talk openly about the challenges and joys of caregiving.

2. It may be difficult for an individual FLW to tackle a community change on their own without risks of being vilified or stigmatized by those who hold authority or power in a community. Road shows are group-led events which offer participating FLWs the support of a group or team.

RESOURCES:

1. Challenging long-standing harmful practices based on community norms or culture can be difficult. Simply telling people to change can lead to a lot of resistance. Increasing awareness through interactive, engaging approaches can spark debate and discussion at a community level, which is more likely to result in openness to change.
2. Road shows are group-led events that can be used to engage with community leadership. In many cases, participating in road show role plays or theatre can lead to community leaders being sensitized to information sharing, and they are exposed to information which they would otherwise ignore.
3. Given that CFC encourages gender equity and inclusiveness, CFC provides two examples of posters which can be used at information sharing events to raise community awareness about common harmful norms and attitudes that discriminate against female caregivers, girl children and children with disabilities.

CFC provides some tips for setting up an information sharing event and includes two example posters on gender equity and disability equity.

10 tips for setting up an information sharing event



1. Events can target service providers (e.g. clinic staff) to be more partner- or child-friendly, or to influence communities that use harmful practices (e.g. cultural groups advocating for genital mutilation), or to persuade caregivers (e.g. to change a culture of harsh punishment).
2. Think carefully about who you want to target and influence. Include people with different skills in the organizing team.
3. Families with CFC experience could assist at road shows or events. Hearing someone talk about their lived experience can be very convincing when you are trying to change attitudes towards a harmful view or practice.
4. Try to develop content that is broad and generic so it can target multiple audiences and so that tough topics are mixed in with less contentious ones.
5. Make sure your messages are credible and correct, and that you have an understanding of existing cultural norms. If you want to discourage a harmful practice, it's important to provide information about an alternative, rather than just saying that something is wrong.
6. Make information practical and easy to understand, and allow enough time for planning and preparation. Use local culture, language and symbols that will feel familiar in order to engage participants in new information.
7. Less talking and more role playing is a key strategy for these events. Create scripts that tell stories about what you want to change in a relatable way so that community members can imagine – and be excited by – things being different.
8. Try to make content engaging, heartfelt and funny. The more lifelike the examples are, the more convincing they will be.
9. Events can be made more exciting if you recruit 'influencers' in your community to participate. This may be a person of stature, someone who is a well-known musician or artist, or a local radio DJ. This will help to attract the community's attention.
10. Advertize your event long in advance and try to ensure that you have the event in a space, place or at a time that will allow more people to attend.

Gender-responsive and transformative caregiving

Message 1

Caregivers, especially female, tend to prioritize the needs of others, often at the expense of their own well-being and self-care. Over time this can increase parenting stress and reduce the quality of caregiving.

Message 2

Women carry a disproportionately high burden of the care responsibility. Encourage all family members to share household responsibilities to avoid overloading female caregivers.

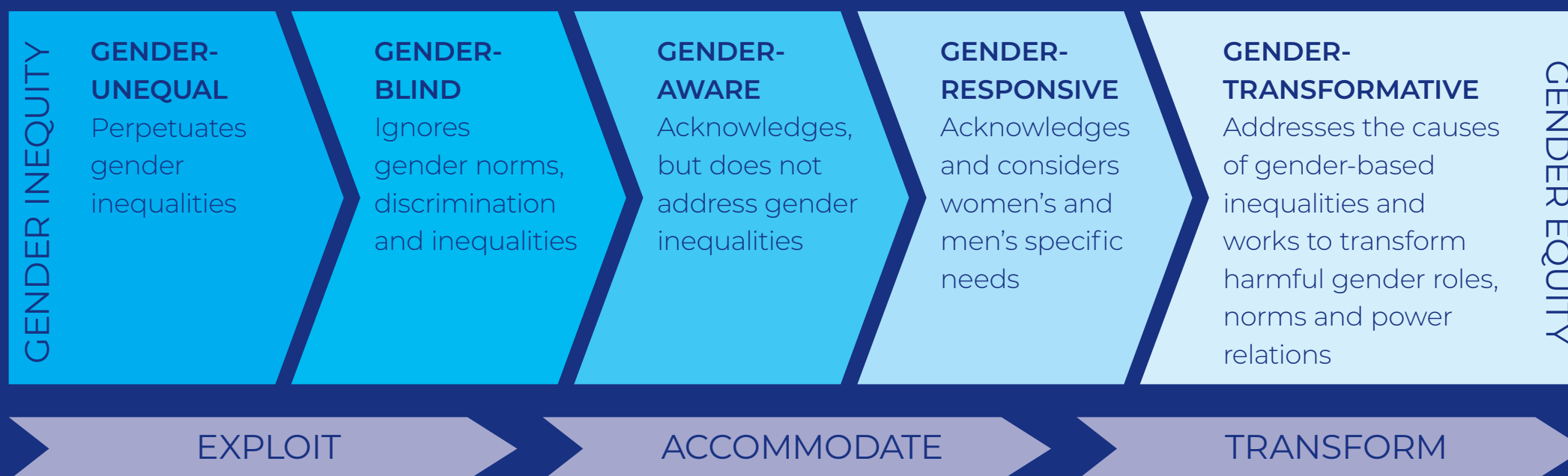
Message 3

It is important to reiterate that both girl and boy children have the same requirements in health, nutritional intake and education. Therefore, caregivers should refrain from providing preferential care to one child over another.

Message 4

Male and female caregivers should be equally engaged in the child's daily routine and playful interactions. In this way they can role model shared gender roles and social behaviors for both girl and boy children.

The Gender Equity Continuum



Program guidance to consider:

INSPIRE: Seven Strategies for Ending Violence Against Children

SASA! Intervention for tackling gender norms

Disability-responsive and transformative caregiving

Message 1

Caregivers and children with disabilities are often stigmatized and isolated. This can have very negative effects on the caregiver's mental health and the child's development. These caregivers need support and to be treated equally.

Message 2

Communities often don't understand the causes of disability and may blame caregivers for their children's disabilities. Educating communities and debunking myths about disability improves access to support for these caregivers.

Message 3

Children with disabilities can benefit from being included in educational and social activities alongside children without disabilities. Being inclusive helps all children be more sensitive to differing abilities and reduces stigma.

Message 4

Girl children with disabilities have as much potential as boy children with disabilities and should be provided with opportunities to play and learn alongside other children in the family.

