



Caring for the Caregiver

Participant's Manual

Acknowledgements

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Introduction



Learning Objective: Introduction

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

1. What the CFC training package is and why it was developed.
2. Why CFC is central to supporting children's development and health.
3. How CFC complements other maternal and child health training packages.

Caregiving capacity to support child development and health

The UNICEF/World Health Organisation (WHO) training package Care for Child Development (CCD) was developed to train caregivers to deliver responsive caregiving, and early stimulation, in order to improve child development. It has been widely adapted and successfully implemented in many low resource settings.

The success of CCD, like many packages of its kind, is largely dependent on the primary caregiver's capacity. This includes physical, psychological and social capacity to care for both themselves and for their child. Highly adverse conditions can introduce many barriers which reduce a caregiver's capacity to provide care. Frontline workers need skills which enable them to respond to the needs of the caregiver.

Caring for the Caregiver (CFC) is a foundational training module that is designed to address this need and to complement these existing packages. It can be utilised as a foundational course for CCD specifically and for other sector programs whose success is dependent on caregiver capacity (e.g. breastfeeding promotion, health promotion). CFC provides frontline workers with skills and activities to address barriers to responsive caregiving by encouraging self-care, family engagement and social support.

The module translates well-established evidence on maternal mental health into practical activities which can be used to support caregivers and their families. It was developed for the UNICEF West and Central Africa Regional Office (WCARO) by expert consultants, with a series of consultations and pilot training activities in two countries: Mali and Sierra Leone.



Before presenting the content of CFC it is valuable to understand why CFC is important for the successful delivery of any programmes which rely on caregiver capacity for success.

The caregiver is central to child development and health

Caregivers and families have a large impact on children's survival, their developmental potential and their ability to thrive, because all child development is shaped by caregiver-child interactions in day-to-day family life.

Globally more than 250 million children are not on track for healthy development in the first 5 years of life. A 2017 analysis of indicators from across all Low and Middle Income Countries (LMIC) showed that children in West and Central Africa (WCA) were some of the worst off, with little improvement in the region over the past decade.¹ There are many reasons for poor child development including:

- Poor access to health and adequate nutrition;
- Exposure to toxins and negative or harsh environments;
- Lack of early learning opportunities,

Caregivers and families play a central role in helping children navigate harsh environments, they are essential to ensuring children develop to their full potential by providing attentive care and protecting them from risks such as illness, violence or malnutrition.

Caregivers do three important things to support children's development:

- They tend to the child's basic needs and ensure their health and wellbeing;

¹ Lu Chunling, Maureen M Black, Linda M Richter. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. *The Lancet Global Health* 2016; 4(12): e916-e22.

- They are emotionally connected, attentive and responsive to the child;
- They are the stable consistent person in the child's life.

To do this, caregivers need to have motivation, knowledge and access to resources to take care of themselves and the child. However few programmes provide guidance on the care needs of the caregivers themselves.



Caregiver emotional well-being is central to caregiving

Evidence has shown that emotional wellbeing and mental health are the key ingredients which enable caregivers to provide responsive caregiving.^{2, 3}

While the majority of women in communities do not have mental health problems which warrant clinical care, they might still, as a consequence of living in harsh environments with limited support, be feeling worried and distressed. In these circumstances if they don't receive emotional support they may develop mental health problems which need clinical care.

Caring for the caregiver is important because researchers have shown that a caregiver's wellbeing and mental health can impact on children's development by reducing the quality and sensitivity of caregiving. Caregiver mental health problems can influence child development during pregnancy and throughout childhood.

Common types of mental health problems include:

Depression: feeling very sad and losing interest in all things, and possibly even thinking of ending your life.

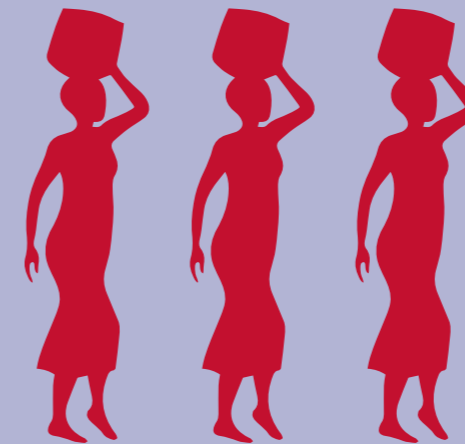
Anxiety: being worried and fearful all the time, over many things, so much so that you can't function in daily life.

Parenting stress: being so worried about your ability to parent that it gets in the way of you being able to care for and be close with your child.

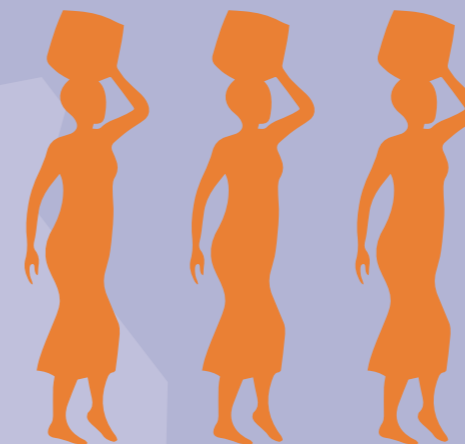
² Gelaye, Bizu, Marta B Rondon, Ricardo Araya, and Michelle A Williams. "Epidemiology of Maternal Depression, Risk Factors, and Child Outcomes in Low-Income and Middle-Income Countries." *The Lancet Psychiatry* 3, no. 10 (2016): 973-82.

³ Stein, Alan, Rebecca M. Pearson, Sherryl H. Goodman, Elizabeth Rapa, Atif Rahman, Meaghan McCallum, Louise M. Howard, and Carmine M. Pariante. "Effects of Perinatal Mental Disorders on the Fetus and Child." *The Lancet* 384, no. 9956 (2014 2014): 1800-19.

Emotional distress and mental health problems are widespread in Africa



3 in 10 women in Africa have mental health problems warranting clinical care.



A further 3 in 10 women are distressed by difficult circumstances and need support to prevent mental health problems developing.



The remaining 4 in 10 caregivers are coping, but still need advice on self-care and engaging family support.



Caregivers with mental health problems need additional care from their health care providers.⁴ Importantly, while the CFC package does not directly address mental health problems, it does provide support for the majority (approximately 70%) of stressed caregivers living in harsh environments who can benefit from counselling to:

- Build their confidence in their caregiving capacity;
- Help them problem solve in difficult situations;
- Improve their self-care and coping strategies during stressful times.

Caregiving burden needs to be shared

Caregiving is stressful and can be linked to emotional problems because it can be strenuous work. Children depend on their caregiver for everything, which can be exhausting and isolating if the burden of caregiving is carried alone.

Most caregivers are trying to do the best they can for their children, but evidence shows us that they cannot do so without support. For this reason, enabling the primary caregiver alone is not enough; we need to engage family support.

Families play an important role in promoting development by providing children with lots of opportunities to:

- Play and learn new things;
- Build relationships;
- Explore their environments safely.

⁴ Howard, Louise M, Emma Molyneux, Cindy-Lee Dennis, Tamsen Rochat, Alan Stein, and Jeanette Milgrom. "Non-Psychotic Mental Disorders in the Perinatal Period." *The Lancet* 384, no. 9956 (2014): 1775-88.

They are also in the best position to offer care and support to the caregiver.

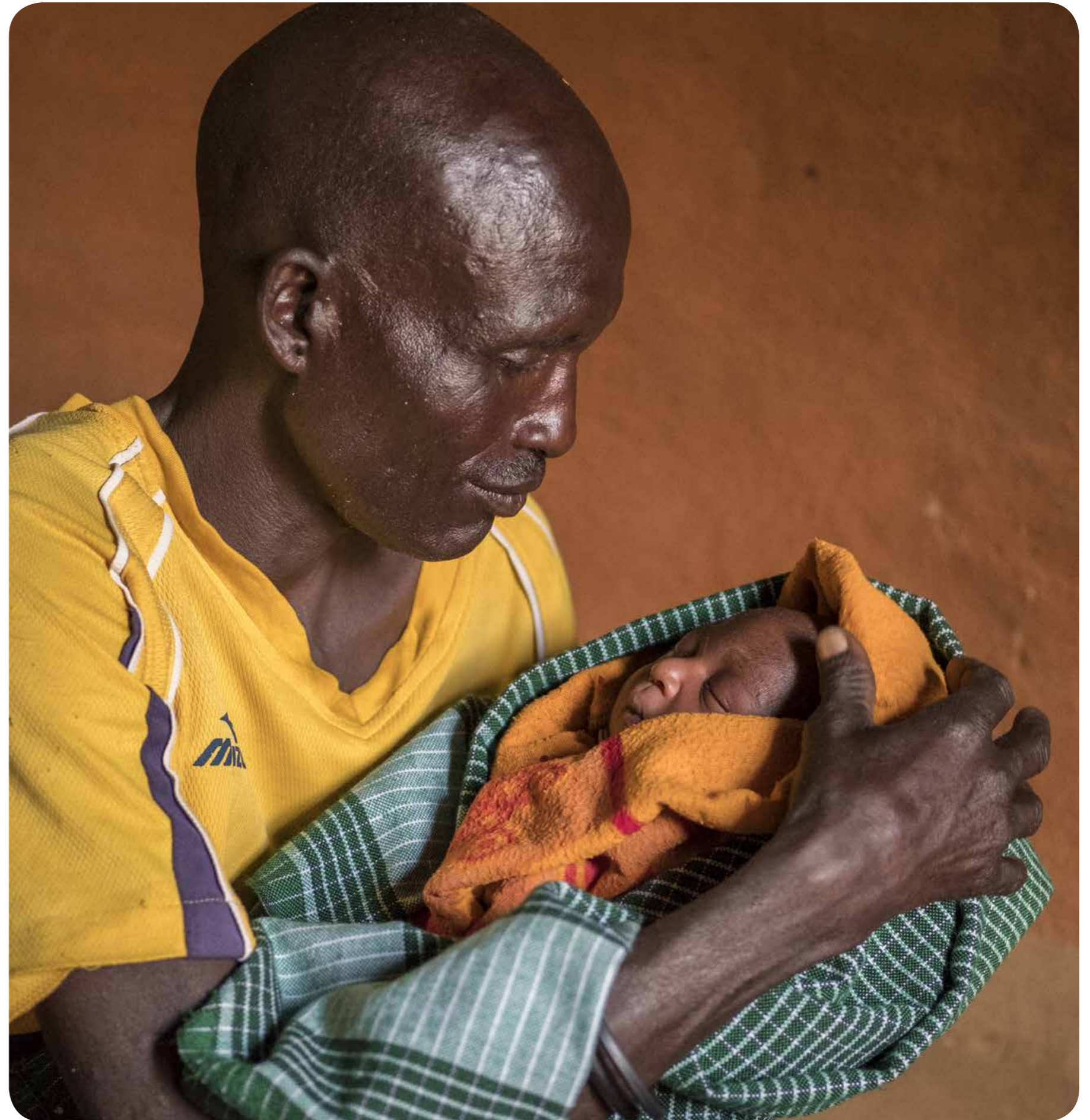
In many contexts caregiving is gendered, in that the largest burden of caregiving is carried by women, which may limit family support.

Both primary caregivers and their children benefit tremendously from support from fathers and other family members including grandparents, aunts, uncles and older siblings. CFC includes activities which encourage this engagement.

