



Caring for Caregivers during the COVID-19 Crisis

Key messages, practical guidance, case studies and information sheets to promote caregivers' mental health, including special considerations for adolescent caregivers

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Introduction

Caring for caregivers in the COVID-19 pandemic

Pregnancy, birth and caregiving don't wait for ideal conditions. They continue during and throughout a crisis and most likely become more challenging in public health and humanitarian crises. Where there is pre-existing fragility, a pandemic like COVID-19 can heighten these vulnerabilities and add new stressors and challenges for caregivers including disrupted access to services and support.

Concerns about safety, livelihoods, and access to services, can lead to parenting stress and emotional problems. Stressed children may be more difficult to care for, stressed caregivers may be less attentive and stressed families may lose focus on the important role they need to play in children's development. Practically families' normal access to services and support systems may also be disrupted (or further disrupted) by COVID-19 responses. Due to the closure of childcare services and schools, some caregivers face the additional burden of supporting their children's learning full-time.

While families experience extreme vulnerabilities, they are also the greatest source of resilience for children. This is a critical time for health promotion, in particular mental health promotion, to support the capacity and desires of caregivers to care for themselves and their children.

Promotive and preventive support of caregiver emotional wellbeing is key to promoting optimal child development ([The Lancet](#) (2016), [UNICEF's ECD Programme Guidance, Nurturing Care Framework](#)).

There are clear links between caregiver mental health and child development because when parents struggle with their mental health, they will often struggle to provide the kind of nurturing care that is needed for their young children to develop and thrive.

The Caring for the Caregiver (CFC) package prototype is a front-line worker training package designed to support emotional well-being of caregivers/parents, with a focus on vulnerable caregivers, particularly adolescent mothers. CFC promotes emotional awareness, self-care, and self-efficacy, and encourages partner and family support, conflict resolution, and problem-solving skills, particularly in contexts of high levels of adversity. A validated final version is expected to be available in 2021.

This resource guides users with key messages which help advocate for emotional and practical support, and the use of coping strategies to deal with COVID-related caregiving stresses, responsibilities, fear, uncertainty, and isolation. It offers practical guidance and resources which encourage connection and communication to address isolation and disruption in daily routines in order to support caregivers and children.

This approach is operationalised in two types of activities that guide frontline workers in how to emotionally **CONNECT** to caregivers and facilitate practical **SUPPORT** for and with caregivers. Like pieces of a puzzle fitting together, a well-supported caregiver can more easily **CONNECT** and **SUPPORT** their children, as illustrated in the CFC framework over the page.

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.



Priority focal areas

There are three important areas to prioritize when trying to mitigate the impact of COVID-19 on caregivers and children.

Gender and gender equity

As COVID-19 sweeps through societies across the globe pre-existing economic, gender and race inequities along with health and developmental vulnerabilities in the poorest regions are heightened. Stereotypical gendered roles at home, combined with multiple socio-economic shocks, can lead to increased stress, especially for female caregivers who have limited resources and access to services.

Moreover, as observed in previous emergencies, disruption to services has led to an increased burden of childcare and household responsibilities on female caregivers, as well as increased gender-based violence. In addition, in many communities, women have faced greater economic shock as they are more likely to work in the informal sectors. The combined socio-economic impact of COVID-19 on female caregivers is expected to cause significant mental and emotional stress. In order to address these issues, it is important to use the current COVID-19 crisis as an opportunity to address some of the discriminatory gender norms and roles that negatively impact female caregivers, particularly in the household, to encourage greater sharing of responsibilities among caregivers.



Throughout this document we will highlight special considerations for gender using this easy to identify ICON to ensure that gender considerations are addressed in the practice of caring for caregivers and their children.





Adolescent caregivers

Adolescence (10-19 years) is a defining time in child development, characterized by rapid physical growth and neurological sculpting. Adolescence is also a critical period for individual identity development. Positive social relationships and environments enhance feelings of inclusion and belonging and lead to positive outcomes. Negative experiences, on the other hand, that increase fear, self-doubt or social isolation can be amplified during this vulnerable period of development.¹

In addition, in many countries, adolescents are caregivers or parents themselves. Due to the COVID-19 crisis, young caregivers are facing multiple stressors that can impede their ability to provide nurturing care to their young children. Thus it is important to support the emotional wellbeing and mental health of this vulnerable group in order to promote optimal child development across the life course, and in turn serve as a prevention strategy for mental health issues for caregivers and children alike.

Even in the absence of a global pandemic, adolescence is a time marked by numerous changes – physical, social and emotional. It is also a great period of opportunity, where young people search for ways to find their place in society and make a difference in their world. The World Health Organization (WHO) estimates that mental health conditions account for 16 percent of the global burden of disease in adolescents, and that suicide is the third leading cause of death among older adolescents.² Unfortunately, adversity and exposure to things like poverty, abuse, or violence can make adolescents more vulnerable to mental health problems. This means that adolescents living in areas with multiple adversities and less access to resources are at higher risk.

Just as risk for mental health problems are higher in marginalized communities, so is risk for adolescent pregnancy. During a time when adolescents have an increased need for emotional and practical support, pregnant adolescents and adolescent caregivers are often faced with a myriad of negative social consequences and withdrawal of support. Not only do they experience stigma, family conflict around their pregnancies, and rejection by partners, but there is an increase in violence perpetrated against them – most commonly by their partners and family members.

A lack of support during any pregnancy can have drastic consequences to the health of the mother and her baby. Family conflicts around an adolescent pregnancy may have arisen for a number of reasons – feeling that the mother is too young, the partner not wanting to take responsibility for the child, a concern for the adolescent’s future, or financial stressors on the family. Withdrawal of support by a partner might be due to the fact that young fathers don’t know how to provide for the baby, and so want to avoid the issue by avoiding the caregiver. A lot of adolescent pregnancies are unplanned, and sadly, unwanted by either or both partners.



In the practical guidance section of this document, when we deal with caregiving challenges, we will always include special considerations for adolescent caregivers and the challenges they may face during COVID-19 identified by this ICON.



1. “UNICEF Programme Guidance for the Second Decade: Programming With and for Adolescents.”
2. WHO, “Adolescent Mental Health Factsheet”

Child Development

Children are affected by what they hear and see happening around them. Much of their healthy development depends on relationships with others. Through observation and interactions they learn normative behaviours, master developmental tasks and explore environments safely. 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.

Child development emerges over a series of stages and is cumulative, with each stage building on the one before. Some stages are particularly sensitive to either positive or negative exposures. Socio-emotional development is as critical as physical and cognitive development. The impact of COVID-19 on children's behaviour and coping will be influenced by and mitigated by a child's age and developmental capacities. While caregivers may want to shield their children from the uncertainties and fear associated with COVID-19, they simply cannot as it is all around them in their communities and in the media. Even very young children who may not understand what COVID-19 is, will still feel and experience the distress it causes around them.

Parents may want to protect their children from news of illness and death by giving them misinformation; but it is important to provide children with truthful information in a developmentally appropriate and sensitive way as their understanding develops over time.



In the practical guidance section of this document, when we deal with child challenges, we will always include special considerations for children's developmental needs and capacities using this ICON.



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How to use this resource guide

This guidance takes a **relationship-centred approach** based on an understanding that both emotional and practical support is needed for caregivers to cope and thrive, despite adversity.

We stress the importance of caring for pregnant women during a public health crisis and encouraging **responsive, sensitive caregiving** to navigate the **developmental sensitivities of children (aged 0-8 years)** and how these frame children's reactions and response to COVID-19. Throughout this document we place a special focus on **gender and gender equity** in caregiving and we highlight special considerations for the needs of a highly vulnerable and underserved population, **adolescent caregivers**.

There are four sections in this guide:

1 Key messages



2 Practical guidance



3 Case studies



4 Information sheets



This guide can be used by UNICEF country teams, implementing partners and government counterparts in relevant sectors to enhance their current communication, outreach and programmatic activities aimed at promoting the mental health of caregivers/parents during the COVID-19 crisis. Each section of this document is colour coded and organised using illustrative icons for easy navigation. It is designed to provide the user with different types of information, in differing levels of detail to allow the user to make use of the whole resource, or to easily focus in on the sections that are most relevant at a given time.

Throughout the document you will find hyperlinks which help you navigate the sections of the document or link you directly to additional resources when you click on it. Many of the documents that are available through the hyperlinks can also be found on the [UNICEF Parenting Hub](#) and [COVID-19 Parenting Tips portal](#), as well as the [Parenting for Lifelong Health COVID-19 Parenting site](#).

This resource guide is structured as follows



1

Key messages

For advocacy, outreach and communication activities

2

Practical guidance

For designing and strengthening programs for supporting caregivers as part of a COVID-19 response



3

Case studies

For illustrating common challenges that may occur during the COVID-19 pandemic

4

Information sheets

For additional information on COVID-19 specific topics





Key messages

1

Overview of this section

This section outlines high level and simple key messages based on the principles and content of the Caring for the Caregiver package. These messages should be adapted to the local context and can be used for advocacy, as well as outreach and communication activities.

Highlights

These messages aim to draw attention to the mental health and psychosocial needs of caregivers associated with the COVID-19 pandemic. The messages are presented in line with the following topics, drawn from the content/structure of the CFC training package for frontline workers:

- Encouraging caregiver emotional awareness and coping
- Engaging support from partners and family
- Increasing responsive and attentive caregiving
- Providing a nurturing family environment for children







Caregiver Connect

Pregnancy and caregiving can result in big transitions and emotions, both positive and negative. This can be due to many factors, including hormonal shifts, which cause psychological changes that can take place both during and after pregnancy. COVID-19 has imposed multiple stressors on vulnerable families, which might hinder their ability to provide a nurturing environment for their children. These stressors include financial and job insecurity, caring for loved ones and home-schooling.



Key messages:

-  Fear and anxiety affect emotional wellbeing. The COVID-19 pandemic creates conditions that drive this fear and anxiety.
-  Risk of depression, anxiety, loneliness and thoughts of self-harm may be elevated for caregivers during the pandemic, especially for those with pre-existing problems; emotional support is vital.
-  Emotionally supported caregivers cope and care better for their children. Good care is vital for developmental health and recovery from COVID-19.
-  Supporting female caregivers to seek emotional support and take time for self-care is vital and will allow them to better care for and support their children.