The Disability Equity Continuum



Additional Resources:

UNICEF [Teaching and learning resources for professionals and parents working with children with disabilities](#)

UNICEF [It's about ability! An explanation of the Convention on the Rights of Persons with Disabilities](#)

Part 3: Practical application of CFC



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1

CFC learning process

Steps by which FLWs learn to do CFC

2

Practicing CFC skills

Practical case studies for applying CFC across age groups



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3

Activating resources

Practical case studies for applying resources inside and outside the home

The CFC learning process

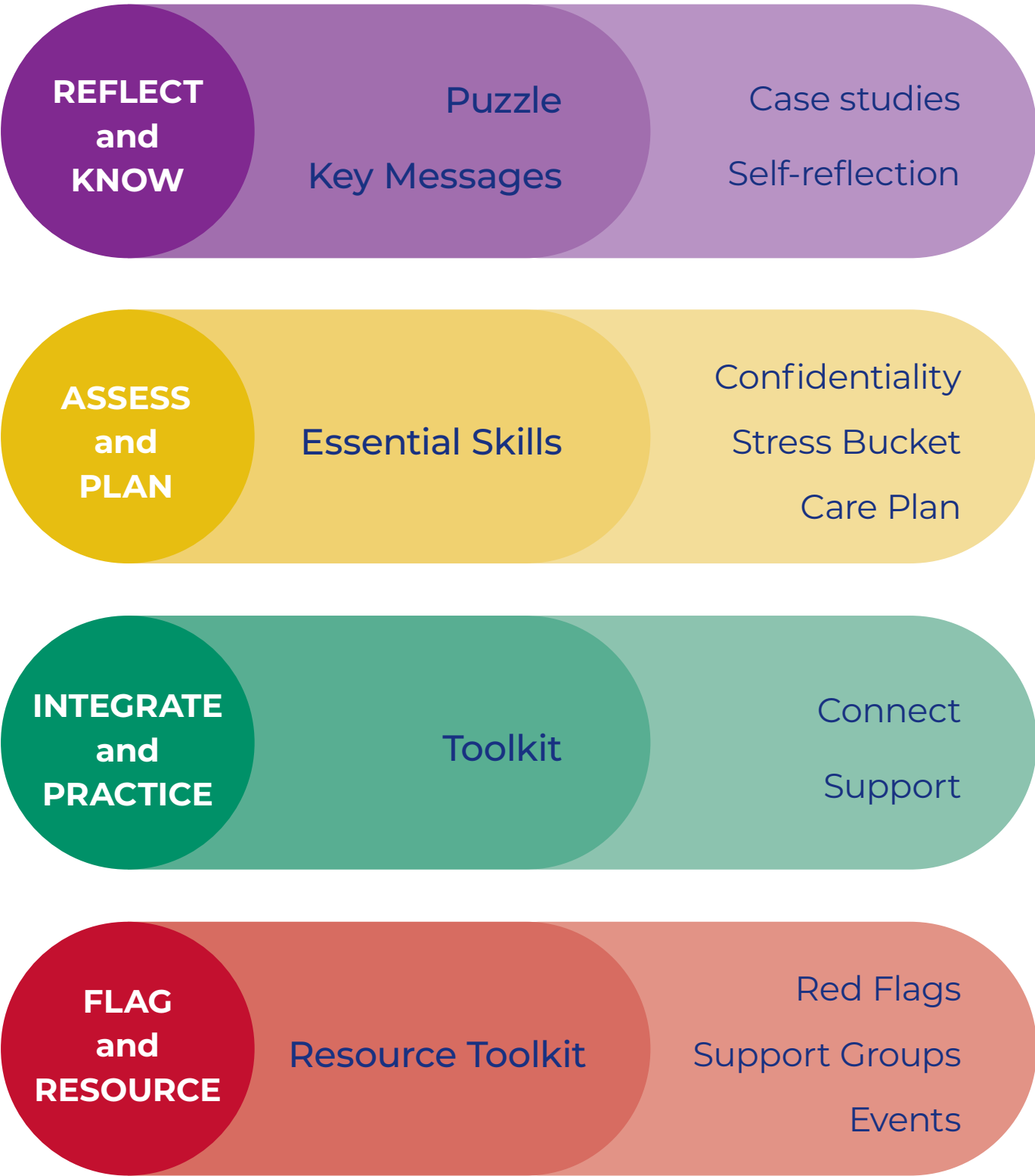
The practical training uses a flexible and interactive approach that values the FLW’s prior knowledge, their life experience, and their caregiving experiences. The activities in the practical training encourage trainees to learn from, and with each other.

The CFC Learning Process is illustrated over the page. It is a simple pathway which summarizes how FLWs can work through the CFC content and put it into practice during the six practical training sessions and later, during their supervision sessions. Through this process they develop their self-reflection skills, their knowledge of the CFC Key Messages, and their ability to use the CFC Essential Skills and tools to integrate CFC into their routine work.