It is important to address normative practices which are unhelpful for caregivers and children by:

- Discouraging beliefs about caregiving being solely women's work and responsibility;
- Encouraging men and others to share in responsibilities for child care;
- Encouraging families to value the important contribution of caregiving.

In this training you will learn about the CFC model and how it can enable you, as a frontline worker, to be sensitive to gender norms and to address the barriers to caregiver emotional well-being and child development and health in your community.



Caring for the caregiver as a foundation to maternal and child health training packages

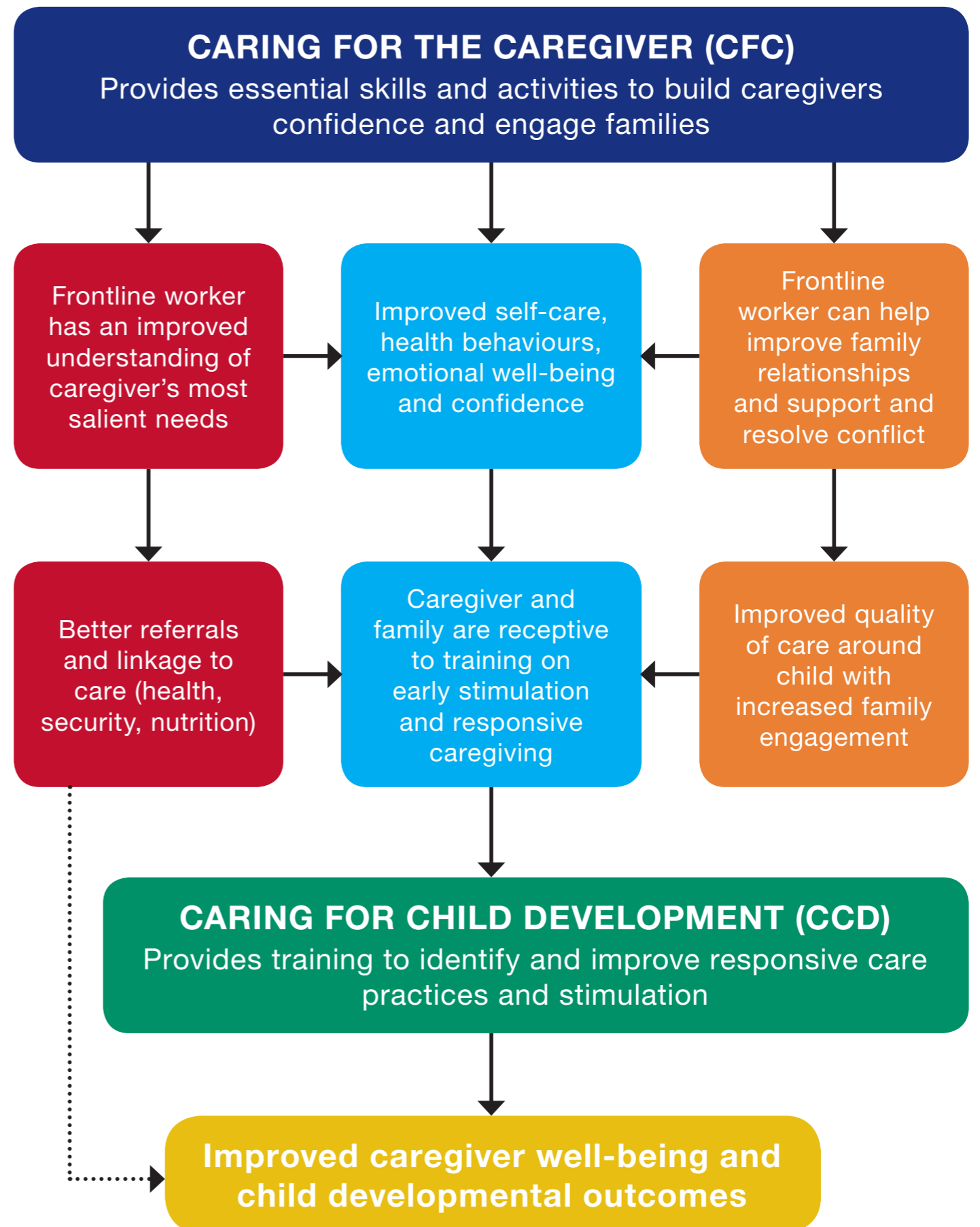
The CFC training module provides information about how to help caregivers increase their emotional awareness, practice self-care and improve their coping skills.

CFC is a foundational module for many maternal and child health training packages because it prepares the caregiver and family to receive those trainings. CFC training tries to address the many barriers to caregiving which have been reported at community level. It does not focus only on the caregiver, instead it provides training which encourages partner and family involvement and tries to increase health care engagement in support of the overall health of the child as outlined in the nurturing care framework.

CFC aims to be an integrated package – it is developed to:

- Be part of, used in combination with, and augmented by other trainings – it can be used as a stand-alone, but it is more useful when used alongside other trainings;
- Be suitable for use in many sectors including education (child development) but also health, nutrition, gender, water and sanitation, and to be used in many countries and regions.

If you think about the CCD training package as an example, the diagram alongside illustrates the role CFC plays in preparing caregivers and families for CCD. In the same way, CFC can be used as a foundational course for infant feeding or health training. The skills you will learn in this CFC training can thus be applied in any frontline work, and it may even be helpful in your own life and family. Let us explore how your training will work and what the CFC model looks like in practice.



CFC training package



Learning Objective: CFC training package

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

1. How CFC model helps us to be attentive to caregiver needs and why this is important
2. How CFC model encourages positive changes in caregiver and family behaviours
3. How this training will work and what materials CFC provides to guide your work

Connecting and supporting caregivers and families

The CFC training is organised around two core practices: connect and support.

You can think about connect and support as the pillars of caregiving. It is in responsive caregiver-child relationships that high quality care takes place. For caregivers to be able to provide responsive care, they themselves need to be supported and cared for by others, who become their pillars of strength in difficult situations.



You are a pillar of strength for caregivers as a frontline worker, but importantly it is in family relationships that the work of caring can be shared and enjoyed in order for caregiving to be optimised. CFC training aims to enable you through skills to connect with and support caregivers, and activities which encourage partners and families to also connect with and support caregivers.

Throughout the manual we will highlight, across all developmental ages, how to implement connect and support. You will also learn how to help caregivers and families connect and support their child through caregiver behaviours and family practices. The materials you will learn about in this training will provide confidence-building caregiver and family activities that will enhance their ability to implement the content provided as part of other trainings such as CCD or infant feeding training.

To be successful at empowering caregivers with connect and support, we need to:

- Understand the role caregivers play in child development at important developmental stages and how meeting caregiver needs enhances their capacity for childcare.
- Understand the barriers to caregiving and how the CFC behaviour change approach can motivate caregivers and families to address these and sustain behaviour change.

We have two tools to help us do this:

1. The CFC puzzle
2. The CFC behaviour change model

Let us explore how these two things help us understand the need for CFC.

The CFC puzzle

You can think about CFC like a puzzle because:

- Each piece (connect and support) is also important on its own;
- All the pieces (connect and support) link together;
- When pieces begin to fit together we begin to see the bigger picture.

By bringing connect and support together to support the caregiver, we are also able to bring connect and support together to support the child. Therefore we have an approach which supports both the caregiver's emotional wellbeing and the child's development and health.

The puzzle pieces can only fit together to make a successful child development picture when caregivers are emotionally comfortable and confident in themselves, because only then are they ready to provide care for and communicate and play with their children.

The CFC behaviour change model

Not all caregivers are the same. When you implement CFC you must be ready to focus on different things at different times in order to deliver counselling that is suited to the caregiver and family situation. Things can be different according to:

- The situation of the caregiver (e.g. young caregivers, single caregivers, happily married caregivers)
- The barriers to caregiving (e.g. resources, family support, health)

Behaviour change is not easy to do or easy to maintain. The CFC behaviour change model outlines strategies you can use to motivate for, support and sustain behaviour change from

pregnancy through to 2 years of age. The CFC package provides you with activities and materials (including counselling and information cards) to help support behaviour change amongst caregivers and families.

The CFC behaviour model gives us simple steps to guide our practice and to help us choose what counselling and activities a caregiver or family might need.



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 enables emotionally responsive and attentive caregiving.
- Increased caregiver confidence encourages stimulation and learning.



Support for child:

- Partner and family engagement reduces caregiving burden.
- Families create the environment for learning in everyday playful activities.



CFC behaviour change model

1 Understand the need for the behaviour change:

- a. If **resources are scarce**, asking for support can be difficult.
- b. Stressful situations can lead to **emotional problems**.
- c. **Worried and distracted caregivers** are less attentive to children.
- d. **Low self-esteem and a lack of confidence** can inhibit caregiving.

2 Identify and manage barriers to caregiving practices through:

- a. Essential skills for **building relationships** and **being a confidante**.
- a. Essential skills for **managing emotions and stressors**.
- b. Essential skills for **problem solving and resolving conflict**.
- c. Essential skills for **mapping formal and informal resources**.

3 Motivate behaviour change with simple day-to-day activities:

- a. **Connect with caregiver:** Activities to practice self-care and coping.
- b. **Support for caregiver:** Activities for optimising access to family and community resources.
- c. **Connect with child:** Activities which strengthen caregiver-child relationship.
- d. **Support for child:** Activities to encourage rewarding family engagement in support of child development.

4 Reinforce behaviour change in daily activities across developmental stages:

- a. **Pregnancy** – Encouraging healthy habits, relaxation and a positive conception of the child.
- b. **Birth to 6 months** – Building a daily routine and confidence in meeting baby's needs.
- c. **6 to 12 months** – Adjusting to changes in feeding, sleep and mobility while balancing baby's needs and relationships with others.
- d. **12 to 24 months** – Understanding baby's emotional and social experiences and avoiding harsh parenting.

The CFC training course

Training objectives

At the end of the training frontline workers should be able to:

1. Establish relationships with caregivers and raise emotional-awareness and coping skills.
2. Strengthen caregivers' and families' capacity to problem solve, deal with conflict and access community supports.
3. Demonstrate simple, user friendly day-to-day activities which engage families and build caregiver confidence.

Experiential learning and the CFC training approach

In this training we recognise that adult learners already know a wealth of things. The focus on the training is therefore not about teaching content but instead to present the content in an experiential format which is exciting and not intimidating.

During your training your trainer will take you through a series of experiential exercises using role plays and discussion to develop a good understanding of the emotional and support challenges caregivers face.

CFC training is an emotional journey because:

- Some of the training will be fun and games; you will laugh and play a lot as you learn.
- Some parts of the training will bring up emotions as you apply your own life experiences to the training experience.

Your trainer will support you through this process.

The reason we do this is best summarised by a participant during the piloting of this training in Sierra Leone, who quoted Benjamin Franklin: *"Tell me I forget. Teach me I remember. Involve me and I learn."*

Over the page is a timetable for how this training takes place. It may be adjusted in your local training. Your training will take place over 3 days:

Firstly you will spend time being **orientated to CFC** and why it is important.

Secondly, you will **learn about the essential skills**. These are the foundation of CFC – you can use them on any home visit, during any child developmental stage, and you can use them in your own life. Essential skills are basic skills you need to manage the stressors and challenges which caregivers face in highly adverse communities.

Thirdly, you will **learn about the key activities and information** that you will deliver to caregivers as part of CFC. We call these the recommendations for CFC because this is what we recommend you do in practice.