Caregiver Support

Caregivers may feel isolated and lonely due to disruptions in usual sources of support. They might also be stressed by disruptions to services and may fear a lack of access to resources. Speaking about support needs can be difficult. There are also significant stressors for women, due to increased unemployment, gender-based violence, and unequal distribution of care responsibilities. Responses to the crisis should include challenging stereotypical gender roles and encouraging balanced sharing of caregiving responsibilities among male and female caregivers.



Key messages:

-  Caregivers need emotional and practical support from their partners, families, social support networks and community.
-  Family members can support each other during this crisis by taking time to talk, listen, and help each other cope and adjust.
-  Practical support, including sharing responsibilities between female and male caregivers, can help caregivers cope better and make family life easier.
-  When caregiving responsibilities are shared, female caregivers are protected from experiencing heightened levels of stress due to increased care responsibilities.





Child Connect

Emotional connections between caregivers and children are a joyful part of caregiving and they help to motivate positive caregiving behaviours by both primary caregivers and family members who support caregiving. Caregivers who are attentive and responsive to their children's communication are better able to meet their child's emotional needs, helping them to feel emotionally secure.



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Key messages:

-  Emotional connection is good for both male and female caregivers and their children. This mutual responsiveness directly affects the quality of caregiving.
-  Disrupted caregiving routines unsettle caregivers and children, practically and emotionally.
-  Every positive act of care and connection, no matter how small, strengthens a child's health and emotional wellbeing.
-  Male caregivers have a strong, innate capacity to bond with and care for infants, and play a key role in the development of young children.

Child Support

Families provide one of the key ingredients needed for children to thrive: they provide love. During the COVID-19 pandemic, family members may feel overwhelmed by uncertainty and financial stressors. Acknowledging the role that families can play in helping children adjust socially and emotionally can empower and encourage families.



Key messages:

- 🗣️ Children need love and nurturing care from their caregiver to thrive; this is a basic need.
- 🗣️ Encourage families to focus on what they can and are able to provide for their children, such as comfort, connection, stimulation and emotional security.
- 🗣️ Families need help connecting to the resources and services available to them so that they can focus on the important work of providing consistent, loving care to their children in times of crisis.



Practical guidance

2

Overview of this section

Section 2 consists of resources and guidance for practice to promote parents/caregivers' mental health and emotional wellbeing, as well as their coping skills during the COVID-19 crisis.

Highlights

Focusing on key questions in the COVID-19 pandemic, examples are offered of how key concepts from the [CFC package](#) could be applied to help frontline workers, families and caregivers mitigate some of the disruptions and negative impacts of COVID-19 on caregivers and caregiving. Messages for practitioners, frontline workers and caregivers highlight the most relevant 'take home' messages under each topic. Actions to promote caregiver wellbeing and responsive care are also provided. This section also serves as a resource directory, summarising priority issues, and providing links to materials, tools and resources, which provide more specific guidance to the challenges addressed by the key messages.



Principles & Standards that Underpin Guidance

The CFC information and content aligns with and draws from multiple international, widely adopted guiding principles, frameworks, and conventions related to child rights – critical to safeguarding and promoting enabling environments for children to survive and thrive. In the development of this practical guidance two core underpinning documents are the [Nurturing Care Framework \(NCF\)](#) 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 of 0-3 years of age, and explains that to reach their full potential, children need the five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning. The Framework was developed by [WHO](#), [UNICEF](#), and the [World Bank Group](#), in collaboration with [PMNCH](#) (the Partnership for Maternal, New-born & Child Health) and [ECDAN](#) (the Early Childhood Development Action Network) and other partners.



- Practical care and support that is not intrusive
- Assessment of needs and concerns
- Help 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

The principles of PFA are foundational to the practices and essential skills of the CFC approach. Similar to the connect and support structure of CFC, PFA acknowledges that people will be better equipped to survive crises if they are connected to others, feel safe and empowered, and have access to social, physical and emotional support (WHO, 2016). Both packages present practical care and support that are non-intrusive and build on strengths-based counselling. CFC is specifically focused on caregiver mental health and wellbeing, so the recommendations in this resource are more targeted towards caregivers specifically.

Source Documents

Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential. (2018) World Health Organization, UNICEF, World Bank Group, ECDAN, PMNCH. WHO: Geneva.

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

2. 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:



Caregiver guidance

- 1 How do I get started with supporting a caregiver's emotional coping?
- 2 Why is it important for caregivers to make time for self-care during the COVID-19 pandemic?
- 3 What can caregivers do when acute stress of the COVID-19 pandemic feels overwhelming?
- 4 How can caregivers be helped to manage chronic stress during the COVID-19 pandemic?
- 5 What healthcare support do caregivers need during the COVID-19 pandemic?
- 6 How can we help families adjust to being confined to their homes with their children?





Messaging for:

Frontline workers: Caregivers need trusting relationships and someone who will actively listen.

Caregivers: It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking about fears and concerns with someone you trust can be healing and helps to build supportive connections with others.



Special considerations for adolescent caregivers:

Adolescents who are pregnant or caring for children often experience heightened stigma and discrimination, making them vulnerable to isolation and poor health and wellbeing.

Message for frontline workers:

Adolescent caregivers should be reminded that they are not alone and be encouraged to seek emotional support.

Message for adolescent caregivers:

It is not always easy to manage stress, worry, or sadness by yourself. Talk to a friend, a parent, a teacher, or a trusted adult about how you are feeling, and they may be able to help you.

How do I get started with supporting a caregiver's emotional coping?



Actions for:

Frontline workers: If you know a caregiver who is isolated, let them know you are there to listen without judgement. Do not force them to talk about their feelings, but let them know you are there to listen and support.

Caregivers: Naming and verbalizing emotions to a trusted individual can be healing for some people. Talking to a confidante can help alleviate feelings of stress and helps create meaningful connections in the midst of uncertain times.

Resources:

In this document:

- [Case Study 1, 2](#)
- [Information Sheet 2](#)

In CFC prototype:

- [Role of a confidante p.23](#)
- [The emotions basket](#)

Additional resources:

- [UNICEF Parenting Hub: COVID-19 Guide for Parents](#)
- [COVID-19 Parenting Tips for Caseworkers](#)

Fast Facts

Expressing emotions to a confidante may help with stress.



Messaging fro:

Frontline workers: Routines and positive self-care strategies are important for caregiver wellbeing. Support caregivers to draw on skills they have used in the past that have helped to manage previous adversities and use those skills to help manage emotions and caregiving stressors during this outbreak.

Caregivers: When demands on you are high, it may feel difficult to consider doing things for yourself. Taking time for nourishing activities can seem unimportant or it can make you feel guilty, but it helps you cope with your feelings.



Actions for:

Frontline workers: Encourage family members to share caregiving responsibilities with the primary caregiver, so that they have time for self-care in the day. This is an opportunity to challenge stereotypical gender roles and encourage balanced sharing of caregiving responsibilities

Caregivers: Take some restful time away from caregiving responsibilities and practice self-care; even 10 minutes of uninterrupted alone time can be helpful.



Special considerations for adolescent caregivers:

Some adolescent caregivers, especially those living with their families, have less agency than others in terms of how they spend their time. Carving out time and support for their own self-care can therefore be difficult.

Frontline workers:

Speak with adolescents about the importance of self-care. Encourage them to speak with their family about what they are experiencing and the need for self-care.

Caregivers:

Your body and mind are connected. Understanding how you feel is important. Do not ignore your feelings!

Why is it important for caregivers to make time for self-care during the COVID-19 pandemic?

Resources:

In this document:

- [Case Study 2](#)

In CFC prototype:

- [Problem solving](#) p.26
- [Self-care](#) p.58

Additional resources:

- [Family Harmony at Home Tips](#)



Gender

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

Fast Facts

Taking care of yourself provides you with fuel and energy to manage day to day stressors and take care of others.



Messaging for:

Frontline workers: Feeling big emotions during pregnancy and caregiving is a very normal response to a situation that can be very stressful. The conditions caused by the current pandemic may exacerbate already stressful situations. If caregivers are feeling these emotions, it is not something to feel guilty or ashamed about.

Caregivers: Everybody experiences stress in different ways. Some people feel their heart rate get faster, their body become tense or their hands get sweaty. There are activities anyone can do to help them decrease these feelings.



Special considerations for adolescent caregivers:

Sometimes stress can feel overwhelming for adolescent caregivers, and you may not know how to deal with it. Experiencing this kind of stress can make you feel isolated and alone.

Messages for caregivers:

- Doing things that are good for your body and mind, such as going for a walk outside or dancing to your favourite songs, can help you cope with stress and calm your body.
- Staying connected to friends and peers or others in similar situations through social media or other platforms may help you to feel less isolated, even if you can't spend time together face-to-face.

What can caregivers do when acute stress of the COVID-19 pandemic feels overwhelming?



Actions for:

Frontline workers: Practice simple breathing exercises with stressed caregivers to help calm their bodies when they feel overwhelmed.

Caregivers: You need time and opportunities to connect with peers, friends or others experiencing similar situations.

Resources:

In this document:

- [Case Study 2, 3](#)

In CFC prototype:

- [Role of a confidante](#) p.23
- [The stress bucket](#) p.24
- [Healthy habits](#)
- [Relaxation](#)

Additional resources:

- [Keep Calm and Manage Stress Tips](#)
- [How to protect your family's mental health in the face of coronavirus disease \(COVID-19\)](#)

Fast Facts

Everybody experiences stress in their body and mind in different ways.



Messaging for:

Frontline workers: When stressors are severe and continue for a long time like COVID-19 will, caregivers can become burnt out, and their family relationships can become strained.

Caregivers: It can be difficult to ask for help, especially when many stressors are out of your control.

However big problems are seldom solved alone. Asking family for help is a good first step.



Special considerations for adolescent caregivers:

Adolescents often feel like they are not understood by others around them, especially by parents or other adults.

Message for frontline workers:

Speaking with other adolescents about the things that are worrying them, is a good way for adolescents to find practical and relevant information, build their confidence and get ideas about how to tackle their own situations.

Message for adolescent caregivers:

While you can't always change the situation causing stress, you can change how you respond to it.