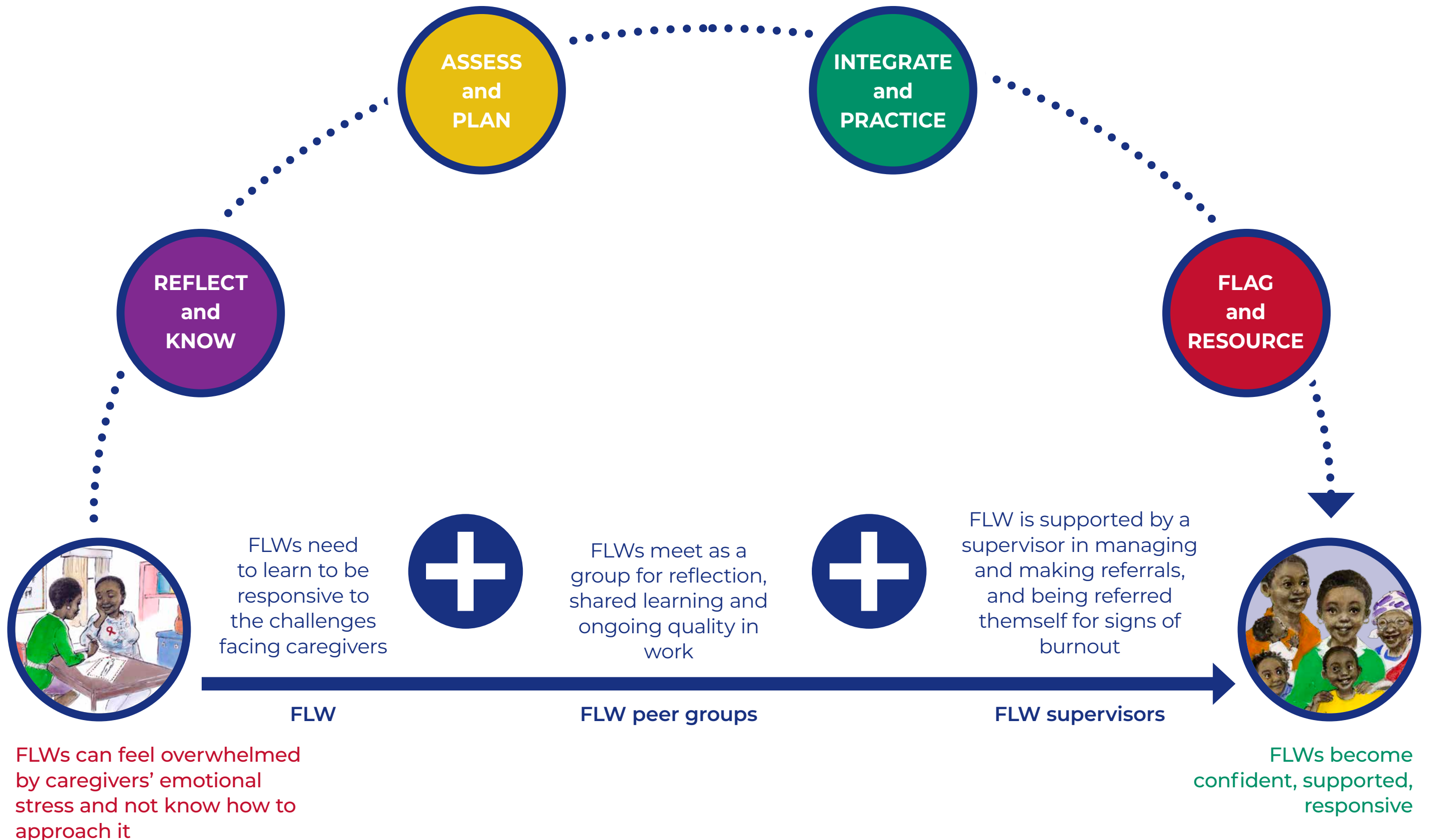
Not all of the CFC content or tools from the ToT training manual are practiced during each session. Instead, these are introduced incrementally across sessions through a series of case studies that present specific developmental challenges from pregnancy through to 24 months. By the end of the practical sessions, FLWs should be familiar with all the Key Messages and should have practiced using all eight CFC tools.

The final step in the process, Flag and Resource, involves working through the Resources section of the CFC training manual, developing capacity to provide resources inside the home (Counsel, Educate and Refer) and outside the home (Map, Build and Advocate). This ensures that FLW teams prepare themselves, their referral networks and their communities to achieve the goals of CFC before they proceed to implementation.

The diagram below illustrates how the CFC learning process integrates the content of CFC throughout the practical training.



THE CFC LEARNING PROCESS



The CFC case study approach

The CFC practical application content provides a series of **case studies** that give FLWs the opportunity to practice CFC, applied to a specific case. Given that caregiving needs may change as children grow, the case studies span across a range of developmental stages. There are two case studies for each developmental stage.

Each age group training session follows a set process which is summarized in what we call a **Session Map**. The Facilitator's Guide outlines in greater detail how to use the session map. At the start of the session, the trainer can go through Key Messages and the puzzle for that age group. This is about knowledge building and information sharing, so it is less interactive and more educational. Thereafter, the group works on the case study, a self-reflection exercise and activities to practice Essential Skills and Tools, and to identify resource issues. Each case study is workshopped using a **Case Study Sheet**, which guides the FLW through the steps in the CFC learning process and makes sure that learning takes place in an organized way.

The Facilitator Guide provides examples of warm-up activities and facilitation methods that can be used to ensure FLW participation. Initially, FLWs may require support from their supervisor in developing their responses. This should lessen as they grow in confidence in applying the CFC approach across the practical training sessions. There is no 'correct' response to the case studies, but responses should include CFC tools from

the package. Tools from other packages can be included where this will strengthen the response.

In this introduction we provide you with the following training tools:

1. An example Session Map;
2. An example session Case Study Sheet;
3. An example application for CONNECT;
4. An example application for SUPPORT.