Regardless of how experienced you are when you start this CFC training, it is strongly recommended that your training in CFC is followed by a **period of supervised practice**. This means you will receive supervision while you begin to practice the content and activities in the home and community environment.

At least 25 hours of practice over a 6- to 8-week period is recommended to ensure competence in delivering CFC. At the end of this training your trainer will find information to guide your supervised practice.

Example of a 3-day training time table

	MONDAY	TUESDAY	WEDNESDAY
Session 1 08.30-09.00	Registration and welcome	Opening and Recap	Opening and Recap
Session 2 09.00-10.30	<ul style="list-style-type: none"> Prayer and housekeeping Introductions Overview of training Introduction to CFC 	<ul style="list-style-type: none"> Essential Skills: ANPM Model Essential Skills: Resource Mapping 	<ul style="list-style-type: none"> 6-12 Months – A focus on Daily Routines Role play and practice
10.30-11.00	TEA or BREAKFAST		
Session 3 11:00-13:00	<ul style="list-style-type: none"> Experiential learning; CFC Overview of CFC training materials 	<ul style="list-style-type: none"> CFC: Pregnancy – A focus on Emotions Basket and Information Cards Role play and practice 	<ul style="list-style-type: none"> 12-24 Months – A focus on the Wrapper of Support Role play and practice
13.00-14.00	LUNCH		
Session 4 14.00-16.00	<ul style="list-style-type: none"> Introduction to Essential Skills Essential Skills: Being a confidante Essential Skills: Stress bucket 	<ul style="list-style-type: none"> 0-6 Months – A focus on Coping Strategies Role play and practice 	<ul style="list-style-type: none"> Preparation for counselling Consolidation Evaluation
Session 5 16.00- 16.30	<ul style="list-style-type: none"> Summary, reflection and closing 	<ul style="list-style-type: none"> Summary, reflection and closing 	<ul style="list-style-type: none"> Summary, reflection and closing

CFC training resources and materials package

This training includes a number of resources which you can use in your own learning and in your frontline work, which includes the following:

Participant's Manual: Provides frontline workers with a training manual to refer to during and after training which summarises CFC content and activities.

Materials: The CFC package includes implementation materials which can be used by frontline workers during counselling with caregivers and families. These are illustrated in the diagram over the page and include four types of materials. The materials are illustrated with pictures for when you work in situations where caregivers or families might be less literate.

Activity Cards: These are counselling cue cards that you can use when you are implementing the essential skills and counselling skills with caregivers and families. You can use the pictures to tell a story and to remind yourself of your counselling tasks.

Information Cards: These are informational cards that provide an illustrated summary of key messages you will learn during training. They can be used as reminder cards of the key messages or you can use them as picture cards to start discussions with low literacy caregivers and families. There are two sets, covering both pregnancy and postnatal.

Playing cards: CFC includes two playing card packs – Caring for the Caregiver: Caregiver Cards and Caring for the Caregiver: Child Cards. The playing cards are developed as an engaging learning tool for families. They can be used:

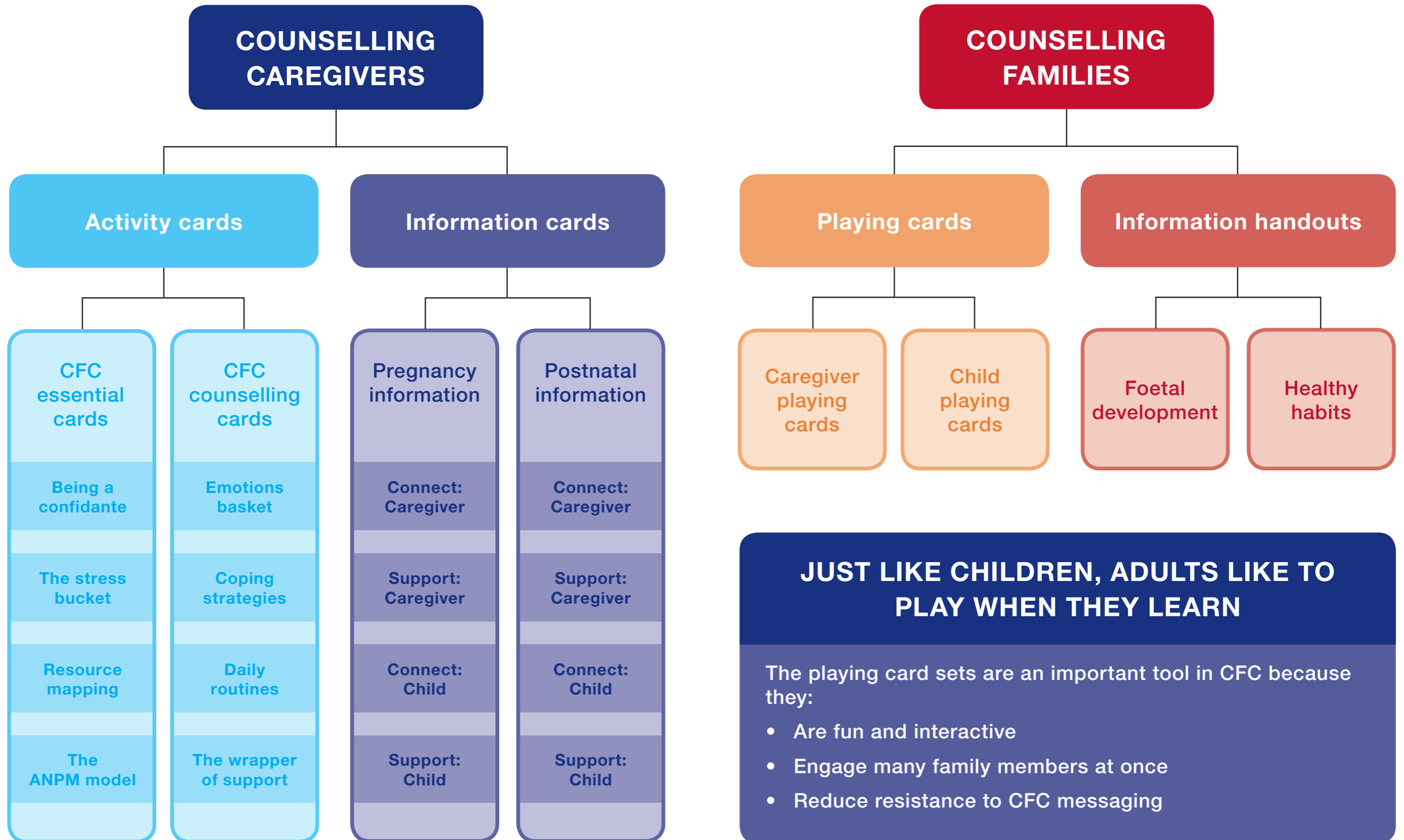


1. To deliver key messages as part of a family counselling session
2. To invite the family to play a game as a way of learning.

The game requires players to memorise the content of the card and the position of the card. The card game includes two sets of each playing card set; cards are shuffled and then all laid out face downwards. Family members take turns to turn two cards over at a time until they can match pairs.

This is a fun way to ensure CFC messaging is repeated and reinforced. They introduce an element of play and learning which reduces family resistance to behaviour change and might be different to what they would normally do.

Diagram illustrating Caring for the Caregiver training materials:



Importantly these cards are just there to get you started.

When you are delivering different programmes in the community you might substitute some cards with other resources. In the same way as your learning has been fun and interactive, try and keep things fun and interactive with families; if you don't, they won't be motivated to make the change.



Whenever you are introducing new information, try to use an engaging technique. Here are some examples:

- Have families mark things off that they achieve (for example, ticking things on a chart);
- Have families play together to learn together (playing cards or memory games);
- Have families make up songs to remember important things (singing or role plays).

You can adapt these cards to suit the focus on your training or frontline work.

For example: If you are educating families about infant feeding, you might include breastfeeding or complementary feeding information sheets in place of the foetal development or healthy habits cards. During health training you may add an immunisation schedule, a danger signs card, or a user friendly health card to the handouts. In the playing card set, if you are training families about breastfeeding and infant feeding you might add some of the UNICEF infant feeding cards to the playing card packs.

You can also make some additional resources to deal with the important issue in your own community.

For example: In the essential skills cards you can develop your own resource map which reflects your community. In the counselling skills you can add some additional coping strategies which are common and acceptable in your specific country or culture. Or you can develop your own sets of daily routines cards for different developmental age groups that might change from season to season, and the rhythm of life might change from summer to winter.

Essential skills for Caring for the Caregiver



Learning Objective: Essential skills for Caring for the Caregiver

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

1. How to be a confidante for caregivers
2. How to help caregivers manage emotions and stressors
3. How to problem solve and resolve conflict
4. How to use resource mapping to help families in difficult situations

Establishing the counsellor-caregiver relationship

The frontline worker shares information with caregivers about health, nutrition and child development. It is rewarding when caregivers are willing and able to change their behaviours. Sometimes there are barriers to achieving the desired behaviour change. Caregivers may not want to change their behaviour, or they are not able to with the resources they have.

The essential skills build the counselling, assessment and problem solving skills of frontline workers. They can be used to navigate difficult personal, family and environmental situations, to resolve conflict in caregiving relationships, and to access resources, even when these are scarce. These skills are foundational.

A first step in mastering the essential skills is for you, the frontline worker, to become more self-aware and socially-aware. In the training there will be several opportunities for you to work on this.

Self-awareness: This involves recognising your own emotions and beliefs, and knowing your strengths and challenges. Increased self-awareness helps the frontline worker identify and manage their own emotions, behaviours and to ask for the help they need.

Self-awareness is part of the supervision and self-care of the frontline worker.

Social-awareness: This involves being aware of the situation around you and showing understanding for other people's situation. Social awareness is helpful when forming positive relationships, working with others and managing conflict.

Social awareness encourages frontline workers to be realistic in the expectations they place on caregivers.

Frontline workers who are self and socially aware are able to master the essential skills with ease.



Being a confidante



The first essential skill all frontline workers must develop is an ability to establish and maintain a confidante relationship.

Relationships are meaningful and powerful because:

- They work anywhere and anytime.
- They help people cope with difficult situations.

Relationships can form when:

- people feel a commitment to care for one another (friends or family);
- one person helps another in a difficult situation (whether obligated to or not);
- people share similar experiences (either good or bad experiences).

Importantly, relationships that are formed before a difficult situation arises improve your coping abilities because:

1. They buffer you from the stress of difficult situations because there is somebody who listens to you, cares about you and understands your situation.
2. They reduce your isolation and provide opportunities for you to receive reassurance and support.
3. They can improve the way you see and experience stressful situations.

In the training activities you will learn about how to be a good confidante.

No matter where you meet caregivers in your work – at home, at clinic or in community – establishing yourself as a confidante is always your first step.

Qualities of a confidante

Accessible: It is important that caregivers know you will be there for them. You don't have to be available all the time but you should meet the expectations you have set.

Attentive: Caregivers need to feel they have a connection with you. Practice your listening skills, making eye contact, noticing the things caregivers say and feel and ask gentle questions about the things you don't understand.

Non-judgemental: Sharing personal things is difficult, especially if you feel guilt, shame, or regret. Try not to judge or blame caregivers for their mistakes.

Trustworthy: Be a trusted person. What is told to you by the caregiver is not shared with others, it should be kept confidential. This means you should not speak about the caregiver's situation to anyone without first asking her if you can do so.

Managing emotions and stressors

Emotions and stress can interfere with a caregiver's ability to take care of themselves or their child.