How can caregivers be helped to manage chronic stress during the COVID-19 pandemic?



Actions for:

Frontline workers: Discuss with stressed caregivers the importance of asking for help from family members to work together and solve difficult problems. For caregivers who need extra help coping emotionally, socially, or practically with their situation, know the contact information for relevant mental health and psychosocial resources in your area.

Caregivers: Ask for help from your family when you feel stressed or overwhelmed.

Resources:

In this document:

- [Case Study 2](#)

In CFC prototype:

- [The stress bucket](#) p.24-25
- [ANPM model](#) p.27
- [Resource mapping](#) p.28

Additional resources:

- [When We Get Angry Tip Sheet](#)
- [#CopingWithCOVID: A webinar series on young people and mental health](#)

Fast Facts

Asking for help is difficult but necessary for stressed caregivers.



Messaging for:

Frontline workers: Where risk of infection is high, pregnant women, caregivers and families may have normal fears about attending routine health care service. During the COVID-19 pandemic, health care for family members who are not sick, including pregnant women, may be considered less important.



Special considerations for adolescent caregivers:

Pregnant adolescents or adolescent caregivers, even outside of the COVID-19 pandemic, may feel stigma accessing health care for themselves or their child.

Messages for frontline workers:

- Help pregnant adolescents or adolescent caregivers to problem solve barriers to accessing healthcare for themselves and/or their child in a safe manner.
- Empower adolescents to work with adults to make gender and adolescent-responsive services accessible to all adolescents.

What healthcare support do caregivers need during the COVID-19 pandemic?



Actions for:

Frontline workers: Help families prepare for healthcare visits safely, and encourage both male and female caregivers to share these responsibilities. Emphasize to families and caregivers the importance of routine healthcare, as caregivers who understand the value of health care feel motivated to use health care services.

Caregivers: Keeping up your routine antenatal and immunisation care is an important step in staying healthy and protecting yourself and your children.

Resources:

In this document:

- [Case Study 1](#)

In CFC prototype:

- [ANPM model](#) p.27
- [Resource mapping](#) p.28

Additional resources:

- [Vaccinations and COVID-19: What parents need to know](#)

Fast Facts

Regular healthcare attendance is key to a healthy pregnancy, caregiver health and children's development.



Messaging for:

Frontline workers: Establishing and maintaining routines can help families cope with the uncertainty of a crisis and create a sense of stability for children and family members.

Caregivers: Children's behaviour can become difficult as a reaction to feeling unsettled, anxious or fearful.

This can be exhausting and frustrating.

Family members may need help, direction and encouragement to engage in childcare and support daily routines.



Special considerations for adolescent caregivers:

Pregnant adolescents or adolescent caregivers may be particularly vulnerable to emotional distress as a result of the COVID-19 pandemic.

Adolescents may also feel pressure due to a myriad of possible responsibilities, such as school, caregiving activities, and household chores.

Message for frontline workers: Encourage adolescents and their families to establish a daily routine which helps the adolescent cope and manage their various responsibilities.

Message for adolescent caregivers: Life can be full of ups and downs. We all face challenges that we need to overcome, some big and some small. This is why it is important for us to become problem solvers.

How can we help families adjust to being confined to their homes with their children?



Actions for:

Frontline workers: Help caregivers, partners and families to work out a daily routine that reduces stress and disruption if everyone is at home due to the COVID-19 pandemic.

Caregivers: Normal routines have been disrupted, so it is important to reorganise your routines in order to create stability and predictability (to the extent possible) for children.

Resources:

In this document:

- [Case Study 2, 3](#)

In CFC prototype:

- [Wrapper of support](#)
- [Daily routines card](#)
- [ANPM model](#) p.27

Additional resources:

- [Indoor play ideas to stimulate young children at home](#)
- [Structure Up Tip Sheet](#)
- [Parenting in crowded homes and communities Tip Sheet](#)



Gender

Encourage all family members to share household responsibilities, to avoid overloading female caregivers.

Fast Facts

Maintaining routine can help create stability and predictability for children.

Child guidance

- 1 How does the stress of the COVID-19 crisis affect the caregiver-child relationship?
- 2 What changes can caregivers expect to see in children's behaviour during COVID-19?
- 3 How can caregivers help children with separations that might happen because of COVID-19?
- 4 How can caregivers tell children that someone has become ill or has died?
- 5 What needs should caregivers prioritise when resources are scarce?
- 6 How can caregivers and families support children who are acting out by being aggressive?





Messaging for:

Frontline workers: When caregivers feel preoccupied and unsettled, emotional connection with young children can help re-affirm their value and provide confidence to negotiate common caregiving difficulties.

Caregivers: Many things might feel outside of your control, but even if a situation can't be changed or improved, you can still help young children feel supported by remaining present and responsive.



Understanding child development:

Caregivers need a clear mind to be able to be attentive to children's emotional needs, and to respond to children's emotional cues. This is especially important for babies and young children who cannot verbalize how they feel.

Message for caregivers:

Ensuring time to emotionally connect with other adults is important. Playing and talking to children during your daily routines can reassure children and strengthen the caregiver-child relationship.

How does the stress of the COVID-19 crisis affect the caregiver-child relationship?



Actions for:

Frontline workers: Empower female and male caregivers by reminding them of the important things they can do to support their children during COVID-19. Encourage play, reassurance and comfort throughout daily routines.

Caregivers: Breastfeeding, mealtimes and bedtime are good times for connecting and communicating with your children.

Resources:

In this document:

- [Case Study 3](#)

Additional resources:

- [One-on-One Time Tip Sheet](#)
- [Learning through Play Tip Sheet](#)
- [South Africa Early Learning Tip Sheets](#)



Gender

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

Fast Facts

Children need attentive, responsive caregivers – especially during a pandemic.



Messaging for:

Frontline workers and caregivers: Children can sense emotional stress and react to it by becoming more demanding of attention. This can leave caregivers' confused and the relationship strained. A rested and reassured caregiver is usually a more responsive caregiver.



Understanding child development:

During the COVID-19 pandemic, caregivers' thoughts may be filled with fear, or feelings of hopelessness. It is easy to think that because children are not old enough to seemingly understand a situation, they don't feel emotions about it. Children are highly sensitive to caregiver emotions and can pick up on their stress.

When children sense distress or disruption their response is to seek reassurance. Since young children are still learning how to communicate, seeking reassurance can mean they react with disruption, become demanding, fussy or cry often.

What changes can caregivers expect to see in children's behaviour during COVID-19?



Actions for:

Frontline workers: Remind caregivers that children may be stressed, more tearful or demand more attention during COVID-19.

Caregivers: Taking time to understand the issue underlying a child's distress, and responding to that issue, is the best way to address ongoing or frequent crying, outbursts and regression in behaviours. Activities such as play, storytelling, singing, rocking and affection will help soothe young children.

Resources:

In this document:

- [Case Study 3, 4](#)

In CFC prototype:

- [Problem solving](#) p.26-27
- [Self-care](#) p.58

Additional resources:

- [Keeping it positive Tip Sheet](#)
- [When children misbehave Tip Sheet](#)

Fast Facts

Children react to stressed caregivers, and can become more demanding of attention.



Messaging for:

Frontline workers: It is important to prepare for separations and to arrange the provision of care in advance to reduce stress by helping caregivers feel sure that the child will be cared for and kept safe.

Caregivers: Children benefit from communication about things happening around them. Speaking to children about periods of separation can alleviate their fears and help them gain a sense of control.



Understanding child development:

During COVID-19 children may be separated from one or more of their caregivers unexpectedly because of lockdown regulations or illness. Extended families involved in children's daily lives, like grandparents, might be separated from children.

It can be difficult for younger children to understand that most separations will not be permanent.

Preparing for a separation does not mean it will happen, but it makes it easier to cope with it if it does.

How can caregivers help children with separations that might happen because of COVID-19?



Actions for:

Frontline workers: Help caregivers to plan for the worst-case scenario and set up a care plan. Encourage them to explain the care plan to their children and those they want involved in the child's care.

Caregivers: Explain the care plan to your child and let them make some small decisions to help them feel in control. For example let them decide which clothes to take or which story book to read when the caregiver is away.

Resources:

In this document:

- [Case Study 4](#)
- [Information Sheet 1](#)

Additional resources:

- [How to talk to your child about coronavirus disease 2019 \(COVID-19\): 8 Tips](#)
- [Talking about COVID-19 Tip Sheet](#)

Fast Facts

Separations can lead to guilt and distress in caregivers and anxiety in children.



Messaging for:

Frontline workers and caregivers: During the COVID-19 pandemic a family illness, hospitalisation or death is upsetting and stressful for all members of the family, including the children.

Caregivers: Even very young children feel loss, sadness and distress following family illness or death. When adults keep illness or death a secret in an effort to protect children, there is no opportunity for information sharing or for providing reassurance.



Understanding child development:

Most people believe children only understand illness and death when they are older. However they can understand these concepts from a young age. It is natural to want to protect children from distress, but even very young children will be aware that something unusual is happening. They can sense that family members are worried and upset, normal routines have changed and people are behaving differently.

Younger children may respond in a variety of ways – some might feel isolated, some may become confused, or some may blame themselves for things not going well.

How can caregivers tell children that someone has become ill or has died?



Actions for:

Frontline workers: Encourage caregivers to share timely information with children and reassure them so they can cope and adjust to the situation.

Caregivers: Explain to your children the situation, as children cope better when there is open, age-appropriate communication that allows for reassurance and understanding.

Resources:

In this document:

- [Case Study 5](#)
- [Information Sheet 1](#)

Additional resources:

- [Protecting the psychological health of children through effective communication about COVID-19](#)
- [Saying Goodbye Storybook](#)
- [How parents can support their child through COVID-19 losses](#)



Gender

Encourage both female and male caregivers to communicate with children about illness and death in the family.

Fast Facts

There are ways to communicate difficult issues to young children to help them understand and cope.



Messaging for:

Frontline workers: Families are more easily motivated to mobilise local support for maintaining these services if they understand how important these services are to healthy child development.

Caregivers: Ensuring that young boys and girls maintain adequate nutrition and hygiene and receive all their immunisations are important priorities during the COVID-19 pandemic. Children also need safe environments and playful interactions to develop their social skills.



