Parenting Skills Intervention

CAREGIVERS MATTER: Curriculum for Caregivers of Children with Nutritional Needs

12 SESSIONS FOR FACILITATORS
TO DELIVER CAREGIVING SKILLS
TO CAREGIVERS OF CHILDREN WITH NUTRITIONAL NEEDS

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Caregivers Matter: Curriculum for Caregivers of Children with Nutritional Needs

Introduction

A child's early years present an incredible window of opportunity and vulnerability. They are crucial, formative years, when rapid growth, including brain development, places high demands on nutrition and attuned, responsive psycho-stimulation. Moderate to Severe Acute Malnutrition (MSAM) in these critical years can cause significant developmental delays, particularly in physical development (gross and fine motor), cognitive, social, emotional and language development[1][2][3]. Multiple studies have confirmed that nutrition programs combined with early intervention programs that include skills training on nurturing care and enriched play lead to better child outcomes at various points across the lifespan, rather than nutrition interventions provided alone[4][5][6].

The Caregivers Matter curriculum includes enriched play strategies to help caregivers stimulate learning and development in key areas of physical and cognitive development, language acquisition and social emotional skills, as recognised and used in a number of similar programs[7][8][9]. Particular attention in this curriculum is given to the fact that children experiencing Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) may have additional challenges in engaging and responding to stimulation typically recommended for children in early learning initiatives. As such, the activities have been adapted to focus on attachment building activities such as increased eye contact, sensitive

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[1] van den Heuvel, M., Voskuijl, W., Chidzalo, K., Kerac, M., Reijneveld, S. A., Bandsma, R., & Gladstone, M. (2017). Developmental and behavioural problems in children with severe acute malnutrition in Malawi: A cross-sectional study. *Journal of global health*, 7(2), 020416. doi:10.7189/jogh.07.020416 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5735778/

[2] Heaver, R. (2005). *Strengthening country commitment to human development: lessons from nutrition*. The World Bank.

[3] Prado, E.L., Dewey, Kathryn G. (2014) Nutrition and brain development in early life, *Nutrition Reviews*, Volume 72, Issue 4, 1 Pages 267–284, https://doi.org/10.1111/nure.12102

[4] S.M Grantham-McGregor, C.A Powell, S.P Walker, J.H Himes, (1991) Nutritional supplementation, psychosocial stimulation, and mental development of stunted children: the Jamaican Study, The Lancet, Volume 338, Issue 8758 https://doi.org/10.1016/0140-6736(91)90001-6.

[5] Prado, E. L., Larson, L. M., Cox, K., Bettencourt, K., Kubes, J. N., & Shankar, A. H. (2019). Do effects of early life interventions on linear growth correspond to effects on neurobehavioural development? A systematic review and meta-analysis. *The Lancet Global Health*, *7*(10), e1398-e1413.

[6] Grantham-McGregor, S. M., Fernald, L. C., Kagawa, R. M., & Walker, S. (2014). Effects of integrated child development and nutrition interventions on child development and nutritional status. *Ann NY Acad Sci*, *1308*(1), 11-32.

[7] WHO (2006) Mental Health and Psychosocial Well-Being Among Children in Severe Food Shortage Situations. Available at: https://www.who.int/nutrition/publications/emergencies/WHO_MSD_MER_06.1/en/

[8] WHO, UNICEF (2012) Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How. Available at: https://www.who.int/mental_health/emergencies/ecd_note.pdf?ua=1

[9] Cécile Bizouerne, Action Contre La Faim (2012) 'Conceptual Models of Child Malnutrition: The ACF Approach in Mental Health and Care Practices'. Available at: https://www.actionagainsthunger.org/publication/conceptual-models-child-malnutrition-acf-approach-mental-health-and-care-practices

touching and talking, and 'stage-based' play, rather than age-based, in order to meet caregiver and children where they are at.

In addition, this curriculum also recognises and prioritises the mental health and wellbeing of caregivers, particularly mothers, given the well-noted and direct effects on early childhood outcomes in health[10], safety and development[11]. Stress and extreme emotional distress can put additional burdens on caregivers, making it more difficult to provide the responsive, consistent care we now know is required for optimal growth and development.

Recognising the additional strain of crisis situations, and the extremely challenging circumstances that lead to a child's moderate or severe acute malnourishment, the Caregivers Matter curriculum focuses heavily on caregiver 'care-taking'; a process of encouraging self-care, mood awareness, relationship building, and psycho-education to motivate behaviour change.