Emotions are internal feelings. These can be positive like feeling happy, excited and joyful, or they can be negative, like feeling angry, frustrated, disappointed, ashamed or sad. Negative emotions are common in difficult situations. When caregivers have a lot of negative emotions these can flood her mind, making it difficult for her to focus on caregiving.

Stressors refer to external things that are happening to and around caregivers, like financial pressures, problems with sleeping or food security, finding transport to get to clinic. Practical stressors can affect the caregiver's health and wellbeing and can also have an impact on the child's development.

The stress bucket

The stress bucket is a simple way to make an assessment of the emotions and stressors that might be influencing the caregiving environment. In order to provide emotional support it's helpful to identify the root causes of emotions or stress.

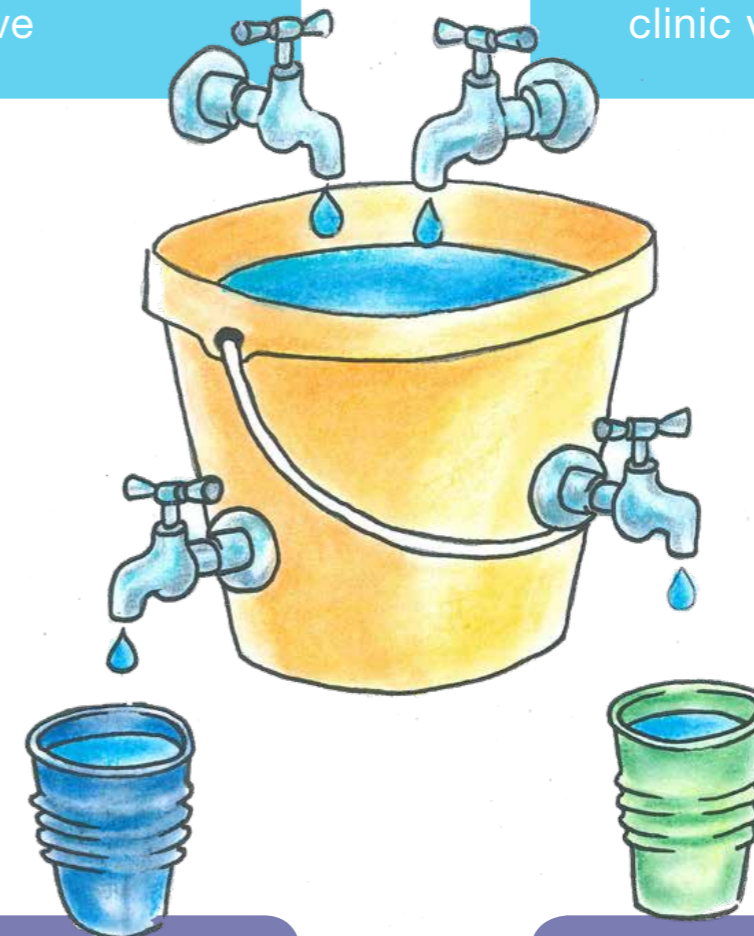
When people or behaviours bring up strong emotions, we call these **emotional stressors**, while **practical stressors** are caused by difficult situations.

Emotional stressors

1. Conflict with your husband or boyfriend
2. Your family being unsupportive

Practical stressors

1. Not having money for food
2. Not having time to go to clinic visits



Coping strategies (self)

1. Speaking to a trusted confidante
2. Practicing relaxation techniques

Support strategies (others)

1. Asking family members for help
2. Accessing public services

The stress bucket provides a helpful way to teach caregivers five important things:

1. Caregivers have which are linked to people, behaviours and situations.
2. More emotional and practical problems mean the bucket can become full.
3. If there is no relief, the bucket can overflow, and stress starts to 'spill out' - affecting caregiving capacity.
4. Because emotional and practical stressors work in different ways, they need different responses.
5. Emotions are better dealt with by coping strategies while practical stressors are better responded to with support strategies like practical help from friends or family.

There are common stressors that lead to difficulties for all caregivers. However, every caregiver is unique. Something that is stressful for one caregiver may not be stressful for another. Listening to what the caregiver finds stressful is an important first step.

List some emotional and practical stressors which are common in your community:

In this manual there is more information about age specific coping and support strategies in the recommendations.



Problem solving and resolving conflict

Problem solving is an essential skill for frontline workers where there are barriers within the caregiver, the family or the environment which make it difficult to implement CFC practices. Problem solving is important when supporting behaviour change in caregivers and families.

It is important to be tuned in. If you are not you might make suggestions to caregivers which are not practical, or do not fit with the caregiver's beliefs. In these cases caregivers might agree to something you suggest (for example exclusive breastfeeding) in order to keep you satisfied, but not change their actual behaviour because there are barriers to doing it which you are not aware of.

Here are two common situations where tuning in and problem solving skills are important to your work with caregivers.

Relationship Conflict: Family or partner conflicts and concerns may have arisen over an unplanned or an unwanted pregnancy, infidelity or financial stressors. There may be unhappiness about the pregnancy (she is too young or the family doesn't like the partner). It might be young fathers don't know how to provide for the baby, and so want to avoid the issue by avoiding the caregiver. Problem solving and family strengthening can be very helpful.

Harmful practices: You might find that caregivers and families are doing things which are harmful to the child. This can include things like discouraging breastfeeding or forbidding caregivers from eating certain healthy foods. It may include harsh parenting or leaving children unsupervised. Caregivers and families either do this because they are misguided by local myths and beliefs, or because they are unaware of the harms these behaviours



or practices might have. In these cases problem solving and education can be helpful.

Assess-Negotiate-Plan-Manage (ANPM) model

The ANPM model is a simple tool which helps frontline workers approach difficult situations in an organised way which does not place the frontline worker, the caregiver or child at any additional risk.

It also helps to ensure that frontline workers are:

- Sensitive;
- Ethical
- Constructive

In the suggestions they make and the personal and social expectations they place on the caregiver.

Assess-Negotiate-Plan-Manage (ANPM) model

Assess

Define the problem

- Is it emotional or practical?

Understand root causes

- Is the cause of the problem a belief, lack of knowledge or a relationship?

Decide on a response

- Based on the type of problem
- Shift belief, increase knowledge, intervene in the relationship

Negotiate

Negotiate a shared goal

- Must be realistic and respond to caregiver's need.

Discuss the actions involved

- Identify the steps necessary to achieve the shared goal.

Agree on the way forward

- Discuss who should be involved.
- Set timeline for the next steps (plan and manage).

Manage

Put plan into action

- Be reliable in taking action as planned

Manage difficult conversations

- Role model positive behaviours and use non-judgemental language.
- Use coping strategies (breathing, time out)

Reassess the situation

- Did you transfer skills and change attitudes?
- Celebrate successes!

Plan

Ensure adequate planning time

- Do not rush - preparation is protection

Decide on plan of action

- Agree on who, where, when and what actions to take.

Prepare for worst case scenarios

- Do you have a plan for managing negative reactions - crying, shouting, violence?



Resource mapping

Most caregivers want to do what is best for their children, but often they do not feel confident and empowered to do the very best with the limited resources that they have.

Ensuring caregivers and families recognise and value their own strengths, and linking families to formal and informal resources in their community is an essential skill.

Resource mapping provides information about the strengths and resources of a community, and helps caregivers to uncover solutions. Once resources are depicted in a map, frontline workers can more easily think about how to build on these resources to address caregiver needs. Resource mapping promotes community involvement, ownership, and empowerment.

Resource mapping alone is not enough. You also need to map the caregiver's path to resources. When you map the path to resources you uncover valuable information about barriers to resources. These barriers can be found:

Inside the caregiver – if for example they think a resource would not benefit them or welcome them, or would judge them, in these cases they may avoid a resource which could be helpful.

Inside the family – if for example there are resources but somebody in the family is preventing the caregiver or child from using them, for example no time or money, or a belief that the resource is unhelpful.

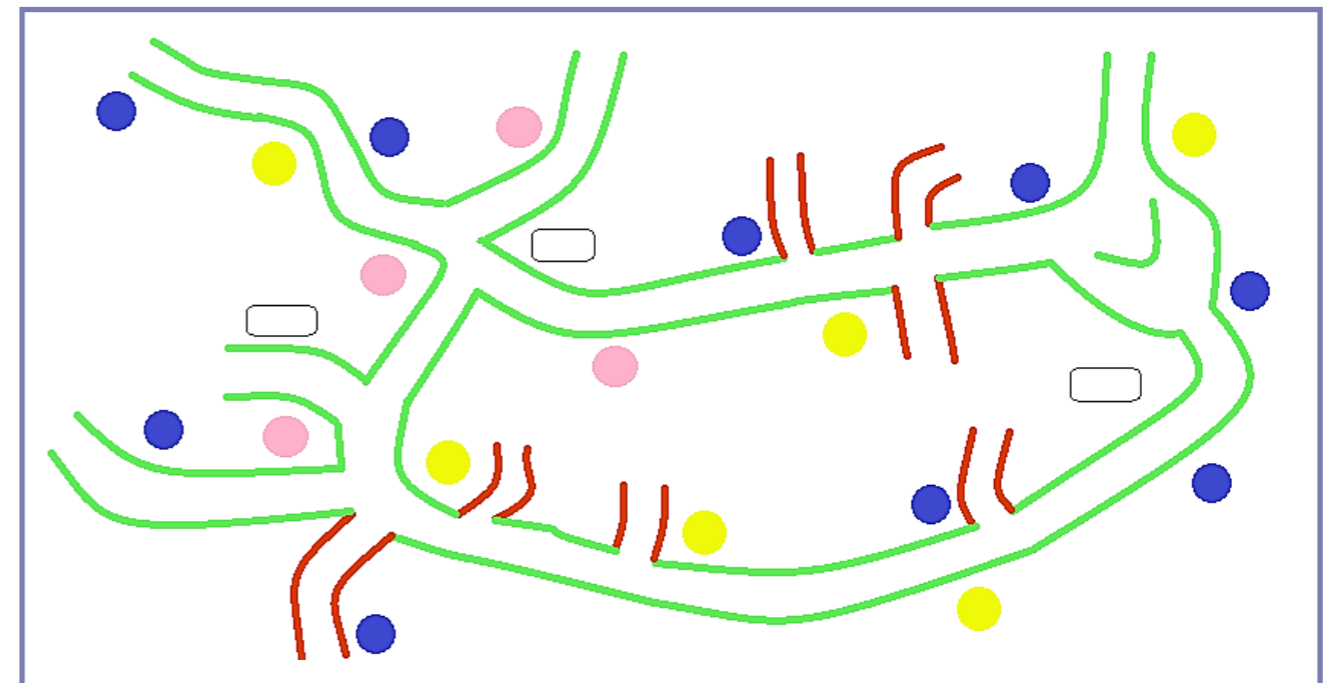
Inside the community – factors in how the resource operates may limit its accessibility to the caregiver if for example the resource is hard to reach geographically, or it's only available at times which are difficult for the caregiver.

Resources can include:

- The capacities and abilities of the caregiver or family
- A physical structure or place (a school, hospital, or church, a library, recreation centre)
- 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 organisations.

Steps in resource mapping:

1. Draw a visual representation of the caregiver's community
2. Identify resources to include on the map and use coloured stickers or pens to organize assets on a map
3. Interrogate the path to resources and work on barriers
4. Work to increase resources that might be absent in your community



Recommendations for caring for caregivers



Learning Objective: CFC in the first 1000 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
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 1000 days, presents its own challenges to caregivers and families. Many of these are linked to the way in which the family is managing caregiving responsibilities and to how the child's developmental needs are changing.