Understanding child development:

When faced with the severe social and economic stress occurring as a result of COVID-19, families will have to prioritise scarce resources to address children's health and developmental needs. In addition to health and nutrition services, children also need playful interactions with many family members to develop all their social skills. This is also fun and rewarding for the family and helps to keep children safe by increasing adult monitoring and supervision of children.

The absence of a protective parental attachment in early childhood and of positive, soothing relationships are a major risk factor for poor mental health outcomes in childhood, adolescence and throughout the life cycle.

What needs should caregivers prioritise when resources are scarce?



Actions for:

Frontline workers: Help identify and link families to available community resources to problem-solve barriers to nutrition, hygiene and healthcare of young boys and girls. Encourage family members to provide safe environments and engaging, playful interactions with young children.

Caregivers: During very stressful times, setting a dedicated time for playful interaction with children helps children cope and can lighten the mood in the family.

Resources:

In this document:

- [Case Study 2, 3, 4](#)
- [Information Sheet 3](#)

In CFC prototype:

- [Resource mapping](#) p.28
- [ANPM model](#) p.27

Additional resources:

- [Family budgeting in times of financial stress Tip Sheet](#)
- [Easy, affordable and healthy eating tips during the coronavirus disease \(COVID-19\) outbreak](#)



Gender

Male and female caregivers should be equally engaged in the child's daily routine and playful interactions.

Fast Facts

Time for play and interaction with children is an invaluable resource.



Messaging for:

Frontline workers: Responding harshly encourages children to be harsh to others. By taking a playful approach to helping children adjust to new rules and to manage their own frustration without hurting others caregivers can role model positive responses to frustration.

Caregivers: When families disagree about parenting practices it can cause conflict and confuse the child. Clear, consistent rules followed by all caregivers in all situations help children manage their behaviour within an understood set of gentle but firm limits.



Understanding child development:

During confinement adults might become frustrated and act harshly towards one another. Children may observe and copy this, increasing their negative interactions with many others.

Children may express their frustration by doing things that seem hurtful, like refusing to listen, hitting, or biting others. Young children can learn better ways of dealing with frustration by copying positive behaviours role modelled by older children or caregivers.

How can caregivers and families support children who are acting out by being aggressive?



Actions for:

Frontline workers: Demonstrate to the caregiver positive ways to express emotions and frustrations. Physical games that use movement, clapping, dancing, or stomping feet all help children burn excess energy and express themselves. These can also be beneficial to frustrated family members, who can join in and play along to create positive interactions and burn off their excess energy and frustrations too.

Caregivers: Consistently practice positive discipline in the family to avoid confusion for the child.

Resources:

In this document:

- [Case Study 4](#)

In CFC prototype:

- [ANPM model](#) p.27

Additional resources:

- [Keeping it positive Tip Sheet](#)
- [When children misbehave Tip Sheet](#)

Fast Facts

Aggression in children can be a sign of frustration or confusion.



Case studies

3

Overview of this section

Case studies illustrating common challenges occurring during the COVID-19 pandemic, and applying CFC.

Highlights:

These case studies portray the most common global challenges being reported during the COVID-19 pandemic. They build on the key messages and guidance, offering practical examples to help the reader envision how a CFC approach may support caregiving in practice.

Given that caregiving needs may change as children grow, the case studies span across a range of developmental stages. Each case study focuses on a particular developmental stage, addressing the topics covered in the key messages and guidance, and explores these challenges either in relation to strict lockdown situations, or to transitional periods where regulations ease over time.





1. Thandi's story



This case study explores managing family conflict during pregnancy, and how COVID-19 may impact pregnancy.

Thandi is 17 and lives with her family in a small village near a city. She does well at school, and hopes to study further at the local college. 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 finished school he moved to the city and has withdrawn support and started avoiding her. This is something her father had worried and warned her about, but she thought it wouldn't happen to her.

Thandi had been keeping her pregnancy a secret, not wanting to disappoint her family, and feeling guilty and ashamed. But as her body started to change her parents realised she was pregnant. There was a lot of shouting and anger in the house when they found out and Thandi just stayed silent. Since then, her mother, who used to be her confidante, has hardly spoken to her. Thandi feels like a failure and she has considered moving away, but she is afraid of being all alone and unable to care for the baby.

Due to the COVID-19 lockdown, no-one has been able to work and Thandi worries about the additional burden the baby will put on the family's resources. Before lockdown Thandi went for some check-ups at the clinic, but she doesn't know what to do now, and is afraid of contracting the virus. Luckily Thandi's aunt Susan has come to live with them during the lockdown. She is very kind and has been asking her about the pregnancy.

Thandi decided to speak to Aunt Susan about the conflict with her parents. Aunt Susan explained that when Thandi's parents were young they had big plans too, but then Thandi's mum fell pregnant at 16 and her father was very unkind – he chased Thandi's parents from his house in the city and never forgave them. She explained that the pregnancy has brought back heavy memories. Aunt Susan has encouraged Thandi to make amends and try to restore their relationship.

Applying CFC messages:

Susan explained to Thandi that she knows her parents love her, but they are worried about how the pregnancy will affect her future. **Aunt Susan has helped Thandi to practice saying out loud what she wants to tell her parents.** Her aunt has given her a baby's blanket/wrap and together they embroidered the wrap with symbols of all the things Thandi loves about her family. They decided to talk to her parents at a time when most of the chores were done and things were quiet.

At first her father was irritated and wanted to leave but Aunt Susan who knows him well asked him to please lead them in a prayer, which she knew would help calm him. Thandi told her parents how much she loved them and appreciated the home and family they provided for her. Thandi was able to tell her family that she was very sorry for her mistake and that she wanted to return to school after the baby was born, which made them all very happy. **Thandi's mother and father began talking about their own experience** and they realised they didn't want to repeat the past, but their pain of their own experience had overwhelmed them.

They agreed that they would help look after the baby during the day so Thandi could go back to school and they will use the money they saved for college to help her. Thandi will work with her mother for a year after school before going to college when the baby is older. **Even though the COVID-19 pandemic made it hard to know what the future holds it feels better now that the family is all in it together and have committed to problem solving things together.** They talk about the baby every day now and Thandi's father has agreed to help her get a permit to go to clinic each month.





2. Lilly and John's story



This case study explores adjusting to new roles and responsibilities during the COVID-19 pandemic and restoring daily routines and caregiver confidence.

Lilly is the mother of a newborn baby girl, and she is struggling to adjust to life during lockdown. Lilly is a stay-at-home mother, who thrives on routine. Before lockdown, every day she had activities that she would complete whilst also caring for her newborn son. With her older children at school, and her husband normally away at work, 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.

As a result of the COVID-19 crisis, Lilly's partner John and her older children are at home, as they are not able to work or attend school. With all her family together at home Lilly is feeling overwhelmed. She is trying to juggle the needs of her partner and older children, while also looking after her new-born baby. John is an attentive and kind man, however, now that he is at home unable to work, he is constantly listening to the news on the radio because he is worrying about when he can go back to work. He has not been helping Lilly around the house or with the children. Lilly's older children are both now at home full-time, and Lilly is trying to help them with their schoolwork as part of their distance learning. The children are bored because they can't play with their friends, so they have been more disobedient than usual.

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

Applying CFC messages:

Luckily Lilly's local clinic has been doing outreach and so her community health worker has visited her while wearing a mask and practicing social distancing. **The community health worker reminded Lilly that self-care and asking for help are an important part of coping with a newborn baby. Lilly decided to speak to John once the children were all asleep.** She told him how she had been feeling. John admitted he had been feeling very low because he wasn't able to work, and he felt like he was useless to Lilly and didn't know how to help her.

Together Lilly and John spoke with the community health worker who helped them think about ways in which they could share caregiving responsibilities. Lilly felt comforted by the support and began to realise that while things would not be the same as before COVID-19, she could still find a way to be calm, rested and happy with John's help. They agreed to a fixed routine and established how they would share caregiving duties. For example, John agreed to help the older children with their schoolwork, as well as spend more time bonding with the newborn and taking the lead on bath and nap times. **In setting up their routine, Lilly and John also ensured they had time together each day to talk about their worries and concerns.** Together they also agreed on some new rules for discipline and parenting practices to use with their older children. Sharing her feelings with her partner made Lilly feel relieved and more confident about caring for herself, her baby, and her family during lockdown. **Lilly knows that when the lockdown restrictions are gradually lifted, she and John will need to reorganise their routine once he returns to work, and their older children return to school.** She feels confident that she will be able to do so because she knows they will work together as a team and feels positive about discussing her emotions and caregiving with her partner.





3. Juan, Maria and Elena's story



This case study explores adjusting to the COVID-19 crisis while caring for a toddler, how a parent's emotions can impact their child, and how caregivers can make time to connect with their children.

Juan and Maria are parents to a very busy and adventurous 2-year-old daughter, Elena. They both work during the day - Juan as a bricklayer, and Maria as a pre-school teacher. Juan works very hard for very long hours to provide for his wife and daughter, whom he loves very much. Elena is very sociable and at day-care she loves to play games with the other children. When Elena is at home, she loves to play with her toys or play next to Maria while she works or cooks in the afternoons. Juan loves his daughter, but he struggles to see what she needs from him. He sometimes thinks that it would be easier if Elena were a boy - then he would know what types of games to play with her. He thinks his wife, being a teacher, knows more about what children want and need and so he lets her do most of the caregiving activities with their daughter.

Because of the COVID-19 crisis, Juan and Maria are both unable to work. Elena's day-care is currently closed, so the whole family is at home together. Juan is not used to having his family altogether at home all the time and he has been struggling to cope. Juan is frustrated being cooped up inside all day. With his normal routine gone, his life feels a bit chaotic. He is worried about his loss of income, and the hardship this may cause for his family. He feels stressed and is often distracted and preoccupied with thoughts of the COVID-19 crisis.

Toddlers are busy and challenging, and raising a toddler under normal circumstances can be stressful. But during lockdown, Juan is finding himself getting increasingly frustrated with Elena. She is very busy and loud, and he struggles to keep up with her. **Elena has gotten fussier and has cried more. This adds to Juan's stress, and is causing him to feel completely overwhelmed.** The stress Juan is experiencing is also causing him to distance himself from his family. He spends lots of time following the news and busies himself with odd jobs around the house.