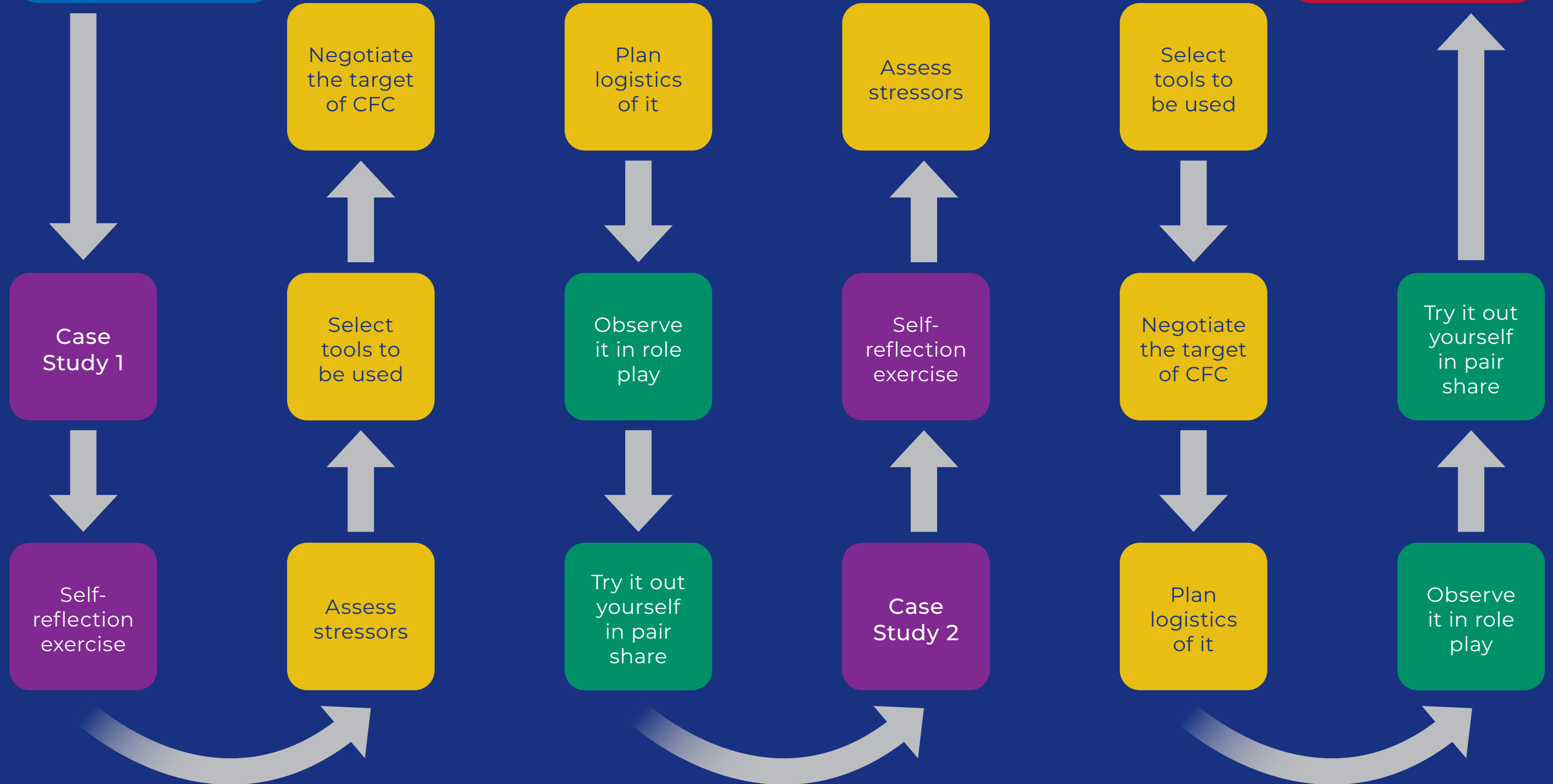
CFC SESSION MAP

CFC Recommendations

- Puzzle
- Key Messages

Red Flags

- Psychological
- Social
- Community



CASE STUDY SHEET

1 REFLECT and KNOW

Self-reflection exercise

- How do you feel hearing the case?
Build self-awareness (be aware and name feelings)
- What do you think about the case?
Build social awareness (thoughts, attitudes, stigma, myths)

Trainer leads group discussion on application of puzzle and Key Messages to build rapport with, and show empathy to the caregiver, partner and family.

2 ASSESS and PLAN

Essential Skills 1: Build a relationship

Group discussion on confidentiality issues that might be involved.

Essential Skills 2: Make an assessment

Practical exercise to explore what practical and emotional stressors might be in the Stress Bucket.

Essential Skills 3: Plan a counseling response

Small group work on deciding the CFC target (caregiver, partner, or family), and how the Care Plan can help with preparation, timing, location and potential threats.

3 INTEGRATE and PRACTICE

Role play CONNECT and SUPPORT

Group identifies **Connect and Support tools** that might work well for the case, and trainer demonstrates at least one of each in a role play linked to the case study.

FLWs break into pairs or small groups, depending on the tool being practiced, and role play with each other.

Trainer reconvenes group for reflection and discussion.

4 FLAG and RESOURCE

Trainer facilitates group discussion on possible psychological, social and access risks or needs that fall outside the scope of CFC.

Trainer and FLWs compile a list of referral networks that they might need, whether they are present or absent, and what additional community assets might benefit caregivers in this developmental stage.

**Important: in sessions 1-5, do not try to explore red flags, referrals, or resources in detail; these are only acknowledged. Reassure FLW they will be workshopped in session 6.*

CONNECT

The **Emotions Basket** activity is a good place to start talking about feelings and emotions. Use this as a way to ask how the caregiver is feeling about caregiving and to know what to do next.

Explore the types of stressors using the **Stress Bucket**.

If there are no big stressors or negative emotions at this stage, the **Care Blanket** can be used to educate the caregiver about the important roles played by themselves, their partner and other family members in the child's life.

If caregiver is experiencing big, negative emotions, **Mood Monitoring** can help to map when emotional stress is high and mood is low, and what things make it feel better so that these can be explored.

If there are still big emotions after exploring coping strategies, the **Care Blanket** can highlight the caregiver's need for the support of their partner and family to cope.

Coping Strategies can be used to coach caregivers to get through stressful parts of the day.





PRACTISING CFC SKILLS



Case studies

Pregnancy:

1. Thandi's story
2. Tamara and Peter's story

0-6 months:

1. Lilly, John, Ella and Nathan's story
2. Honorine's story

6-12 months:

1. Neesha, Prak and Amal's story
2. Jonathan and Miriam's story

12-24 months:

1. Michael, Linda and Sam's story
2. Maria and Tomas's story



CASE STUDY 1: PREGNANCY – Thandi's story

Thandi is 18 and lives with her family in a small village near a city. She did well at school and hopes to study further. A few months ago, she discovered that she was pregnant. The father of the baby, Alex, said he loved her and wanted to marry her, but when he found out she was pregnant, he moved to the city and has withdrawn support and has started avoiding her. Her father had always worried, and warned her about falling pregnant at a young age when she first met Alex, but she never thought it would happen to her. She feels guilty and ashamed for trusting Alex.

Thandi tried keeping her pregnancy a secret, but as her body started to change, her mother and father realized she was pregnant. There was a lot of shouting and anger in the house the night they found out, and Thandi just stayed silent as she didn't know what to say. Since then, her mother, who used to be her confidante, has hardly spoken to her. When Thandi tries to speak to her, her mother becomes tearful and Thandi feels guilty and walks away. Thandi feels afraid and alone and worries that she doesn't know how to care for the baby. Thandi went to the clinic, but the nurses teased her about getting pregnant so young. She has lots of questions about her pregnancy, but doesn't know who to ask.

Thandi's Aunt, Susan, who is a teacher in the nearby city, has been very kind. She visited recently and explained to Thandi that when Thandi's parents were young, they had big plans too, but then Thandi's mum fell pregnant at 16 and her father's father was very unkind to them – he chased them from his house in the city and they had a hard time as young parents. She explained to Thandi that her parents love her, but the pregnancy has brought back difficult memories and they are worried it will adversely affect Thandi's future. Aunt Susan has encouraged Thandi to make amends with her parents and try to restore their relationship.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Worried, concerned, tenderness.

What emotions might Thandi or her family feel?

Sad, fearful, guilty, ashamed, regretful.

What do you think about the case?

Positive: Thandi has a confidante in Aunt Susan.

Negative: As a young, pregnant mother, Thandi could be more at risk.

Myths: She won't learn from her mistakes and might get pregnant again quickly.

3 INTEGRATE and PRACTICE

For CONNECT: Emotions Basket, Coping Strategies, Care Blanket.

Normalize feelings and emotions, regulate her feelings, offer to be a confidante, talk about the safe, nurturing environment that Thandi can provide for the baby.

For SUPPORT: Caring Families, Talking Together, information cards.