Families are unique so you need to be flexible and adjust from one family to another. Not all families need all the CFC content, some may need more – some less if they are doing well. However, families do share common challenges and it's important to address these.

These recommendations give you guidance on the common challenges and how you might use your CFC counselling and materials to address these. Even when caregivers are doing well, it is still important to ensure you train them on the basic CFC activities that promote self-care and build their confidence as caregivers.

This is because all caregivers experience challenges some of the time, and by training caregivers on CFC you strengthen their capacity to cope with stress and difficulties when they arise. Doing this proactively while caregivers are not yet stressed is helpful because it creates a buffer against future unforeseen adversity.

Content covered in the CFC recommendations

The recommendations follow the developmental pathway across the first 1000 days from conception to age 2 years, covering pregnancy, then 0-6 months, 6-12 months and 12-24 months. Much of what is learnt in the earlier ages can be applied across

all ages, so it's important to understand that each stage of development builds on to the ones that come before.

For each age group we provide you with the following:

1. A list of common challenges you should look out for at this age;
2. A CFC puzzle reminding you of the key messages you should remember for this age group;
3. A training summary of the information and the activities you learn about in your CFC training;
4. A practice guide for activities and materials you could use to support your work in these age groups.



PREGNANCY



Key challenges in pregnancy

Relationships can be difficult and strained when a pregnancy is unexpected, or if there is partner or family conflict over the pregnancy.

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

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

CFC puzzle

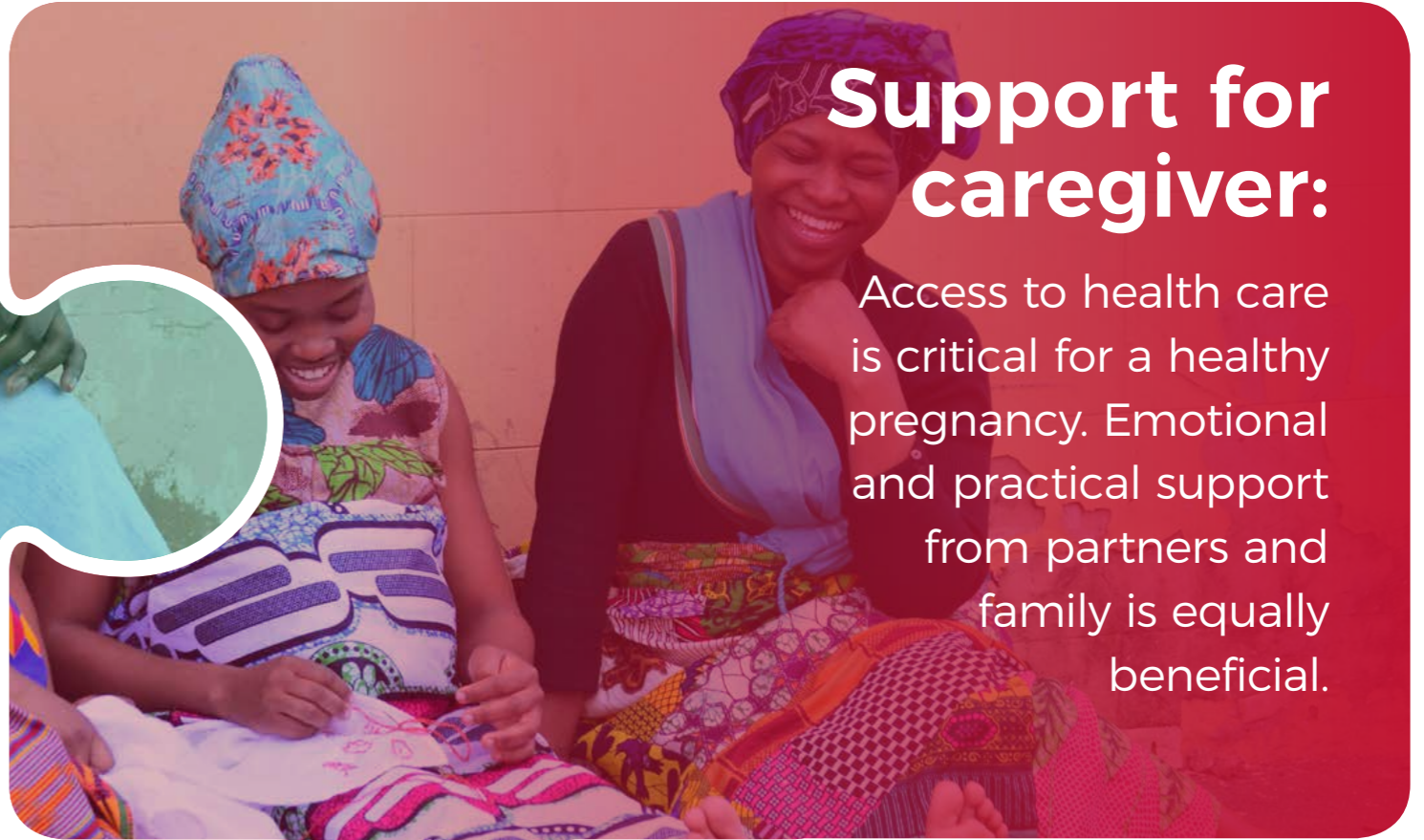
Connect with caregiver:

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



Support for caregiver:

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



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.



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.



Training summary: Key messages for pregnancy

Connect with caregiver

Coping with the adjustment to pregnancy is difficult when your mind is filled with big emotions and worries. Emotions can be:

- Positive: excitement, joy.
- Negative: fear, shame.

Emotional support is helpful and can include:

1. Being a trusted confidante who helps caregivers name and share emotions and understand what is triggering them.
2. Building caregivers confidence in pregnancy by sharing educational tips on how to stay healthy in pregnancy.

Connect with child

Caregiver stress and big emotions can lead to:

- Not being able to have positive thoughts about the baby
- Impact on the baby's development.

Caregivers can connect to baby:

1. Talking to the baby throughout the daily routine helps to keep the baby in mind.
2. Practising relaxation helps caregivers calm their bodies and their minds in times of stress – this helps caregiver and baby.

Support for caregiver

Partners and families are key supports for pregnant women. Lack of support can lead to challenges including:

- Emotional: relationship conflict.
- Practical: money problems or poor access to health care.

Practical support is helpful and can include:

1. Facilitating a discussion with partners to reduce conflict or to engage friends when partner is absent.
2. Educating the family on support needed for a healthy pregnancy and helping to problem solve barriers to accessing health and social services.

Support for child

Families may not offer support if:

- They don't understand the babies' developmental needs.
- They are not motivated to provide resources for baby.

Families can support the baby's development:

1. Learning about how the baby is developing in the womb can increase family motivation to support the pregnant mother.
2. Singing and talking to the baby helps the family bond with the baby and motivates their care for the baby.

Practice guide and tools

Connect with caregiver

Establish a **confidante relationship** and help caregivers identify emotions using the emotions basket.

Use **coping strategies card** to discuss and teach breathing and relaxation exercises for emotional regulation.

Use **healthy habits card** to speak about things pregnant women can do to keep themselves and their babies healthy.



Support for caregiver

Help create a safe and supported pregnancy by navigating any conflict around the pregnancy using the **ANPM model**.

Use the **pregnancy information cards** to identify important support and services needed by pregnant women.

Raise awareness of local resources for pregnant women using **resource mapping**, and problem solve any barriers to access.



Connect with child

Use **pregnancy information cards** to speak about the effect that mother's emotions and health have on her baby and how she can manage this.

Invite the partner and family to play a game using the **caregiver playing cards**, to engage them in discussions about emotional and practical support.



Support for child

Use the **foetal development card** to show the progression of baby's development and what babies need while growing in the womb.

Invite the partner and family to play a game using the **child playing cards** to reinforce messages about foetal development and the role of families.



CARING FOR THE CAREGIVER 0-6 MONTHS



Key challenges – 0-6 months

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

A newborn baby's capacity for communication is still developing and both mothers and fathers can feel unsure about meeting the baby's needs.

Caregivers need support to build their confidence in caregiving during this adjustment period.

CFC puzzle

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 wellbeing.



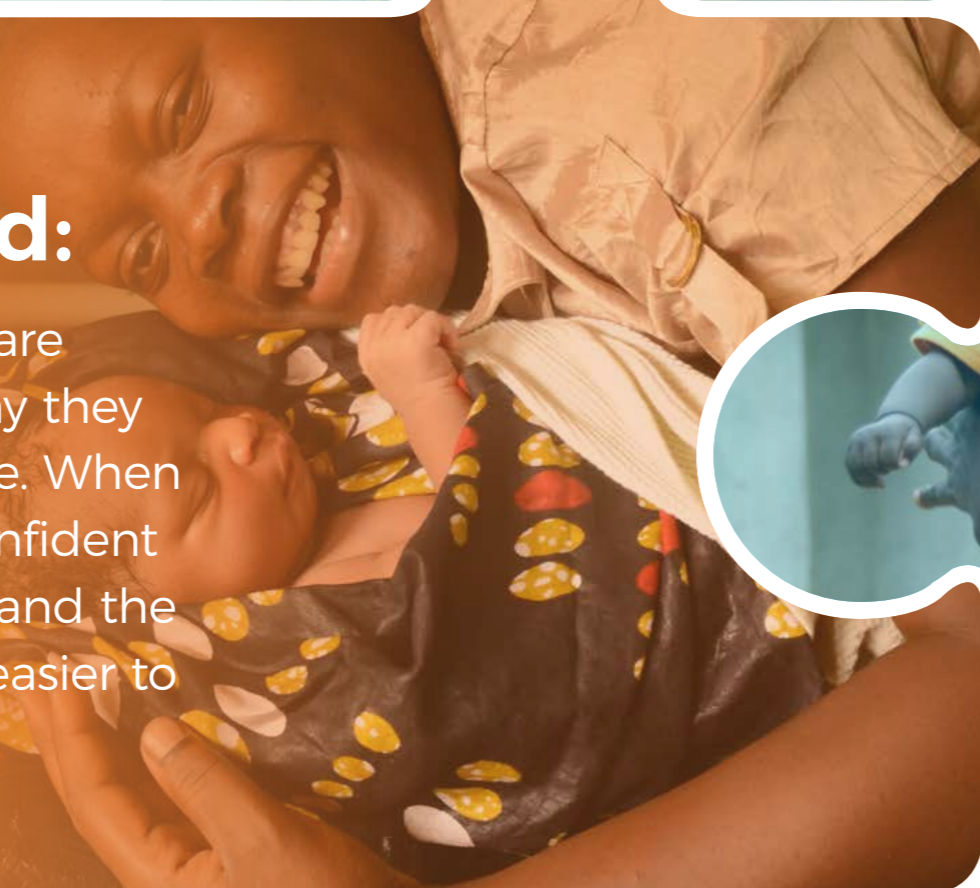
Support for caregiver:

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



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 to baby.



Support for child:

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



Training summary: Key messages 0-6 months

Connect with caregiver

Babies can unsettle caregivers, leading to physical and emotional problems including:

- Physical: lack of sleep and physical fatigue.
- Emotional: low self-esteem and low mood.

Emotional support is helpful and can include:

1. Offer reassurance that when things go wrong it's easy to lose confidence and feel guilt for struggling with caregiving, and reminding caregivers they are doing well.
2. Educate caregivers that being overtired can trigger low mood, resting when baby is resting and asking for help are important coping strategies.