Applying CFC messages:

Juan is worried that his stress may be affecting Elena. He decides to bring up this topic during the next telehealth session. **Sarah, the telehealth nurse, emphasises the importance of being present and making time for both himself (self-care) and for his family, and puts him in touch with a parenting group that allows fathers to share their experiences and engage in joint problem solving.** Sarah also suggests that Juan connect with Elena.

He decides to build some obstacle courses for Elena, which she enjoys because she gets to run and be active. This time together doing things they both enjoy is important for building their relationship. **Spending time with Elena doing fun activities also helps Juan overcome some of the stress he is experiencing and distracts him from his thoughts of the COVID-19 crisis.**

Using the Caring for the Caregivers' Assess, Negotiate, Plan and Manage model suggested by Sarah, the family is able to set a daily routine and agree on roles and responsibilities. Juan is glad he discussed his concerns with the home visiting nurse and his wife and feels more equipped to look after a toddler both during the COVID crisis and when things begin to return to 'normal'. **He knows that when the lockdown restrictions are gradually lifted, both he and Maria will return to work and that this will mean further adjustment for himself and his family.** He is determined to set aside time to continue to connect with Elena and knows that he can talk to his wife and ask for her advice should he be experiencing any difficulties.





4. Noura, Yusef, Ali and Ahmed's story



This case study explores dealing with separation anxiety and emotional outbursts that children may experience as a result of the COVID-19 pandemic.

Noura and her husband Yusef have two children, Ali (5 years old) and Ahmed (8 years old). Noura works as a cleaner for a business in her community, and her husband is a teller at the local supermarket. Noura's sister who is studying at a local college lives with them and helps with childcare in the afternoons when the children are home from school.

The area where the family lives has been on lockdown for the past four weeks as a result of the COVID-19 crisis. Schools and colleges are closed, and so is the company where Noura works, so her and the children have to stay at home. Yusef still has work during lockdown as the supermarket has remained open. Because she is now at home during the day, Noura has been spending a lot more time with her children. She helps Ahmed with his schoolwork, and watches TV with him in the evenings. Her daughter, Ali, is very busy, and Noura spends time playing games with her, or Ali follows her around while she is busy with housework.

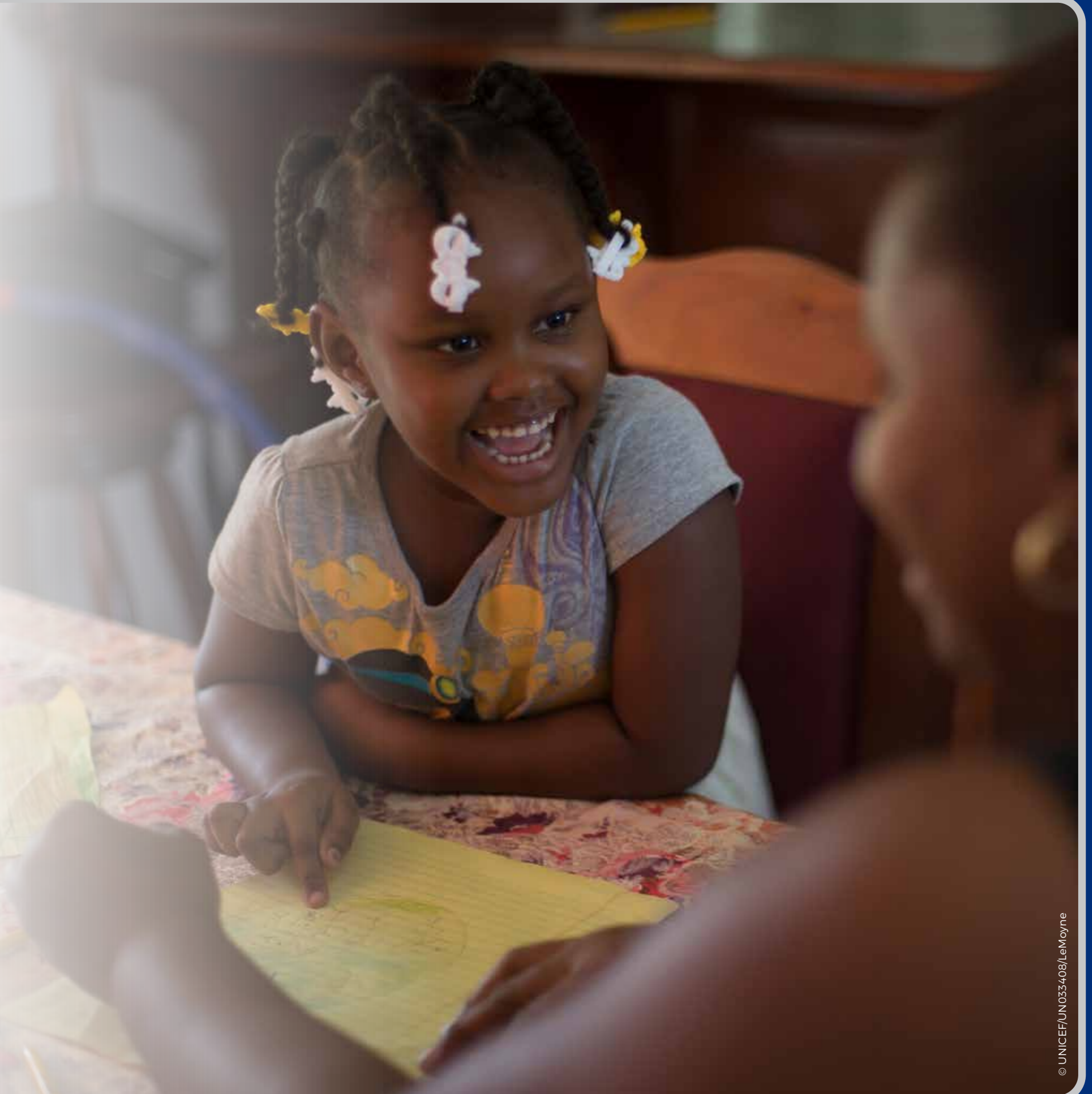
When Noura needs to leave home to go to the shops or run errands, Ali has to stay behind with her aunt. This makes Ali angry, and she reacts by crying and throwing things when Noura tries to leave, which upsets Noura. Ali also tries to cling onto Noura when she leaves the house. Before lockdown, Ali didn't get upset when Noura left the home, and didn't cry or throw things. Noura finds it very difficult to explain to Ali why she has to stay at home and cannot go with her. She is also worried that giving too many details about what COVID-19 is, and all the consequences of the pandemic will scare Ali. Noura realises that she will need to return to work after the lockdown is lifted and is now concerned that Ali will not cope well with being separated from her. This makes her feel guilty about returning to work. She has been wondering how she can help Ali adjust to being left at home with her aunt.

Applying CFC messages:

The next time Noura needs to leave the home, she decides to sit with Ali and try to explain to her why she cannot go with her. She realises that Ali becomes upset and acts out because she loves her and has become used to having her around during the day. Josie comforts Ali, acknowledges how she feels, and assures her that she will be home as soon as she is done at the shops.

When Ali starts to get angry, Noura reminds herself that it is important to stay calm and positive. Getting angry and shouting will only make Ali's behaviour worse. Noura has also thought of some fun activities that Ali can do with her aunt while she is at the shops. This makes Ali feel better, and Noura does not feel guilty and upset when leaving the house.

As the lockdown restrictions are gradually lifted, Noura knows that Ali will struggle with separation when she has to return to work. **Noura is confident that she can take the skills she has learnt during lockdown to help Ali to adjust to Noura returning to work.** Positive parenting practices are of key importance to reassure and comfort Ali, helping her to cope and adjust.





5. Martha, Siphoh, and Happiness' story



This case study explores communicating about illness and managing children's expectations around COVID-19 cases.

Martha, a single mother, has two children, Siphoh (8 years old) and Happiness (7 years old). Happiness has just started primary school and is in Grade 1. Siphoh is in Grade 2. Both children love going to school and have many friends. Happiness often goes to her friends' houses after school, they play for hours. Siphoh loves to play sports in the afternoons with other young children in the community.

Because of the COVID-19 crisis, Happiness and Siphoh's school is closed. Both children are now at home, and the school has been communicating with Martha about what work she can do at home with them. Adjusting to distance learning has been difficult for Happiness and Siphoh, but Martha has developed a good routine, which is helping to keep them on track with their schoolwork. However, both Happiness and Siphoh miss their friends. They constantly ask Martha when they will be allowed to see their friends and go back to school. Siphoh also asks every afternoon why he cannot play with the other children in the neighbourhood.

Martha feels guilty that her children cannot do the things that they normally do. She knows Happiness and Siphoh are sad that they cannot go to school or see their friends. **Martha knows that it is important to talk to her children about COVID-19, so that they understand why they cannot do the things that they normally do. Martha doesn't want to scare her children and knows that she needs to talk about the pandemic in a calm, simple and reassuring manner.** Martha was also able to access some informational resources on talking to children about COVID-19, and she found these very useful. She knows that she must do so in a manner that is suitable for their age group and in a way that they are able to understand.

Applying CFC messages:

Martha sits her children down to discuss the pandemic with them. Using the tips from [Information sheet 1](#), **Martha explains to her children very simply¹ facts about the virus.** Martha also reads the book [“My Hero is You”](#), which aims to help families understand and cope with COVID-19.

Sipho asks about what will happen to him if he gets COVID-19, and Martha reassures Sipho that if he were to get the virus, they would access the necessary medical care and he would be okay. **She also uses this opportunity to emphasise to her children the importance of social distancing and hygiene practices like wearing a mask and washing hands often.** She also teaches them a fun song that she made up about how you can protect yourself from the virus.

Happiness asks Martha about what will happen when they go back to school, and will she ever be allowed to see or play with her friends again. **Martha reassures her that although things might be different, at some point they will be allowed to go back to school and can play with their friends again.** However, she reminds them that it is important to remember about social distancing, wearing a mask and washing their hands. Martha, Happiness and Sipho sing the song Martha made up. **Both children feel more reassured and are equipped with important knowledge about COVID-19 and how to protect themselves from it.**

¹ UNICEF, “How to Talk to Your Child about Coronavirus Disease 2019 (COVID-19),”, <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>.