Encourage Thandi and her parents to talk and try to understand each other's feelings. Educate the parents on the importance of their support. Use information cards (healthy habits, fetal development) to encourage care.

2 ASSESS and PLAN

Thandi needs a confidante to share how she feels about her parents and reassurance that she can cope, with some support.

Emotional stressors: Family conflict and isolation from her mother, but she has her aunt as a confidante.

Practical stressors: Afraid and lacks information on pregnancy, but her parents were supportive before, so might be again.

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Thandi (individual CFC);
- Parents (family encourage support).

Encourage her to decide on her own goals.

Meet parents when there is enough time to talk.

Prepare to manage conflict – perhaps ask aunt to attend.

4 FLAG and RESOURCE

- Some adolescent caregivers might feel suicidal.
- Some families may kick young caregivers out of the home.
- Nurses need education to stop stigmatizing young caregivers.



CASE STUDY 2: PREGNANCY – Tamara and Peter's story

Tamara is seven months pregnant and has felt unwell for most of her pregnancy. She has sometimes been so sick that she has missed work at the cleaning agency where she earns a daily wage. Her husband, Peter, works hard to provide financially for her and their new baby and he is tired and grumpy a lot, especially as he sometimes has to work late. He believes that pregnancy and caregiving are women's concerns and do not involve him. When Tamara tries to talk to him about the baby, he gets easily frustrated and sometimes even angry. While Tamara appreciates how hard Peter works to support his family, she wishes she could share some of her worries about her pregnancy and the future with him. She often feels lonely, and that she has no one to talk to.

At her last doctor's appointment, the doctor spent a lot of time examining her. When the doctor had finished, she told Tamara she needed to rest more. Tamara tried to ask the doctor some questions, but did not understand her answers. She left feeling confused and scared. Since then, Tamara has been worrying a lot about what this means. She would like to talk to Peter about it, but knows he will tell her to phone her mum. However, her mum has her own worries and is not really interested in Tamara's problems.

Tamara has many concerns and she feels she has no one to share them with. Will their baby be OK? What if she is unable to continue working? Will they still have money for child care if she does not earn now to save for the future? How will Peter feel about her resting at home while he is at work? Will she be able to return to work after the baby is born?

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Scared, frustrated, hopeful.

What emotions might Tamara or Peter feel?

Afraid, isolated, tired, pressured.

What do you think about the case?

Positive: Peter and Tamara both want the best for their family. They can work through this.

Negative: Tamara is isolated. Peter is stressed. This can have an impact on the pregnancy.

Myths: If Tamara thinks bad things will happen, she will cause them to happen.

3 INTEGRATE and PRACTICE

For CONNECT: Emotions Basket, Coping Strategies, Care Blanket. Name emotions and help Tamara and Peter understand their impact on pregnancy.

For SUPPORT: Talking Together, Daily Routines, information cards (healthy habits, fetal development)

Encourage better communication to understand each other's feelings, use daily routines to identify support for both, use information cards (healthy habits, fetal development) to encourage rest and care.

2 ASSESS and PLAN

Tamara needs help to communicate with Peter. Peter needs help to practice self-care and understand his role as a father.

Emotional stressors: Tamara has worries and fears and is isolated and lonely, but she is still engaged in health care. Her mother is a potential confidante.

Practical stressors: Tamara feels guilty about housework, is tired and unwell, but Peter might be supportive if she asks for support.

CFC Decision Tree and Care Plan:

Emotional and relationship problem:

- Tamara (individual CFC)
- Peter (couple counseling)

Encourage Tamara to communicate and become self-aware.

Validate Peter's stressors, educate and help them to come together.

4 FLAG and RESOURCE

- Some pregnancy risks might need FLWs to refer the caregiver for health care.
- Some male partners don't value the caregiving role.
- Some communities condone gender inequality.



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CASE STUDY 1: 0-6 MONTHS – Lilly, John, Ella and Nathan's story

Lilly is the mother of two children, Ella, who is two years old and Nathan, their new-born son. Lilly is a stay-at-home mother who thrives on routine. Before Nathan was born, she had daily activities that she would complete while also caring for Ella. She was able to stick to a routine, which helped her to get enough rest and ensured that she could cope with all her chores and child care activities.

Since having Nathan, each day has been different and Lilly is feeling overwhelmed. She is trying to juggle the needs of her partner, John, and the demands of a very active toddler, while also looking after her new-born baby. John is an attentive and kind man, but he has not been helping Lilly around the house or with the children. When John asks if he can help, she feels it's harder to explain to him what to do, so she snaps at him because she is tired and irritable and then she just gets on with it herself. Ella has found adjusting to having a new brother difficult and she is constantly demanding Lilly's attention. She also does not want to take her daily nap, which is normally Lilly's time to rest herself.

Caring for a new-born baby alone is exhausting and challenging, and Lilly is feeling completely overwhelmed trying to care for everyone. She feels so frazzled that she doesn't even know how to ask for help. The increased stress and disruption in the household has also led to Lilly and John arguing more, which upsets her. She also worries that she is not giving her baby the attention he needs while she tries to look after everyone else.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Frustrated, angry, certain you can help.

What emotions might Lilly or her family feel?

Lilly – overwhelmed, fed-up, worried, resentful.

John – excluded, frustrated.

What do you think about the case?

Positive: *Lilly and John had a good routine before and can find a new one.*

Negative: *Lilly is exhausted and needs support to be able to rest more.*

Myths: *Stay at home mums don't need support in caregiving because they have nothing else to do.*

3 INTEGRATE and PRACTICE

For CONNECT: Emotions Basket, Mood Monitoring, Coping Strategies

Normalize feelings and emotions, identify what is affecting her mood, help her regulate her feelings, offer to be a confidante.

For SUPPORT: Daily Routines, Talking Together, Support Blanket
Encourage Lilly to ask for help and to talk to John about how they can work together to establish a shared routine.

2 ASSESS and PLAN

Lilly needs a confidante to talk to, and support in identifying what she can do or ask for to improve her mood and well-being. She and John need help in communicating better.

Emotional stressors: Caring for a baby and toddler is exhausting and overwhelming; being tired leads to irritability and anger.

Practical stressors: Lack of routine can contribute to caregiving stress; sharing of caregiving activities can relieve caregiver stress.

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Lilly (individual CFC)
- John (couple counseling)

Encourage Lilly to identify what is affecting her mood. Support her to find strategies to cope with and regulate her emotions. Help John and Lilly to jointly work out a shared routine.