Connect with child

Being tired and overwhelmed affects caregiving:

- Caregivers can develop negative perceptions of the child leading them to be harsh towards the baby.
- Caregivers can have repetitive negative thoughts (ruminate) leading to less responsiveness to cues.

Caregivers can connect to baby:

1. Supporting the establishment of routines, encourage self-care and taking time for themselves.
2. Build caregivers confidence and attention during connect opportunities (i.e. breastfeeding). Talking for baby is a gentle way to encourage attention to the baby's cues.

Support for caregiver

Support needed by caregivers is not always obvious to partners and families. Lack of support leads to challenges including:

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

Practical support is helpful and can include:

1. Discuss baby's routine with partners/family highlighting triggers of stress and building their confidence to participate in caregiving.
2. Educate families on the importance of nutrition and health care, addressing unhelpful normative behaviours, myths and beliefs.

Support for child

Families may not know how to provide support:

- Families can feel isolated from caregiving because the caregiver-child dyad can appear close and self-sufficient.
- Families who don't have opportunities to bond with the baby can be less motivated to understand the baby's needs.

Families can support the baby's development:

1. Involve families in specific parts of baby's routine where baby is awake and active and relationships can be built.
2. Connect families to community resources to enhance caregiving resources and problem-solve barriers to access.

Practice guide and tools

Connect with caregiver

Use the **stress bucket** to discuss any stressful feelings that baby may trigger and identify coping techniques.

Use the **postnatal information cards** to raise awareness of the importance of taking time to do self-care activities.

Use **daily routines** to help caregivers plan their days and find a rhythm for them and baby.



Support for caregiver

Use the **wrapper of support** to speak about the different types of support needed by caregivers and babies.

Use the **postnatal information cards** to raise awareness about safety, nutrition and attending clinic appointments.

Use **resource mapping** to link caregivers and families to resources in the community and problem solve barriers to access.



Connect with child

Use the **postnatal information cards** to discuss how caregiver emotions can affect their ability to attend and respond to the baby's needs.

Use the **emotions basket** to talk about baby's emotions and respond to them. Share important soothing strategies.

Refer to **CCD participants manual** pages 13-14 for age appropriate *communicate* activities.



Support for child

Use the **child playing cards** to show what the baby can do during the first 6 months of life and discuss developmental needs.

Invite the partner and family to play a game using the **child playing cards** and help make introductions to baby that engages them in caregiving practices.

Refer to **CCD participants manual** pages 13-14 for age appropriate *play* activities.



CARING FOR THE CAREGIVER 6-12 MONTHS



Key challenges – 6-12 months

There are many developmental changes for caregivers at this time: solid foods are introduced, baby spends more time awake and they become more mobile. These changes can impact on family life.

Baby needs caregivers to be close by to feel safe; they can become clingy and emotionally demanding, placing caregivers under increased pressure.

Caregivers may need to return to work and caregiver and baby can find separation difficult.

CFC puzzle

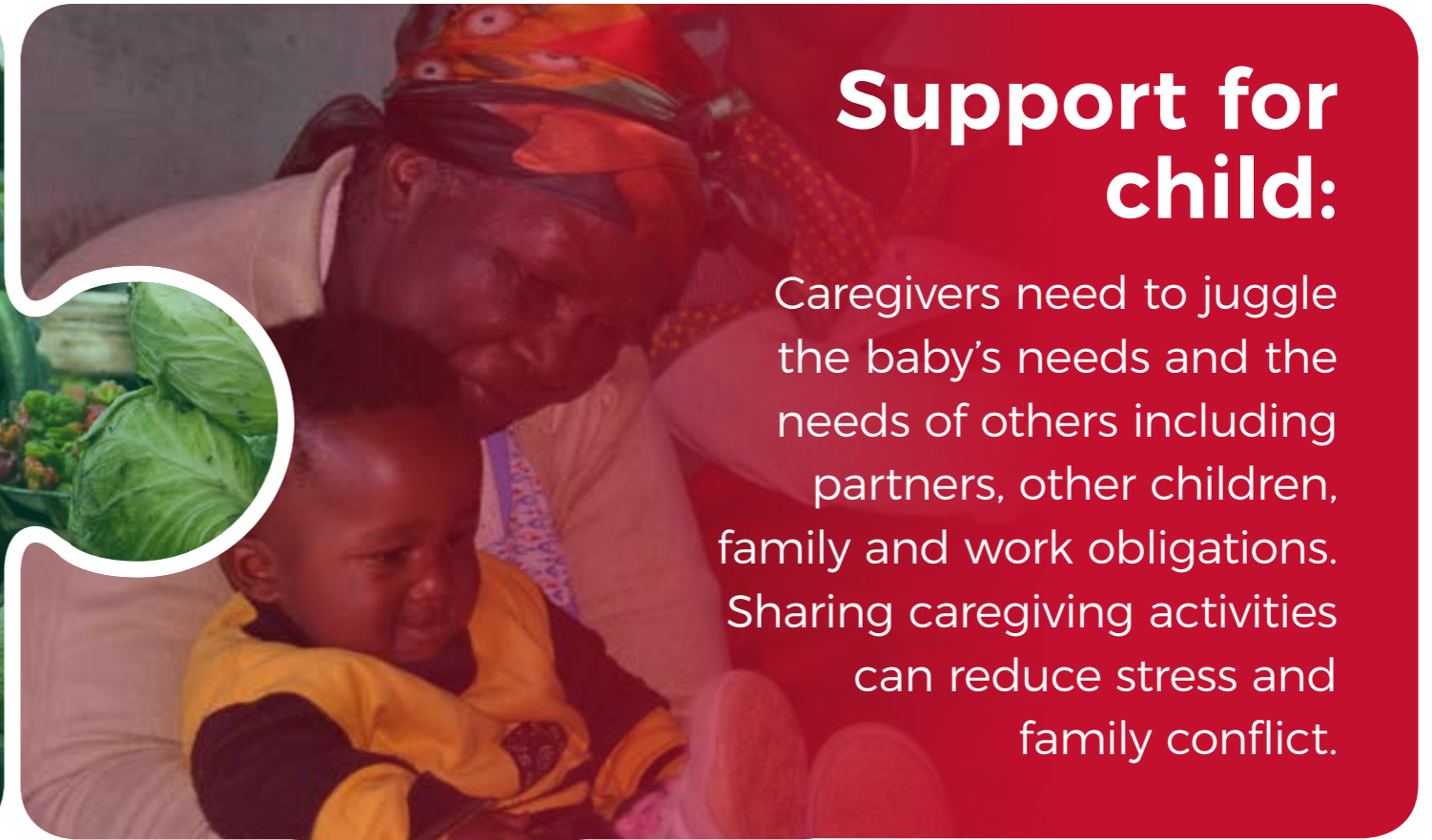
Connect with caregiver:

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.



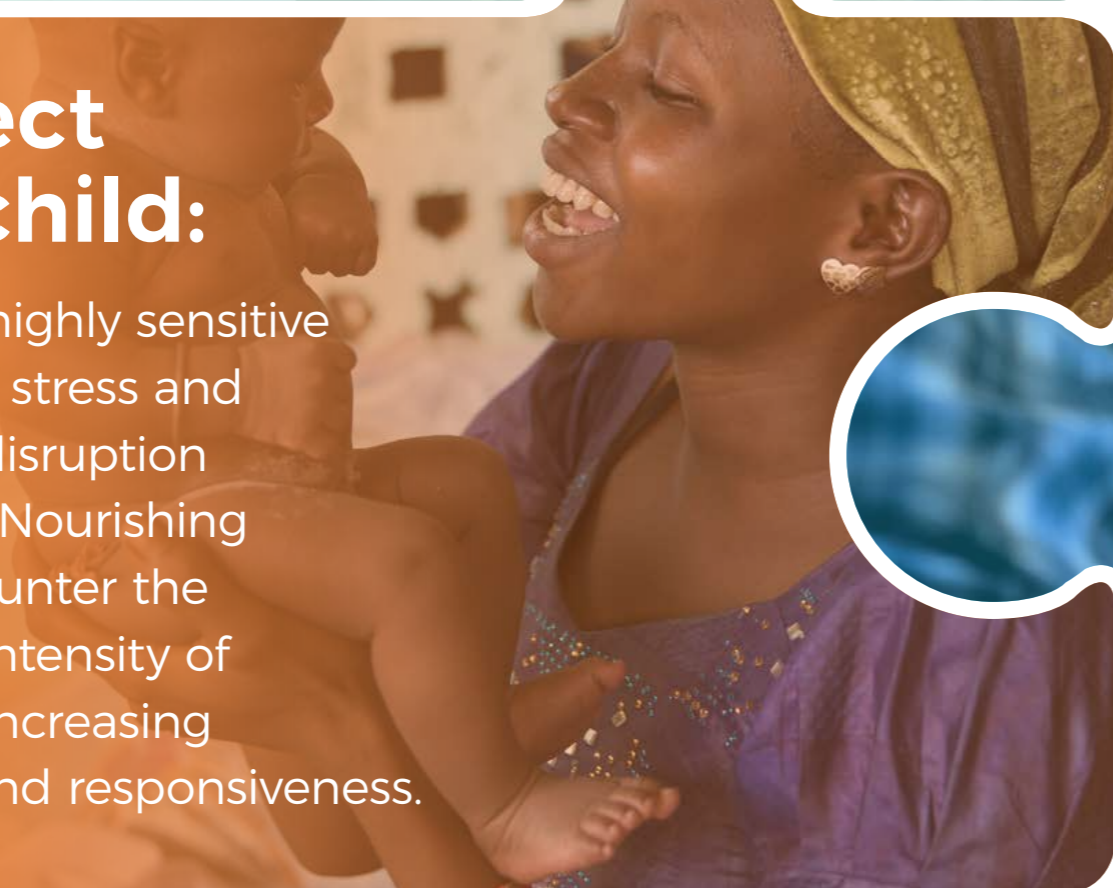
Support for child:

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.



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.



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.



Training summary: Key messages 6-12 months

Connect with caregiver

Babies can introduce caregiving stressors including:

- Relationship: Balancing desires for partner intimacy and social activities with baby's needs can be difficult.
- Emotional: Difficulties with separation, can be emotionally demanding, leading to guilt and caregiving insecurities.

Emotional support is helpful and can include:

1. Being a trusted confidante, listening to caregiver's thoughts, feelings and needs without judgment.
2. Openly discussing caregivers needs to prevent compromising baby's care to meet demands of other people (e.g. needs for intimacy partner).

Connect with child

A lack of balance in caregiver role can lead to:

- Resentment of caregiving, leading to inattentive care.
- Unplanned separations can be painful and lead to guilt and negative emotions.

Caregivers can connect to child:

1. Establishing routines that provide time for partner intimacy and friendships while keeping baby feeling secure.
2. Preparing for separation (e.g. caregivers return to work or attending social activities) making this manageable.

Support for caregiver

Baby's needs can disrupt family life including:

- Resources: Introduction of solids can increase pressure on food security in the household.
- Safe spaces: Baby's mobility requires more supervision from family and can be intrusive of broader family spaces.

Practical support is helpful and can include:

1. Deal with normative practices/barriers which might prevent continuation of breastfeeding and good nutrition.
2. Discussing baby's perspective and safety needs with partners/family can reduce family tensions and conflict about baby's behaviours.