Information sheets

4

Overview of this section

The following information sheets address three important content areas, most of which are addressed in the Caring for the Caregiver (CFC) prototype, but do not specifically address the context of the COVID-19 pandemic. They include a brief summary of the evidence for each topic, describe a series of practical tips drawn from the current evidence base, and provide additional resources for managing these issues.

Information sheet topics:

1. Communicating with children about COVID-19
2. Supporting adolescent mothers during COVID-19
3. Families managing financial crisis during COVID-19



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1. Communicating with children about COVID-19



Evidence Summary

Children's ability to understand illness and death develops as they get older.

If concepts such as illness and death are not spoken about with children, they will rely on their own observations to construct their own reality (like believing they are the cause of a caregiver's illness) which can lead to emotional distress.

Communication with simple, factual information, which allows children to express their emotions and to verbalise their concerns, is therefore a key part of reassuring and supporting children.

Research on other pandemics, like HIV, has shown that increased communication about illness is associated with increased custody planning during periods of caregiver illness or death.

1. Application to COVID-19
2. Talking with children about illness
3. Age appropriate information about COVID-19
4. Talking with children about COVID-19 related deaths
5. Practical tips for drawing up care and custody plans

Application to COVID-19

While many caregivers and families may not realise how much children understand, in the context of the COVID-19 it's impossible to shield children from this. Information is everywhere, people around them may become ill, friends will talk about things at school and they will see things in the media. Communication is critical to helping children cope.

Talking to children about illness and death can be especially challenging, and may raise questions and uncertainties about how best to approach the subject with young children. Families or households with individuals who are more vulnerable to experiencing complications as a result of COVID-19, namely older individuals and those with underlying conditions, should be encouraged to think about talking with their children about illness and death. At its peak COVID-19 may also lead to high mortality rates at a community level, which may prompt a need to discuss death and dying with a child, in order to help them understand the grief they will observe around them, even if they personally have not experience a bereavement.

It is well established in the public health literature that children with custody or guardianship plans in place have better outcomes during an illness or after the death of a caregiver. This is largely because the custody plan or guardianship arrangement formalises who will look after the child in the event of a caregiver's death, which lowers the risk of the child being left destitute, neglected or abused. Custody planning is important for all caregivers to think about, but there might be an urgency to do so during a pandemic. Developing a clear plan for the child's future care could foster greater family resilience in the context of COVID-19.

- Research shows that even young babies are very sensitive to change in routine and to the changes in the emotional state of the family around them. They may become more fussy and need reassurance.
- From as early as age 2, children are already aware of the changes around them caused by a familial life-threatening illness and they may become insecure and fearful of separation.
- Between the ages of 4 and 7, magical thinking is common – this means children believe that thoughts, wishes, or unrelated actions can cause an outcome.
- From age 6 onwards, children begin to understand the link between severe illness and death, but they do not fully grasp the permanence of death before ages 8 or 9.

Talking to children about illness

1 Be well prepared

Preparing what to say to the child will help you manage the discussion well. This includes practicing what you may say with other adults in the household, thinking about what difficult questions the child might ask, and planning how you might address them. It is also important to acknowledge that since the COVID-19 situation and research base is rapidly evolving, it is normal for parents to not have all the answers.

2 Choose the time and place carefully

Choose a time and place where you can focus on the conversation and avoid interruptions. Try to think about the child's routine so that there is enough time and the child is not distracted. For example, if you have the discussion before the child leaves for school, the conversation could be rushed, and there might not be time for the child to ask questions. Caregivers should check in with a child at least once a day to ask about their feelings, provide reassurance and ask whether they have other questions.

3 Model how to handle emotions during stressful times

It is normal for caregivers to show emotions such as fear and worry, but the important thing is to model how they handle these emotions during stressful times. It can serve as a teaching moment since children are like radio antennas. Children can pick up all our emotional signals just by watching our facial expressions and feeling our moods. Even though they may not understand everything, they can sense when something is wrong.



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Age appropriate information about COVID-19

Children aged 2-4

They love to copy others and learn social behaviours by watching others. Role modelling behaviours like hand washing is a good way to encourage regular communication and provide reassurance around the virus.

This should be complimented by reading or talking so that the child can express their feelings and concerns. It is helpful to have these conversations when the child is less active, and when the caregiver can offer affection and comfort.

For all children

If you are going to discuss difficult things with your child that might make them feel scared, it is good to start by reminding them that they are special and that they belong to a family that loves and supports them - that no matter what happens, their family is here for them and they are never alone. Evidence suggests that while you may use a child friendly name for COVID-19 for younger children, it is important to use the term COVID-19 in the household openly, so that children become familiar with hearing it and it doesn't raise alarm. It also helps to normalise COVID-19 and reduce stigma around COVID-19 infections.



Children over 4

A caregiver can help them to understand the biology of the virus, and the links between behaviours and infection, and infection and symptoms. It is critical that these descriptions balance the need for things to be simple and understandable, but also truthful and credible. If the child discovers later that they were misled it can cause more distress and make them harder to reassure, and could lead to non-compliance with prevention practices. Accurate, credible truths are particularly important for school-aged children since once schools reopen children will be exposed to multiple sources of information.

Talking with children about COVID-19 related deaths

At its peak, COVID-19 may lead to high mortality rates within communities, which could prompt the need to discuss death and dying with a child.

1 Tell the child as soon as possible.

If someone close to them has died, the child will have noticed changes around them, especially if other adults in the household are upset, unusually secretive or absent. Being open can help your child learn how to mourn in an open healthy way and reduce anxieties. Take time to prepare yourself and ask for family support in the process if you need it.

2 Use simple clear factual language.

When telling them, be sure you use the words 'dead' or 'died'. While this may feel uncomfortable – using phrases like, 'passed away', 'lost', 'crossed over', 'went to sleep' – means children may become confused and fearful, for example, of sleep or becoming lost. Research shows that using realistic, factual and accurate words to describe death helps the grieving process.

3 Be prepared for a variety of emotional responses.

No matter what you do, children will be upset following loss. This is normal, and you cannot prevent it. Try to be accepting of their emotions, be patient and follow the child's lead. Children might cry; crying is a healthy and healing grief response. Others might be angry, or may not appear upset at all. This is not because they don't care – they may not yet fully understand or they may be in shock. Be prepared to talk about thoughts and feelings often. Use playtime and bedtime as a chance to check in and ask the child how they are feeling.

4 Consider how to help the child experience closure.

If appropriate, allow your child to participate in rituals around the death. If they are old enough let children participate in choosing a song or spiritual reading, or what clothes they will wear. This will help them gain a sense of control. Prepare children for what they will see, who will be there, how people may be feeling and what they will be doing. During the COVID-19 pandemic you may not be able to see the body or have a funeral, but try to have some kind of service, even if just at home. Talk about where the body is, if it's been cremated, in a closed coffin or already buried.



Practical tips for drawing up care and custody plans

Custody and care plans, while similar, differ in several key ways. A custody plan usually refers to a more formalised plan to ensure guardianship arrangements (legal or otherwise) are in place. Custody plans can be arranged in advance and it is very important that the proposed guardian is engaged in the process and agrees to the custody plan. Care plans are less formal, and they can cover non-permanent separations, like if a caregiver has to go to hospital or travel away for work. However, they can also be presented to a child as part of a custody plan to inform the child of the plan for the worst-case scenario.

It is important for caregivers to understand that when we suggest children participate in the care plan, we don't mean the child can decide where they stay or who looks after them. That is the caregiver's decision, but children do better when they feel like they have played some part in the decisions about their lives. Allowing children to make small decisions helps them to have a sense of control in a situation makes them less scared. A good care plan establishes a care circle around the child, it helps the child understand who will be helping the caregiver if they become ill, and who in the family will be involved in their care. It can be developed using pen and paper or where possible pictures or photographs to represent support services around children. Both practically and emotionally, a custody plan can give children a sense of continuity and predictability during an illness, a quarantine period or after a caregiver's death.

In discussing a care plan with a child there are a few important things to remember about how the caregiver best does this. It is important to encourage the caregiver never to say "no" or "you can't". Instead gently direct the child away to better options. The caregiver should focus on trying to open up conversation and not to shut it down. The caregiver should also prepare in advance clear, well thought-out motivations for explaining their care choice as the most appropriate one. The caregiver should also allow the child to have some opportunity to make decisions, even if it is a small part, because they know it will help the child to feel better.

Helping a child be part of the decision about care means that while the caregiver may make the decision about who cares for the child, he or she can help prepare the child by:

- **Explaining why he or she feels that the care choice is the best option, preventing resistance further down the line.**
- **Offering reasons why they feel some options are not as appropriate as a child may think, for example why it's not possible to stay with their friend from school.**
- **Allowing the child to feel that they can make some choices about how things happen even if they can't decide what happens.**

A care plan should include four steps:

1 First the caregiver and child should record the names and contact numbers of all the health care support staff (local clinic and hospital, the local nurse, contacts for ambulatory care and so forth). Try to capture everyone who may be important in the caregiver's or family members' healthcare in the event of COVID-19 illness. This is important because it helps the child to understand that other adults are available to help care for the caregiver if he or she becomes ill, or faces health challenges. It is very important to set limits for the child and make sure they know that they do not have to take on the burden of caring for their caregiver, and it will remind the child that the family is not alone.

2 The second step of the care plan is deciding and planning for alternative care amongst extended families or friends who will help care for the child when a caregiver is ill or will be away. Usually it is good to identify who will care for the child if the caregiver needs to be away for a day (e.g. going to be tested), for a week or two (quarantine scenarios) and more than a month (in the case of severe illness and hospitalisation). We know that children do better if they have a clear understanding of who will care for them and in what circumstances. We also know that children adjust better to separations as a result of illness or hospitalization if they have had a chance to be part of the dialogue and planning for where they will stay or who will look after them when their caregiver is ill.

3 The third step to a good care plan is ensuring the child has an opportunity to confirm with the chosen person that they are able and willing to care for them. This helps children to feel more secure and safe with the care arrangements. For example, a caregiver can ask the child to draw the person and then ask them to approach the person (or to phone them if they live at a distance) to ask if they will care for them if their mother needs to go away.