4 FLAG and RESOURCE

- Low mood, losing interest in things and sleep difficulties can be signs of psychological distress in a caregiver.
- When caregivers feel distressed and overwhelmed, it can affect how they interact with their children. Pay attention to how the caregiver responds to cues from their child.



CASE STUDY 2: 0-6 MONTHS – Honorine's story

Honorine is 24 and a first-time, single mother who lives on the edge of a big city. Honorine has been on maternity leave and exclusively breastfeeding for the past five months. Her daughter, Divine, has gained weight well and is a healthy baby.

Although Honorine enjoys staying at home with her daughter, she is constantly exhausted. Every day is different, with no fixed schedule, and Divine rarely sleeps for longer than 30 minutes at a time. She wakes up at least 3 times during the night to feed. The months of poor sleep and little rest are starting to have an impact on Honorine. She is short on energy and finds it hard to complete all her household and caregiving tasks for the day or to take care of herself properly.

In the last few weeks, Divine has been crying to be fed more often during the day and has been waking even more frequently at night. Honorine wonders if this is to do with her milk supply, but she is not sure what to do about it. She feels guilty that maybe she is not providing enough food for her daughter and is not a good mother.

Honorine is due to return to work in six weeks' time. She is not sure how she will cope with the demands of work when she is so short on sleep. She is also not sure how she will manage to continue breastfeeding when Divine is in child care.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Frustrated, sympathetic.

What emotions might Honorine feel?

Honorine – guilty, worried, anxious, inadequate.

What do you think about the case?

***Positive:** Honorine and Divine have bonded through breastfeeding.*

***Negative:** Honorine lacks confidence and does not have support.*

***Myths:** Returning to work before a baby is weaned is harmful.*

3 INTEGRATE and PRACTICE

For CONNECT: Care Blanket, Emotions Basket

Offer to be Honorine's confidante. Help her to identify and name her emotions and regulate her feelings.

For SUPPORT: Caring Families, Support Blanket, Daily Routines

Help Honorine to identify family and community support for when she returns to work, e.g. child care or feeding advice. Support Honorine to establish routines for her and Divine's well-being.

2 ASSESS and PLAN

A trusted confidante can help Honorine work through her feelings of guilt and inadequacy around caregiving. Then she can be supported to access the caregiving resources she needs to return to work.

Emotional stressors: Single caregivers can feel isolated, overwhelmed and inadequate.

Practical stressors: Trying to meet all of the baby's needs on your own is difficult and impacts on the caregiver's own well-being.

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Honorine (individual CFC)
- Family/community resources

Help Honorine become aware of her feelings and identify what kind of support would be beneficial and where to find it.

4 FLAG and RESOURCE

- Being isolated can lead to psychological distress.
- When caregivers feel distressed and overwhelmed, it can affect how they interact with their children. Pay attention to how the caregiver responds to cues from their child.



CASE STUDY 1: 6-12 MONTHS – Neesha, Prak and Amal's story

Neesha lives on her husband's family homestead in a small farming village. She works in the fields, tending to the family's crops and livestock while her husband works away in the city. Although Neesha's parents died when she was younger, she has older siblings close by in neighboring villages. The family enjoys spending time together on holidays and special occasions. Two of Neesha's nieces and nephews will be graduating from high school soon, an important achievement for the family.

Neesha has an 11-month-old boy, Amal, who stays with her mother-in-law while she is in the fields. Neesha discovered she was pregnant with their second child about two weeks ago. Since then, she has been very worried about her mother-in-law. Her father-in-law has been unwell and needs a lot of care each day. As a result, her mother-in-law is already quite stretched, caring for her husband and her grandson. Neesha is worried that her mother-in-law will not be able to care for the new baby as well when he/she arrives. Neesha has not yet told her mother-in-law about the pregnancy because she knows that her mother-in-law will insist on caring for the new baby too.

Neesha is also worried about how she will cope with another pregnancy so soon. She had not expected to fall pregnant again and although she is fit and healthy from working in the fields, she found the bending over and physical work hard towards the end of her last pregnancy. Her back often gets very sore. Neesha likes to think of herself as a positive person, but she has been feeling very down and tearful since finding out she is pregnant. Prak is a supportive husband, but works in the city during the week and only returns to the homestead on the weekends and for holidays.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Worried, intimidated, irritated.

What emotions might Neesha or her family feel?

Neesha – worried, fearful, scared, anxious.

Prak – confused, concerned.

What do you think about the case?

Positive: *Neesha's family is close and have been supportive.*

Negative: *The family is experiencing other stressors which might affect their support for Neesha.*

Myths: *Pregnancy is an "illness". Women can continue with hard physical labor throughout pregnancy.*

3 INTEGRATE and PRACTICE

For **CONNECT**: Care Blanket, Mood Monitoring

Neesha needs a confidante and help with identifying her moods and normalizing her feelings and emotions. Talk about the safe, nurturing environment that she can provide for her baby.

For **SUPPORT**: Caring Families, Talking Together

Encourage Neesha, Prak and their families to talk and understand each other's concerns and worries. Explore how they can support Neesha and what other avenues of support are available.

2 ASSESS and PLAN

Neesha needs help to uncover her feelings and moods and support to communicate with her family and find a way forward.

Emotional stressors: Worry about the future and how she will cope. Fear of causing others additional stress and being a burden.

Practical stressors: If there is no one else to care for the baby, this might affect the family financially. But the family is already supportive and this is likely to continue.

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Neesha (individual CFC)
- Prak (couple CFC)
- Neesha's siblings and Prak's mother (family support)

Being aware of her moods can help Neesha know when to ask for help. Helping Neesha communicate with Prak and their families will reduce her stress. Together they can reduce her workload.

4 FLAG and RESOURCE

- Feeling down and tearful can be a sign of psychological distress.
- FLWs can use the Community Mapping activities to identify resources and referral networks within communities.



CASE STUDY 2: 6-12 MONTHS – Jonathan and Miriam's story

Jonathan lost his wife during childbirth when their daughter Miriam was born. After the death, Jonathan and Miriam moved into his childhood home where he has been raising Miriam with the help of his mother, Gloria. Gloria is kind and patient and has been a huge support to both of them through some very difficult times.

Thanks to Gloria's support, Jonathan was able to continue working, knowing that Miriam was well taken care of at home. Gloria has also taught Jonathan many things about caring for his daughter. Miriam has thrived and is a healthy 10-month-old. Jonathan is very proud of how Miriam has met her milestones and loves to tell stories about her with his work colleagues.