Support for child

Children can make family life stressful:

- When family routines and chores are disrupted.
- When families disagree about childcare practices.

Families can support the child's development:

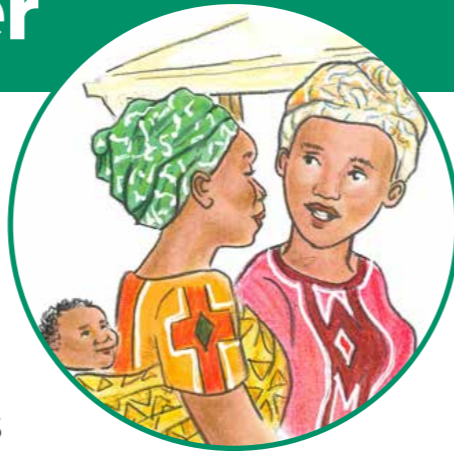
1. Link family to nutritional supports to alleviate the stress associated complementary feeding and food insecurity.
2. Helping families plan for childcare and separations increases the quality and consistency of caregiving.

Practice guide and tools

Connect with caregiver

Use the **stress bucket** to identify new stressors and **emotions basket** to explore emotions related to balancing the needs of baby, partner and family.

Use **postnatal information cards** to discuss how others can support caregivers by sharing caregiving responsibilities.



Support for caregiver

Use the **ANPM model** to address unhealthy normative practices the caregiver or family hold or which caregivers and families might disagree on (e.g. infant feeding).

Use the **wrapper of support** to discuss any conflicts around demands that the baby places on family resources and routines.



Connect with child

Use the **caregiver playing cards** and **postnatal information cards** to open discussion about routines, separations and needs of both caregivers and babies.

Invite the partner into a discussion using **daily routines** to help establish routines which allow time for social interactions and intimacy with partner and friends.

Refer to **CCD participants manual** pages 15-17 for age appropriate **communicate** activities.



Support for child

Use **resource mapping** to link caregivers and families to health and nutrition resources and problem solve barriers to access.

Invite the partner and family to play a game using the **child playing cards** and discuss opportunities for involving child in family activities.

Refer to **CCD participants manual** pages 15-17 for age appropriate **play** activities.



CARING FOR THE CAREGIVER 12-24 MONTHS



Key challenges – 12-24 months

Children's behaviour can be frustrating to caregivers.

Emotionally, children need help to manage their big emotions; they may be testing their own limits, doing things that seem hurtful, like refusing to listen, hitting or biting.

Helping caregivers manage these feelings and normalising child behaviour as developmental helps avoid harsh parenting.

CFC puzzle

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.

Support for caregiver:

Children's behaviours can be frustrating to caregivers and families. Families can reduce conflict by agreeing to set disciplinary practices which shape their child's behaviour.

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.

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.

Training summary: Key messages 12-24 months

Connect with caregiver

As children develop emotionally they can appear demanding and stubborn leading 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, and motivation for caregiving in response to the child's behaviour.

Emotional support is helpful and can include:

1. Self-care can help build coping strategies to manage child emotions. Encourage expression of own desires for the future (e.g. further childbearing).
2. Build the caregiver's confidence by normalising big emotions, frustrations or resistant behaviour as being part of child social development.

Connect with child

Low confidence in caregiving can lead to:

- Feeling frustrated and hurt by child behaviours.
- Poor boundaries and inconsistent discipline.

Caregivers can connect to child:

1. Identifying triggers in child behaviour that elicit high emotions (e.g. hitting or biting) and share tips on managing these.
2. Encourage social activities with other caregivers of similar aged children to normalise 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.

Practical support is helpful and can include:

1. Facilitate family discussions about parenting and the consequences of harsh interpersonal interactions with the caregiver and the child.
2. Link the family to community (e.g. ECD facilities) where children can be socialised and where caregivers can learn to set limits and practice positive parenting.

Support for child

When families are agitated and frustrated it can lead to:

- Perceptions that child is selfish, and less sensitive care.
- Harmful parenting practices such as harsh parenting.

Families can support the child's development:

1. Guiding behaviour by maintaining predictable routines and setting kind, firm limits.
2. Role modelling good social behaviours and positive interactions with others.

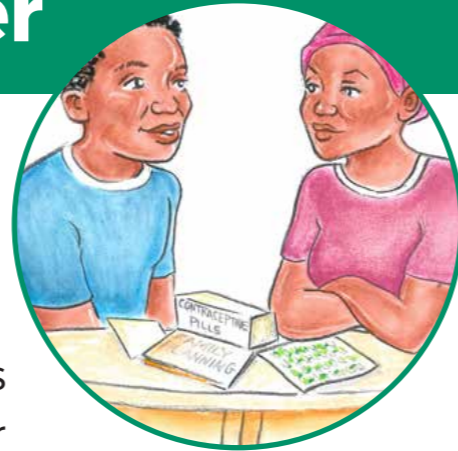
Practice guide and tools

Connect with caregiver

Use the **stress bucket** to discuss any stressors caused by the child's behaviour and desire for independence.

Use **postnatal information cards** to discuss the benefit of social relationships with other caregivers.

Use **coping strategies card** to reinforce messages about managing caregiver emotions and stress.



Support for caregiver

Use the **wrapper of support** to speak about the different types of support available to caregivers and children.

Use the **ANPM model** to discuss consistent discipline strategies which the caregiver and family agree on.

Use **resource mapping** to identify learning opportunities outside of the house for caregivers and children.



Connect with child

Use the **postnatal information cards** to speak about positive interactions between caregivers and children that communicate love and affection.

Invite the partner and family to play a game using the **caregiver playing cards**, to engage them in discussions about managing caregiver emotions and stress.

Refer to **CCD participants manual** pages 18-19 for age appropriate *communicate* activities.



Support for child

Use the **child playing cards** to show what the baby can do between the ages 12 and 24 months and discuss the importance of children learning by observation.

Invite the partner and family to play a game using the **child playing cards** and discuss strategies for shaping child behaviour in a gentle way.

Refer to **CCD participants manual** pages 18-19 for age appropriate *play* activities.



PREPARATION FOR COUNSELLING



Learning objectives:

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

1. Managing difficult situations
2. Planning your work schedule
3. Practicing self-care
4. Supervision and scope of work
5. Minimum standards

Managing difficult situations

Now that you have completed your training it's important to understand the next steps you will take as you prepare to implement CFC in your community.

Most families will be coping well and will welcome the additional support that CFC and brings. However, there may be situations which are more difficult. This section provides some guidance for how to approach these situations.

There are some basic principles to guide you in the more common difficult situations you might encounter. This includes what you might focus on and how you might adjust activities to match the situation. These are important so that you don't use CFC in a way that is not helpful for the caregiver or family. It is critical that you use your judgement, act cautiously, and ask for supervision if you feel unsure.

Principles for approaching difficult situations

Principle 1 - an empathic and non-judgemental approach is critical

Your relationship with pregnant women in difficult situations is critical. It is important not to underestimate it - it literally can change her life and the future of her baby.

In difficult situations it's important to remember that the pregnant woman is not a "pregnancy" or a 'problem', she is a person with her own knowledge, abilities, skills and strengths. This can be a challenge because in difficult situations a person's strengths are not always clear, but they are there - you just need to find them. You





must see the mother for everything she is, rather than for all the things she is 'not' (e.g. not mature enough, not ready enough, not financially prepared, not with a good husband or partner).

Your role is to prioritise connecting with her in a meaningful way – to have a relationship with her that is trusting and supportive – and to communicate to her that you are there for her and you do not judge her for the situation that she is in. If you are able to make this connection, you can walk alongside her and ensure she gets connected to support. When you provide this emotional support, you are helping mothers become more capable of taking care of themselves and their babies in the longer term.

It's helpful when you approach these situations to always be complimentary and to practice what we call 'unconditional positive regard.' This means that you are communicating to the person that you can see them in a positive light, despite the negative situation.

Some examples of situations and how you can approach them include:

Poverty: If you are opening a conversation with a mother who is very poor, you can say something like:

"I can see that you don't have very much but that you have done a great job with what you do have" or,

"Wow I am so impressed with how clean you are keeping everything" or,

"I know you don't have very much here, but you are making me feel very welcome in your place."

Trauma: In situations where caregivers have survived something difficult that you are aware of, it's helpful to start with acknowledging that, so that she knows you accept her despite her circumstances. You can say something like:

“I know that you have suffered a big loss in your family, but I am impressed that you are managing as best as you can for your children” or,

“I can't imagine how painful your experience was when you were assaulted but I still see you as a beautiful person who deserves a good life” or,

“Losing a baby is a terrible thing, but I believe you are able to cope with it if you have support” or, *“No matter what has happened before, you deserve for things to go better now.”*

Principle 2 – be selective and sensitive about what the materials cover

In cases where the pregnancy is unwanted you might find it difficult to focus on content which is very child-focused. Instead it might be helpful to focus on CFC counselling until she can begin to think about the baby in a positive way. In these situations you can focus on establishing a connection with the pregnant woman and engaging in a supportive relationship with her. You need to be patient and trust that once you have connections and support in place, a space for learning about the baby will start to emerge.

Some examples of how you can approach this include:

“I realise that the situation you find yourself in with this pregnancy is difficult, I am not here to judge or push you to be happy about it, I am just here to be with you and to see how I can support you” or,



“I know you are not happy with your situation, but it's important to take care of yourself and let others, like me, care about you” or,

“I can see that you are struggling right now, but I believe we can find a way through this together, I am here to support you.”

Principle 3 – be aware of desires to ‘save’ the caregiver

When stepping into a situation with lots of difficulties, it is natural to want to jump in and fix the situation right away. The problem is that often the root cause of the problem is not addressed, even if the immediate problem goes away and the caregiver feels better. Also, if you jump in to fix situations for caregivers instead of with them, they are not empowered with the skills to manage this kind of problem themselves in the future. This means the next time a stressor occurs she will need you again, so your work is less sustainable.

Always look for ways to bring the pregnant woman or caregiver along with you as you work to improve her situation. Some good questions to reflect on in these situations include:

1. What will the caregiver learn from how I am approaching this situation?
2. If I do this, what capacity am I leaving behind for the future?

Let's think about a practical example that is very common in our communities.

Managing partner or family conflict

If there is conflict with the family or partner, many caregivers may want you to step in and speak on their behalf to 'fix' the situation. In some cases it might be helpful to do this as a first step, to calm big emotions and avoid putting a caregiver in a dangerous situation. But you should always also work to empower and skill the caregiver for the future.

This means that rather than speaking to the family on behalf of the caregiver, without the caregiver involved, you can use the ANPM model and plan a joint meeting.

In that meeting you can support her as an advocate (and protect her as a person of authority in the community) and you can encourage her to speak her problems, and take steps to reduce conflict. You are still helping in less direct ways – for example, you can help her decide the best time to talk to her partner, or to practice what she wants to say or negotiate.

In this way she learns new skills for dealing with a problem, and her partner and family learn to communicate differently in the future, without your mediation.

Principle 4 – be prepared to work with whoever is the caregiver

There may be situations in which you have to support alternative caregivers because mothers are not present, able or willing to care for the child. In these cases, your role is to support whoever is caring for the child. The alternative caregiver has taken on a big responsibility and it is made easier for him or her if they feel they are respected and supported by you and the family, so that they access support in caring for the baby. It's important not to judge the situation and impose your beliefs about who should be caring for the baby, it's more important that you identify and work with the person who is willing to invest the most in the child.