4 There are many small decisions caregivers can offer to a child, as a broader point during the COVID-19 pandemic. This is because children often feel so much is out of their control and it can feel overwhelming and cause anxiety. Help children focus on what they can control. For example, letting them decide which clothes to take if they were to go and stay with another family member when someone is ill, or agreeing that they will be able to choose which story book they want to read while the caregiver is away, or deciding on which homework they want to do first, can all be very empowering for children.

Additional resources:

Talking about illness and COVID-19

UNICEF offers many resources you can use for communicating with children about COVID-19.

A recent Lancet series on [**Communicating with children about life-threatening conditions**](#) focused largely on Cancer and HIV, but still offers very useful guidance for thinking about communication with children during this pandemic.

A recent editorial in The Lancet Child & Adolescent Health titled [**Protecting the psychological health of children through effective communication about COVID-19**](#), describes the importance of developmentally sensitive communication with children and the need for facilitating emotion-focused conversations during the COVID-19 pandemic.

Communicating with children in a manner that is developmentally sensitive is also addressed in a [**leaflet by the British Psychological society**](#), and [**Communicating with children about death, and helping children cope with grief**](#) produced by MHPSS Collaborative.

Talking about death and dying

In talking with children about death, a team from the University of Oxford has developed a tool on [**How to tell children that someone has died**](#). This tool outlines a series of steps to follow when talking to children about death.

Readings

- Brooks et al., 2020. [**The psychological impact of quarantine and how to reduce it: rapid review of the evidence**](#). *The Lancet* 395, 912-920.
- Dalton et al., 2020. [**Protecting the psychological health of children through effective communication about COVID-19**](#). *The Lancet Child & Adolescent Health* 4, 346-347.
- Ramchandani P. [**Children and COVID-19**](#). *New Sci.* 2020;246(3277):21
- Save the Children, [**“Child Protection Area of Responsibility \(CP AoR\) Child Protection Resource Menu for COVID-19.”**](#)



2. Supporting adolescent caregivers



Evidence Summary

Evidence has shown that adolescence is a critical time for development of the brain and the body. Studies have shown pregnant and postpartum adolescents are more likely to have ill mental health as compared to adult female populations.¹

There are also worrying longer term outcomes for adolescent caregivers through mechanisms linked to poverty, health care access and quality, interrupted education, lack of support, isolation, and other factors.²

Pregnant adolescents and adolescent mothers can face stigma and discrimination from partners, household, community members and peers for becoming pregnant at a young age.

1. **Application to COVID-19**
2. **Fact sheet: Understanding the challenges adolescents caregivers face**
3. **Conflict resolution: The ANPM model**
4. **Additional resources**

Application to COVID-19

A crisis such as the COVID-19 pandemic may exacerbate existing vulnerabilities, placing already-vulnerable populations such as adolescent mothers and their children at increased risk.

Data from the Ebola pandemic suggest that rates of adolescent pregnancy may increase during this global emergency, as schools remain closed and livelihood options are limited.³ With the outbreak, adolescents face heightened isolation, anxiety and stress, which further heighten their mental health risk. At the same time, they are experiencing changes to routines and social infrastructure, which ordinarily foster resilience to challenging events.⁴

Household and/or family conflict may be exacerbated due to COVID-specific challenges such as financial strain and limited livelihood options, and pregnant adolescents may face increased stigma during this time of crisis.

As health and social support systems are overburdened, pregnant adolescents and/or adolescents' caregivers may also face more barriers to accessing resources and the services which they need for themselves and/or their children. A recent review by the WHO found a limited number of interventions that promote mental well-being and prevent mental disorders for adolescents who are pregnant or parenting.¹

As more data becomes available on caregiver interventions, it is critical to make emerging interventions specific to the needs of adolescent caregivers, and available in a COVID-19-responsive platform.



A note on gender:

In some communities boys and men consider pregnancy, motherhood, and child welfare the responsibility of girls and women. However, when an adolescent girl becomes pregnant and gives birth, she needs the support of all household and family members, including her father and male partner (who are often the 'gatekeepers') to successfully access care, to have a safe birth, and to take care of herself and the child. Therefore, it may be helpful to have a male advocate work especially closely with men and boys in the adolescent girl's life to foster their support for the adolescent caregiver and her baby.

Adolescent fact sheet

Each year, approximately 12 million adolescent girls aged 15–19 years and at least 777,000 girls under 15 years give birth in developing regions.⁵ Although many pregnancies among 15- to 19-year olds take place in the context of early marriage, research suggests over half of adolescent pregnancies are unplanned and unintended.⁴

Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions.⁵ Studies have also shown a higher prevalence of mental ill-health among pregnant and post-partum adolescents as compared to adult female populations.¹ Far too often, these young caregivers need to drop out of school or face pressure to leave school, and/or face challenges in returning to school or work while caring for the new baby.

Longer term, there are significant worrisome outcomes associated with adolescent pregnancy and motherhood, either as a direct result of young age, or indirectly, through mechanisms linked to poverty, health care access and quality, interrupted education, lack of support, isolation, and other factors.⁶ Pregnant adolescents and adolescent mothers can face stigma and discrimination from partners, household, and community members and peers for becoming pregnant at a young age. With sufficient support, these adolescents and their children can survive and thrive, achieve wellbeing in their lives and livelihoods, and contribute to positive changes in their communities.

Helpful strategies for supporting adolescents

Addressing structural barriers to care can be done through interventions such as:

- decreasing pregnancy-and young-motherhood related stigma and discrimination,
- supporting family conflict resolution,
- mobilizing partner/family/household support,
- individual or group problem solving.

Problem solving and family strengthening can be very helpful in dealing with conflict and anger in partner and family relationships, ensuring that adolescents receive the support they need. The Caring for the Caregiver package outlines a problem-solving tool for dealing with conflict called the **Assess Negotiate Plan Manage (ANPM) model**.

This simple tool outlines four steps to managing difficult situations in an organised way, with particular focus on do-no-harm components for the pregnant adolescents and young caregivers as well as their children. The ANPM model can be used as follows:

1 Assess

When you meet somebody going through a crisis, it is important not to assume what help they need, but rather to let them share this with you. An adolescent who is pregnant and/or caring for a child during the COVID-19 pandemic may be facing many different challenges, or might need help with a specific practical or emotional problem. Building rapport is extremely important, and helps you understand the adolescent's feelings, and her to feel she is being listened to. As you work with her to unpack the problem, it is helpful to understand the background of the story and learn more about the relationships and people in her life. It will also help to identify issues in the social environment that may create barriers for her and her child to survive and thrive.

2 Negotiate

Even though the adolescent is young, she should still be acknowledged as the expert on her own situation. It is important to empower her by involving her in any decision making and problem-solving activities which are about her and her child. Any goals set for dealing with a family or partner conflict must be shared goals – one which is important to the adolescent, and which she and you both feel is realistic and responds to her needs. This may mean support for working not only with the adolescent but with the 'gatekeepers' around her (including her partner and people in her household, her school, and her local health facility) to help create a more supportive environment.

4 Manage

An adolescent experiencing family or partner conflict and actively seeking support is already vulnerable, and therefore ensuring that you are reliable in taking action as planned is crucial. Whatever the management entails, during interactions and conversations with families you can role model positive behaviours such as motivational interviewing, active listening, using non-judgemental language and showing patience. It is important to remember that part of managing these situations is ensuring there is a transfer of skills to the adolescent during this process. The goal is that the adolescent will be empowered to face situations like this again (with or without your support). The last step is to re-assess and determine whether the original concern has been managed. If not, the ANPM process begins again.

3 Plan

Once the problem is outlined, and a goal has been decided, planning the way to deal with a conflict or problem is the next step. One example is planning a family meeting where each family member is able to give their opinion on the situation and openly discuss their fears, concerns, anger and other emotions. Part of planning a response is also preparing for worst-case scenarios. The adolescent will have a good idea of the reactions her family members might have to a family meeting, for example she might tell you that her mother is likely to shout and cry, while she is worried her father will become violent. At this point decisions can be made about possible allies or advocates to include in the meeting – people who might be able to give advice, or who can diffuse emotions when they are high.



Additional resources:

ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement. UNICEF (2020). These guidelines have been developed to enhance systematic programming and advocacy to realize adolescents' right to be heard in matters affecting them. The guidelines provide information on the 'why', 'what' and 'how-to' of participation and civic engagement, with a specific focus on adolescents.

The Adolescent Kit for Expression and Innovation (UNICEF) is a package of guidance, tools, activities, and supplies to support adolescents ages 10-18, especially those who are affected by humanitarian crises. The activities offer adolescents the chance to express themselves, experiment, solve real problems, and explore new ideas. In the process, adolescent girls and boys develop key competencies and new skills that help them to cope with stressful circumstances, build healthy relationships, and engage positively with their communities. There are specific sessions for COVID-19 and specific to parenting.

Helping Adolescents Thrive (HAT) Package (UNICEF and WHO). A jointly developed, evidenced-based package aimed at promoting mental well-being, preventing mental health conditions, and reducing risk behaviors and self-harm among adolescents. HAT was developed based on evidence review guideline recommendations as well as in consultation with experts, practitioners, and adolescents themselves across different LMICs. HAT allows for interactive learning, skills-building, mentoring, and peer support towards the adoption of 4 core practices among adolescents: 1) Emotional regulation and stress management 2) Problem solving 3) Interpersonal skills and 4) Alcohol and drug use prevention.

"UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents." UNICEF Programme Division, 2018.

WHO. **"Adolescent Mental Health Factsheet."** WHO, October 23, 2019.

WHO. **"Adolescent Pregnancy Factsheet."** WHO, January 31, 2020.