About two weeks' ago, Jonathan was approached by a company in a neighboring city offering him a job. The pay is higher than his current salary, and there are more opportunities for promotion. Jonathan wants the opportunity, but is worried about what this will mean for his child. He wonders if it would be better to take the child with him, or leave her with her grandmother. He would miss Miriam terribly if she did not move with him, but Jonathan is not sure how he would be able to care for her on his own. There are still so many things he feels he does not know about parenting. If she were a boy, he feels he would be able to identify her needs more easily.

Jonathan has not told Gloria about the job opportunity yet – he knows she will be very sad if they move out and he does not want to upset his mother after all she has done to support them.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Excited, conflicted, worried.

What emotions might Jonathan feel?

Guilty, worried, conflicted, excited, inadequate.

What do you think about the case?

Positive: The new job is an exciting opportunity.

Negative: If Jonathan moves, he will lose his family support system.

Myths: Men don't need emotional support.

3 INTEGRATE and PRACTICE

For CONNECT: Emotions Basket, Care Blanket

Identifying, naming and normalizing emotions for both Jonathan and Gloria, building understanding of responsive caregiving and emotional well-being.

For SUPPORT: Support Blanket could be used to facilitate a discussion about the resources that Jonathan might have access to in the neighboring town. Use information cards (healthy habits, fetal development) to encourage rest and care.

2 ASSESS and PLAN

Jonathan needs help to process his feelings and emotions and to feel confident in his caregiving. He needs support to communicate with Gloria to identify what is best for both he and Miriam.

Emotional stressors: Jonathan has experienced loss. This can affect how he processes his feelings and emotions. He is uncertain about his caregiving capacity and worries about how Miriam and Gloria will be affected.

Practical stressors: Who will care for Miriam when he is at work?

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Jonathan (individual CFC)
- Gloria (family encourage support)

Jonathan needs to understand responsive caregiving and how being cared for helps your emotional well-being. If he moves, what emotional support and practical resources are there?

4 FLAG and RESOURCE

- Gendered social norms can mean that men's emotional well-being and psychological health are ignored.
- Healthcare providers need education to avoid this.



CASE STUDY 1: 12-24 MONTHS – Michael, Linda and Sam's Story

Michael and Linda are parents to a very busy and adventurous two-year-old daughter, Sam. They both work during the day – Michael as bricklayer, and his wife as a pre-school teacher. Michael works very long hours to provide for his wife and daughter, whom he loves very much.

Sam is very sociable and loves to play games with the other children at day-care. When Sam is at home, she loves to play with her toys or sit and play next to Linda while she works or cooks in the afternoons. Michael loves his daughter, but he struggles to see what she needs from him. He thinks his wife, being a teacher, knows more about what children need, so he lets her do most of the caregiving.

As Sam has gotten older, her energy levels have increased. Toddlers are busy and challenging, and Sam is no different. Michael works hard during the week and likes to rest on the weekends, but this is very hard with Sam around. She is loud and very active, and Michael struggles to keep up with her. Sam is also becoming more independent and does not always like to be told what to do. She has started crying a lot and throwing tantrums. This adds to Michael's stress and he has found himself withdrawing from spending time with his wife and daughter.

Michael finds it hard to talk to Linda about Sam's behavior because they disagree about how to respond. Michael thinks that Linda needs to be firmer with Sam and gives in to her too easily. Linda says that Sam doesn't understand her. This has also caused distance between Michael and Linda.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Concerned, challenged, intimidated.

What emotions might Linda and or Michael feel?

Linda – frustrated, concerned, worried, intimidated.

Michael – angry, irritated, disrespected.

What do you think about the case?

Positive: Both Linda and Michael love Sam.

Negative: Michael does not understand Sam's emotional needs.

Myths: Men are responsible for disciplining their children and women should respect this.

3 INTEGRATE and PRACTICE

For CONNECT: Coping Strategies, Daily Routines

Michael needs support to regulate his emotions and look after himself. What strategies can Michael and Linda find to help each other rest and relax?

For SUPPORT: Talking Together

Michael and Linda need support to discuss their family routine and agree on a consistent parenting and discipline plan.

2 ASSESS and PLAN

Michael needs help to understand Sam's social and emotional needs and the importance of his role in this. Both parents need support to work out their individual caregiving roles and a routine.

Emotional stressors: irritation and frustration with each other. Feelings of inadequacy prevent Michael from being responsive and supportive.

Practical stressors: Michael and Linda have busy lives and need to find time on the weekends to rest and take care of themselves.

CFC Decision Tree and Care Plan:

Emotional and relationship problems:

- Linda (individual CFC)
- Michael (couple CFC)

Linda and Michael need support to find common ground on their parenting approach and advice on how they can support one another in their roles. How can they help each other to find time to rest and take care of themselves?

4 FLAG and RESOURCE

- Short-temperedness and controlling behavior are red flags for partner and family violence.
- Monitor the situation closely in case referral is needed.



CASE STUDY 2: 12-24 MONTHS – Maria and Tomas's story

Maria and her two-year-old son, Tomas, live in a small, two-room building next door to her sister and her family of five. Tomas loves to spend time with his cousins, who are all a little older than him. Since Maria's sister, Luisa, is a stay-at-home mother, she offered to care for Tomas when Maria returned to work. In return for this help, Maria paid Luisa a small contribution and took on extra chores tending the family's vegetable garden.

Two months ago, everything changed. Maria lost her job and with very little savings and no other income, she has been unable to pay Luisa for child care. To begin with, Luisa was understanding about the situation and continued to look after Tomas while Maria went to look for work. But as the weeks went on, Luisa, who had come to rely on the additional income from Maria, became less understanding and more demanding.

One day Maria returned from a long day searching for a job and found Luisa had left Tomas in the care of her 11-year-old son. Both children were distressed and Maria felt very worried. When she confronted Luisa about this, she became very angry. They argued and have not spoken since.

Maria misses her sister and Tomas misses his cousins. She has not been able to look for work since arguing with Luisa because she has no one to leave Tomas with. Maria is very stressed about how she will be able to provide for herself and Tomas until she finds more work.

CASE STUDY SHEET

1 REFLECT and KNOW

How do you feel hearing the case?

Annoyed, upset, hopeful.

What emotions might Maria feel?

Worried, stressed, upset, guilty, inadequate.

What do you think about the case?

Positive: The sisters were close – they may be open to reconciliation.

Negative: Maria does not have child care for Tomas.

Myths: Family members do not need to be compensated for child care.

3 INTEGRATE and PRACTICE

For CONNECT: Emotions Basket, Coping Strategies

Maria needs a confidante and help to speak about her feelings. She could be encouraged to identify emotional coping strategies to help her manage the current feelings of worry and stress.