Taking care of children is not about blood relationships, gender, age – it is about the people around the children who take responsibility. You need to be as flexible and as open as possible about whom you support.

Be careful that your gender norms don't get in the way of helping.

For example: you have visited a home a few times and each time you go you find only the father and the children at home. The father tells you his wife is 'at the market' or 'out in the fields'. If you leave and say you will come back when she is home, you are ignoring the person (the father) who is in fact the person who is most often with the children and caring for them. You will have missed the chance to support him, even though he is the primary caregiver.

Be careful that the 'ideal' does not get in the way of 'real'.

For example: you have visited a home a few times, and each time you go you find that a young adolescent is caring for the children while the adults are out. You can decide that the problem is to find

an adult to care for the children, and this, of course, is a good thing to do, but while you are doing that you can also help the young adolescent with their caregiving skills. The reality is that right now they have to provide caregiving, so you help them and the children if you support them, while also trying to address the situation in this vulnerable household.

Principle 5 - all children and all caregivers, not one caregiver and one child

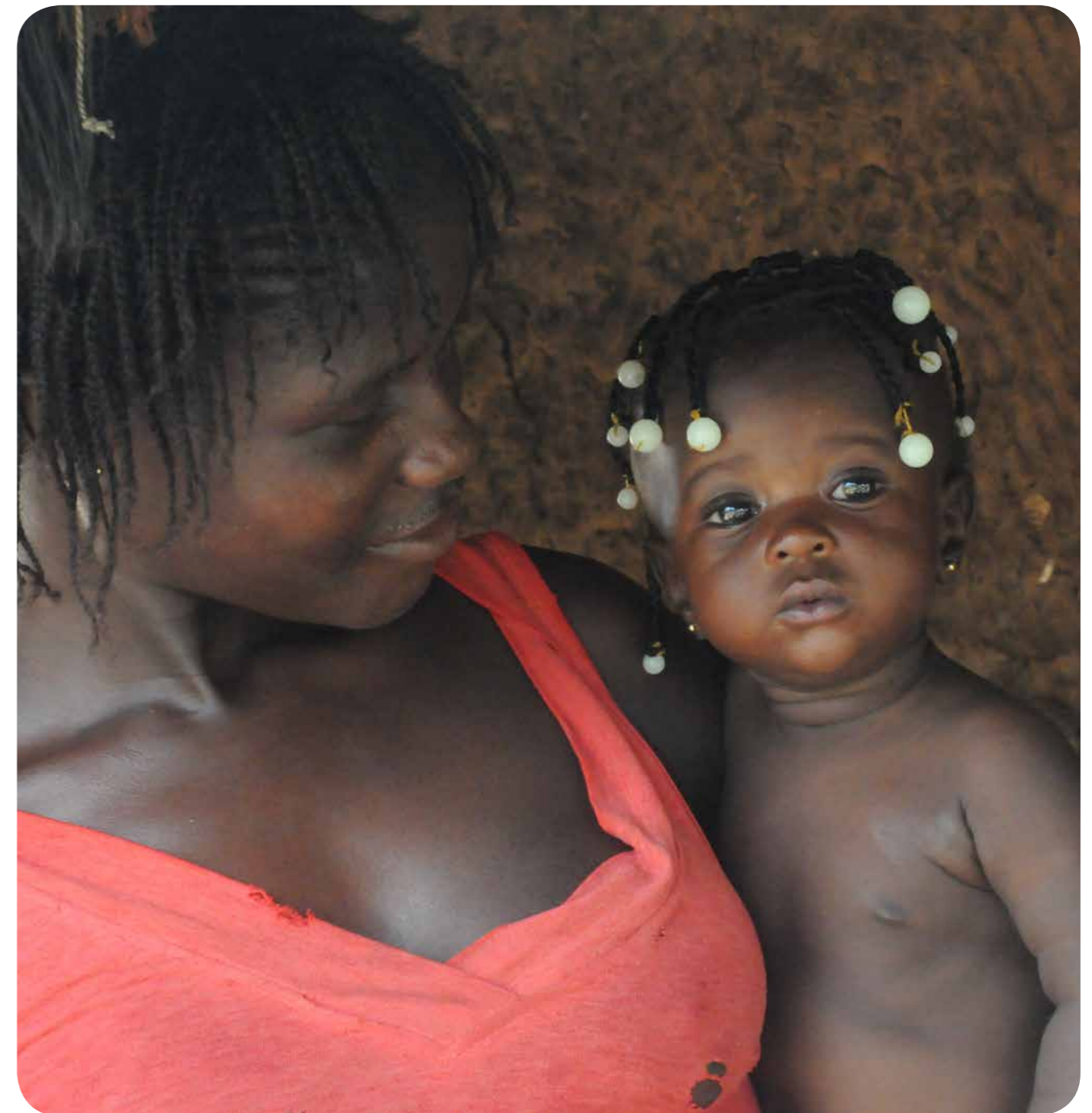
CFC is built on the principle of family support and family engagement. This means the materials and training can be shared with many people in the household and not just one caregiver with one child. It is completely acceptable to train more than one person in the family but always remember your primary role is to be there for the caregiver – you are the confidante to them, so it's important not to take sides between the two people who are caring for the child. When mothers want to care for their children but their circumstances don't allow it this can be stressful and difficult for them, it can make them feel sad, guilty, inadequate and 'not good enough.' An important role for you to play is to remind them of all the strengths they have, and show them ways to continue to stay involved with the child's care however they can. Be a confidante to one, but a trainer to many.

Be open to supporting more than one caregiver

For example: If a mother is working and can't care for the child during the day, or if she is ill or has disabilities, rather than simply replacing the mother and supporting another alternative caregiver to 'take over the child' you could rather work with the mother and family to identify someone who can share caregiving with her. You can train both of them and they can offer each other support.

Be open to supporting the father to be the child's caregiver

For example: In some situation fathers might be prevented from caring for their child because of a family decision or situation. In these cases, you may use the ANPM model to facilitate discussion around this with the family to support the father to be involved where the family is excluding him from caregiving opportunities.



Planning your work schedule

Preparation is about knowing the content of this manual. It is also about making sure you are emotionally and practically prepared for counselling.

Time management

The first step in preparing yourself for counselling is to think about and plan your CFC visits. This means thinking about how much time you should allocate for activities, including how long a visit might take, how far you walk to get there, whether you should



pack lunch or refreshments, and making sure you leave on time to get home safely. Does it feel safe for you to be out and about doing this in your community or should you pair up with another counsellor. It's also important to make sure there is a balance between counselling responsibilities and your responsibilities to your own family.

Home visiting schedules

1. Arrange your work day into time slots. We suggest two to three visits per day at the most, as you will be tired if you try to do more.
2. Map out your maximum visits per day on a calendar that shows week blocks..
3. Leave some time in your week to reschedule visits, for example missed or repeat visits, or if a caregiver calls you for help urgently.
4. Adjust your schedule to allow more time per visit if you know it will take longer to get to a site.

Balancing the number of new clients you take on

When you start visiting a new caregiver and family it is important to think about how they will fit in with your existing caregiver's visits. Try to be responsive to the caregivers when scheduling so your visiting does not add to their stress. This is especially important when you know there are busy times coming up, because if you take on too many caregivers, you might not visit them for long periods of time and they won't find your support consistent and helpful.

Self-care Practice

You may already be a qualified lay counsellor (breastfeeding or HIV counsellor), a frontline or community health care worker. As a counsellor you need to be aware of how important self-care and debriefing are for keeping you emotionally well so that you can function as a good, attentive, empathetic counsellor. Self-care is important for three reasons:

Firstly, manage your emotions so you do not impose on the caregiver.

For example: If you are tired and emotional you could become irritable and impatient with caregivers, or you can become frustrated or tearful during visits. This will affect the caregiver's confidence and she may feel she has to take care of you or not burden you, which is not helpful for the confidante relationship.

Secondly, you can become burnt-out and lose your compassion.

For example: you may start feeling frustrated that caregivers are not learning fast enough, or not doing the activities that you asked them to do. Sometimes when people are frustrated, they can become pushy and directive instead of sympathetic and supportive. You may start feeling tired and skip appointments with the caregiver because you don't feel like going to visit her. This will make the caregiver feel that she cannot rely on and trust you, and she might stop accepting your advice and support.

Thirdly, being physically tired can affect your concentration and memory.

For example: You may also begin to forget to teach the caregiver important parts of CFC and in doing so you may end up making things harder for the caregiver.

There are some golden rules for self-care you should try to adhere to.

Golden rules for self-care

Golden rule 1: Be prepared

You must be prepared and know that in your work you will hear about, and experience, great and exciting things, but that you will also hear about difficult challenges caregivers face. You will need a support system to help you to cope when you are supporting caregivers in difficult situations. It is important to have regular debriefing with your supervisor and to make sure you do the work of self-care yourself.

Golden rule 2: Know your limits

There are limits to what you can offer as part of your counselling. Try not to overstep these. Your supervisor can help you to judge where those limits are, and you must link in to referral networks for the things that fall outside your scope. Make referrals to health and social service where appropriate.

Golden rule 3: Check in regularly

Counselling is not meant to be delivered in isolation by community health care workers or frontline workers. You should work within a support system, with regular peer meetings and supervision, and with access to health care services for yourself and your clients.

Regular supervision

Your kindness and your caring attitude make you a good counsellor. However, it is precisely because you care about people that you can easily take on too much – and can begin to try to help everybody with everything. Regular supervision helps you monitor your limits. It is very important to have an outsider, who is objective, to debrief you and tell you if you are taking on too much.

Debriefing and supervision

Regular debriefing will allow you to feel supported. You will find that it helps to focus your attention, gives you energy, and allows you to put more effort into your counselling and home life.



Important characteristics of supervision

It is an opportunity to speak about how you are.

You can work on your self-awareness and discuss any problems in your personal life which might be affecting your counselling, so that you can receive support.

It provides a safe and non-judgemental space.

Here you can discuss difficult or problematic caregivers who might be frustrating you. Your supervisor can help build your social awareness and talk through your feelings to find ethical responses to these challenges.

It provides a space for debriefing.

In your work you will encounter caregivers and families facing many difficulties and it can make you feel overwhelmed at times. Talking to somebody more experienced than you and sharing these counselling scenarios (both good and bad) helps you feel supported.

It is confidential.

Keeping confidentially is a critical part of building trust with your caregivers, their families and your community. You are a community member yourself so it's important not to breach confidentiality by speaking with your friends and family about counselling cases. Regular supervision provides a place where it is safe and acceptable to talk without breaching confidentiality.

Knowing the limits in your scope of work

Working with families, you will encounter many issues that fall outside the scope of your work. It is important to **know your limits** and not to overstep your expertise.

Your work includes:

- Providing support and guidance to pregnant women and caregivers on caring for themselves and accessing support for caregiving.
- Providing support and guidance to families of pregnant women and caregivers on how to support caregivers and their children.

Your work does not include:

- Offering medical advice or treatment that you are not qualified to offer.
- Engaging in poverty relief or taking on a social welfare role.
- Offering religious advice to caregivers and families.
- Offering legal advice to caregivers and families.

Resource mapping prior to starting counselling will help you have a good idea of your local referral system for caregivers and their families. Knowing what community resources are available to you, helps you feel comfortable to be able to refer when needed and to stay within your scope of work. Referral sources can include your local health centre, social services and municipal services. Support is available to you through faith-based and community organisations, traditional and community leadership groups.