References

1. Laurenzi et al., **"Psychosocial Interventions Targeting Mental Health in Pregnant Adolescents and Adolescent Parents: A Systematic Review."** *Reproductive Health* 17, no. 1 (December 2020): 65.
2. PATA. **"Evidence Brief: Caring during COVID-19: Supporting Mental Health among Vulnerable Adolescents and Young People."** PATA | Pediatric-Adolescent Treatment Africa (blog).
3. Toska et al., **"Adolescent mothers affected by HIV and their children: A scoping review of evidence and experiences from sub-Saharan Africa"** *Global Public Health*.
4. Dalton et al., **"Protecting the Psychological Health of Children through Effective Communication about COVID-19."** *The Lancet Child & Adolescent Health* 4, no. 5 (May 2020): 346-47
5. WHO, **"Adolescent Pregnancy Factsheet."**
6. Darroch, J. E., Woog, V., & Bankole, A. (2016). **ADDING IT UP: Costs and benefits of meeting the contraceptive needs of adolescents in developing regions.**
7. Levy et al. **Improving Health and Social Outcomes for Pregnant Adolescents, Adolescent Mothers, and Their Infants in Kenya—JUA Program Final Report.**



3. Families managing financial crisis



Evidence Summary

In resource-constrained settings, it may be difficult for caregivers to provide for their children, leading to feelings of disempowerment and inadequacy. When caregivers feel overwhelmed by financial pressure, it becomes more difficult for them to problem solve barriers to accessing resources and managing limited resources.

Self-employed, domestic, and care workers, or those in casual employment are at particular risk during financial crises – and these are usually women and girls.

1. Application to COVID-19

2. Practical tips and advice:

- Mapping the community
- Identifying resources
- Examining the path to resources
- Increasing absent resources

Application to COVID-19

The COVID-19 pandemic has resulted in financial hardship for many families. As a result of the crisis many individuals have lost their source of income – either as a result of not being able to work during lockdown or losing their jobs entirely. For some families, there may be an additional strain on financial and household resources as more people are in the home as a result of lockdown. These circumstances have an acute impact on families and are likely to also have a longer-term impact.

While female members of the household are facing the brunt of the economic shock, they are also shouldering the double burden of increased care and household responsibilities. Evidence from previous emergencies has also shown that usually women and girls in the household absorb such economic shocks, for example by reducing their nutritional intake, or dropping out of school. This also causes heightened emotional and mental stress on women and girls.

The financial strain and economic hardship caused by the COVID-19 crisis may leave caregivers feeling disempowered and unsure of how to provide for their families. This is exacerbated by lockdown conditions, which could change access to familial or community resources. New social protection mechanisms may be available (either through national government, UN or NGO schemes), but information on who is eligible and how to enroll may not be clear or easily accessible, particularly for more marginalised individuals, including adolescent girls.

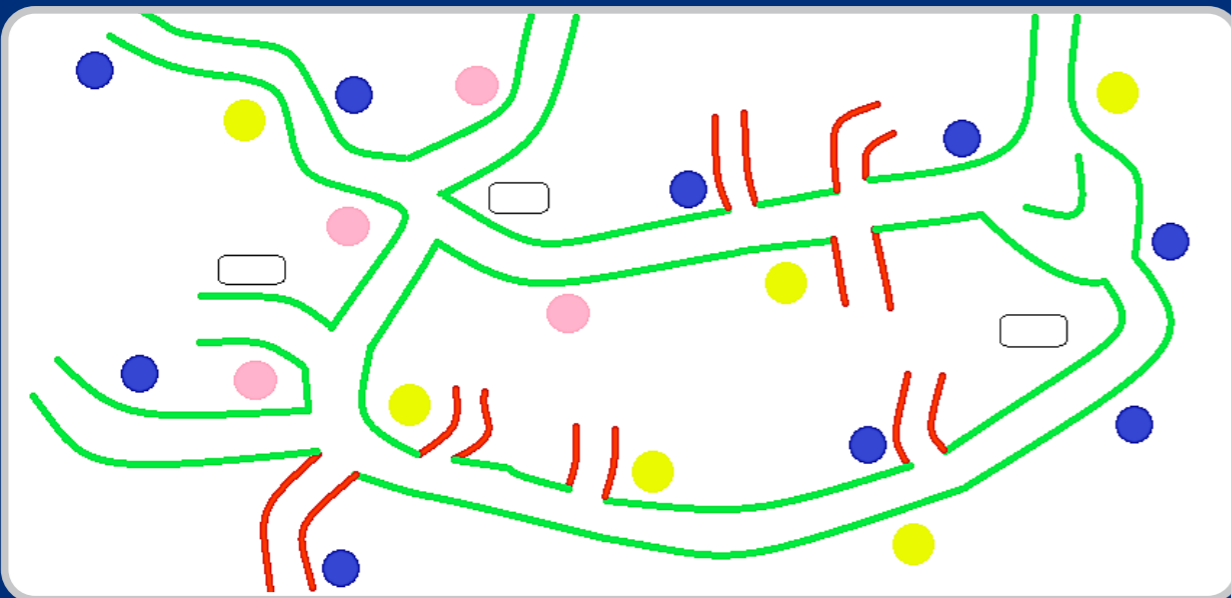


Practical tips and advice

It is important that both female and male caregivers are supported in problem solving barriers to accessing resources during this crisis. Providing caregivers with the skills to access resources within their communities ensures that caregivers feel empowered and confident that they can care for their families. The Caring for the Caregiver prototype package, includes a tool called **Resource Mapping**, which allows frontline workers to help caregivers identify available resources and sources of support, as well as problem solve barriers to access. The Resource mapping tool contains 4 steps:

1 Mapping the community

Draw a visual representation/mapping of the caregiver's community, and include all potential avenues for support/referral.



2 Identifying resources

Identify resources to include on the map and use coloured stickers or pens to organize assets on a map.

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
- Existing social protection schemes and additional COVID-19 specific support: Government grants, food distribution organisations

3 Examining the path to resources

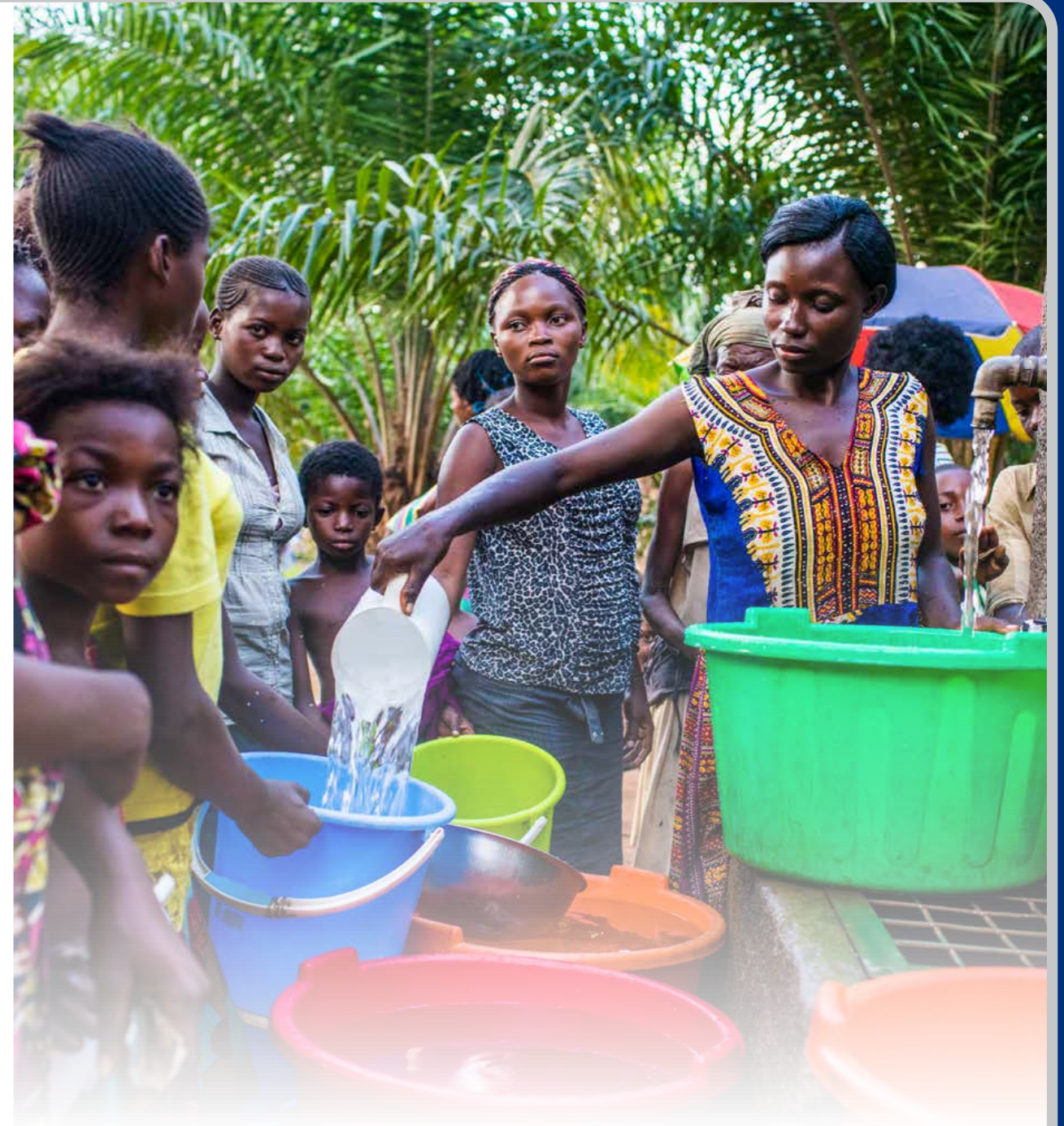
Interrogate the path to resources and work on barriers. During this process, you will uncover key information about barriers to access. These barriers might be:

- 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.
- 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.

During the COVID-19 pandemic, lockdown or stay-at-home conditions could mean that there are new barriers to accessing resources. For example, caregivers may not be able to access physical spaces within the community. Try to find alternative resources or paths to access to mitigate these new barriers to access.



It is also important to analyse gender barriers and opportunities for male and female caregivers of different ages, as discriminatory gender norms are often heightened in times of emergencies.



4 Absent resources

Work to increase resources that might be absent in your community, through a gender-responsive approach.

Additional resources:

Support for GBV

IASC, Pocket Guide: [How to support survivors of gender-based violence when a GBV actor is not available in your area](#). IASC, 2015.

Budgeting tips

UNICEF, [“Coronavirus \(COVID-19\) Parenting Tips: Tip #11 Family Budgeting.”](#) June 8, 2020. UNICEF & Parenting for Lifelong Health.

The World Bank Group, [“Poverty and Distributional Impacts of COVID-19: Potential Channels of Impact and Mitigating Policies”](#), World Bank Brief.

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