For SUPPORT: Caring Families, Talking Together

Encourage Maria to reach out to Luisa and invite her to a CFC session where the two of them can speak together and hopefully resolve conflicts. Explore how they can support one another, and what other avenues of support are available for both families.

2 ASSESS and PLAN

Maria needs help to mend her relationship with Luisa and a plan for returning to look for work, or a way to generate income.

Emotional stressors: Stress about finding work and earning an income. Loss of her confidante and emotional support because of the fight with Luisa. Fear of causing others additional stress and being a burden.

Practical stressors: Not having an income or help with child care.

CFC Decision Tree and Care Plan:

Emotional, relationship and practical problems:

- Maria (Individual CFC)
- Luisa (Invite to a CFC session to encourage support).

4 FLAG and RESOURCE

- Since Maria has lost her income, she might need to be referred to a local social welfare organization to assist with basic needs for a period.
- FLWs can use the Community Mapping activities to identify possible job opportunities for Maria, and/or alternative child care options for her son.

ACTIVATING RESOURCES



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Case studies

Case study 1: Resources

Fanta and Eric story
(Part 1)

Case study 2: Resources

Fanta and Eric story
(Part 2)



CASE STUDY 1: Fanta and Eric's story (Part 1)

Francine is a FLW in a semi-rural community. She has worked as a FLW for a few years, delivering information and advice at primary health care clinics and early child development centers. Her work includes home visiting and providing counseling on health, nutrition and social support needs. In her recent annual FLW curriculum training, she was trained in CFC. She plans to begin applying it, together with her other routine services.

During a home visit, Francine meets Fanta, a 33-year-old caregiver who has a partner, Eric and two children, Bonnie, who is seven years old, and Annie, eleven months old. Eric's older sister, Rebecca, recently got severe COVID and died. Her 18-month-old child, Lucie, was born with a disability called Down Syndrome. After Rebecca died, Lucie came to live with Fanta and Eric.

Fanta seems worried and stressed. She is concerned about the children and doesn't feel confident that she knows how to take care of Lucie. Bonnie gets confused when she tries to play with Lucie because she can't do the same things that Annie enjoys. She is also very worried about Eric – although he has returned to work, he hasn't been the same since Rebecca died. He is very sad and is not sleeping well. A few nights ago, she found him crying and saying that sometimes he feels like everything is too much, and he wonders if he would be better off dead, like Rebecca.

Eric works in a factory in a town nearby. Post COVID, the factory has re-opened and he is expected to be back at work full time. Fanta is worried that he is sometimes so tired that he doesn't get out of bed. He is the only breadwinner and she worries that he may lose his job if he continues to be absent at short notice.

RESOURCES INSIDE THE HOME

1 REFER

There is a red flag for distress in that Eric has disclosed feeling suicidal.

Eric needs to be referred for treatment for his depression.

It would be helpful to explore Eric's referral needs using the **Red Flags for Distress** card.

There are other concerns that Francine could help with when assessing red flags for nurturing care. For example, she can help the family understand the safety needs that a child with disability may need in and around the home, and she may refer Fanta to health facilities where the family can get expert advice.

2 COUNSEL

Eric and Fanta could benefit from **couples counseling**.

This might encourage them to communicate about all the changes that have taken place in their lives.

They can problem solve together and agree on how to deal with both Lucie's and Eric's needs.

Francine can use connect tools like the **Emotions Basket** to help Eric talk openly about emotions.

Francine can also help Eric and Fanta deal with big emotions using **breathing exercises** and encourage them to reduce stressors in their daily routines.

Fanta and Eric could benefit from **counseling tips on caring for children with disabilities**. This can help them understand how to manage Lucie's disability in the home and how to help her reach her full potential.

3 EDUCATE

The **Child Development playing cards** can be used to educate the couple about the differences in milestones between Annie and Lucie.

The child development playing cards can also be played with seven-year-old Bonnie to educate her about Lucie's abilities.

Counseling cue cards can help both parents to recognize that they need support.

The **Healthy Habits** card can be used to inform Eric of the importance of taking care of himself following his bereavement, and the adjustment of going back to work.



CASE STUDY 2: Fanta and Eric's story (Part 2)

Francine lives in a fairly traditional community, but the younger generations have started to change. Many people respect Francine for the community work she does, but they tease her for not yet being married, even though she is only 25 years old.

When Francine next visits, Eric and Fanta are doing better. Fanta feels much more confident about being able to parent Lucie, although she is starting to worry that as Lucie grows, she might have different needs to the other children and she doesn't know where to find places that offer this support. Eric is receiving treatment for depression and is sleeping better, and has not thought of suicide again. He mentioned that he is back at work, but hasn't told anybody about his mental health problems as he is worried they will think he can't do his job any more.

During her second couples counseling with Eric, Francine learned that Rebecca married a very traditional man and Eric did not agree with some of his beliefs. For example, after Lucie's birth Rebecca's husband struggled to accept Lucie's disability. He felt that it was Rebecca's fault and that her family was cursed. The local ECD center turned Lucie away because of her disabilities and Rebecca's husband took this as evidence that the community would shun them. He left the family home about six months before Rebecca died and has not been heard from since.

Francine has also noticed that at the ECD center, not only are there no disabled children, but there are a lot more boys than girls. She is starting to wonder if this is because the community believes that boys are more valuable and have more rights than girls. Although these beliefs were common amongst the older generations, Francine feels the community needs to change and accept that girls and women are valuable.

RESOURCES OUTSIDE THE HOME

1 MAP

Francine can use her **community mapping** skills to explore what resources are available in the community to support caregivers of children with disabilities.

Francine can use her **referral network** to connect Fanta to health, social, education and other resources that can help provide for Lucie's needs.

To help with feeling isolated, Francine could link Eric to support groups or other forums where he can meet men who have experienced bereavement or depression.

2 BUILD

Francine can consider linking Fanta with **community support groups**, where they can meet others who are facing the same challenges.

Eric might enjoy attending a group with other men who have experienced bereavement.

Fanta may enjoy attending support groups or classes where she can meet other caregivers of children with disabilities.

If these resources are absent, Francine can work with other FLWs and stakeholders in the community to establish these supports.

3 ADVOCATE

Francine can plan some activities which can **challenge harmful norms** around gender stereotypes and around the exclusion of children with disabilities.

She could host an **information sharing event** at the ECD center and she could arrange a **community road show** to educate the broader community about these issues.

Francine could facilitate a meeting with management at Eric's factory, explaining the importance of helping staff to manage their mental health following the widespread loss and other effects of the COVID-19 pandemic, and highlighting that men should not be stigmatized for experiencing big emotions.