Caregivers Matter presents an evidence informed program focused on the following:

- A strengths-based approach to address feelings of guilt, inadequacy, and to promote feelings of self-worth and caregiver agency in caring for a child.
- Psychoeducation on effects of stress and distress, secure attachment, adversity and empathy, caregiver wellbeing, routines, and enriched appropriate play.
- Cognitive Behavioral Therapy (CBT) and Trauma-Focused CBT influences to directly address negative self-talk and drivers of low function.
- Group therapy techniques to facilitate peer-to-peer support and relationship building.
- Problem solving strategies to acknowledge and tackle the extreme challenges facing caregivers, families, and children in the country context.

Curriculum Evaluation:

The curriculum will be evaluated through improvements in a caregiver child observation tool and a Knowledge, Attitudes and Practices (KAP) survey. These items are discussed in further detail below in the Monitoring Curriculum Outcomes section.

- Caregiver Child Interaction observation
    - Adapted PICCOLO Scale: 3-point scale for displays of affection, responsiveness, encouragement, and teaching with a young child (10 - 47 months, typically. Edited to exclude measures not also relevant to children under 10 months.) Validated in multiple cultural contexts, including Turkey[12], as well as for male caregivers[13] and children with disabilities[14].

- Pre- and Post-test caregiver Knowledge, Attitudes and Practices survey

[10] Mental Health and Care Practices Aspects of Stunting (2017) Rayes, D., Letzelter, A, Bizouerne C.
[11] Maternal depression and child development. (2004). *Paediatrics & child health*, *9*(8), 575–598. doi:10.1093/pch/9.8.575
[12] Bayoğlu, Birgul & Unal, Özlem & Elibol, Fatma & Karabulut, Erdem & Innocenti, Mark. (2013). Turkish Validation of the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes). Infant Mental Health Journal. 34. 10.1002/imhj.21393.
[13] Anderson, Sheila & Roggman, Lori & Innocenti, Mark & Cook, Gina. (2013). Dads' Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO-D). Infant Mental Health Journal. 34. 10.1002/imhj.21390.
[14] Innocenti, Mark & Roggman, Lori & Cook, Gina. (2013). Using the PICCOLO with parents of children with a disability. Infant Mental Health Journal. 34. 10.1002/imhj.21394.

What the program is, and what the program is not:

First it is important to clarify what the program is, and what the program is not. The parenting skills intervention program is designed for primary caregivers of children aged zero to five who have experienced SAM or MAM and are simultaneously attending an IRC nutrition support program. Caregivers will need to understand upon registering that this program does not offer monetary support or other major physical assistance, only the provision of support through referrals to specialized services where possible. Improvements arising from the program will be the result of constructive effort applied by the caregiver. Caregivers will be provided with information, social support, and a caring environment that can tackle developmental delays caused by malnutrition. The lifelong benefits to their children (and themselves) from implementing the program's lessons and maintaining an adequate standard of nutrition are likely to be noticeable.

Caregivers will be invited to talk about some of the challenges they face in the crisis environment. The curriculum encourages caregivers to talk about feelings however, due to the possible participation of comprehending children, caregivers should not be encouraged to tell traumatic or difficult stories. This is explained to the group in Session 1.

If at any time during the program a caregiver becomes concerned that they cannot cope, does not feel they can continue with the program, or reveals that they or their child are unsafe, facilitator case workers are to thank them for telling and ask to speak with them after the session in a safe, confidential space to offer support. The case worker's supervisor should be informed at the first possible moment and a case management process initiated. If the caregiver does not want additional support, next steps should be discussed with a supervisor to determine the child's safety following IRC's case management standard operating procedures.

Key Theories Informing Caregivers Matter

Attachment Theory:

A major research study conducted to guide policy and programming on early learning and development summarized the impact of responsive relationships:

"Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted, and the consequences can be severe and long-lasting. If provided or restored, however, a sensitive caregiving relationship can foster remarkable recovery."[15]

A secure attachment with a consistent, sensitive caregiver is critical for optimal childhood development[16]. Consistent implies a regular and reliable response from caregivers that addresses the child's needs in the moment. Sensitive responses refer to the degree to which the need is interpreted correctly and responded to adequately.

[15] National Research Council (US) Division of Behavioral and Social Sciences and Education. Early Childhood Development and Learning: New Knowledge for Policy. Washington (DC): National Academies Press (US); 2001. Executive Summary. Available from: https://www.ncbi.nlm.nih.gov/books/NBK223292/
[16] Ibid

Young children learn about their world through their primary caretaker. There are many incredible ways their bodies and brains are built especially for this purpose – they seek out eye contact, they recognise voices and faces, they are soothed by familiar touch and smell.

They have some subtle and not-so-subtle communication techniques to guide their caregiver. Not only will they cry and fuss and smile, they will also reach, point, smile, blink, stare, arch their backs, turn their faces away, move their jaws, pump their fists… and so much more. A caregiver who is capable of noticing, understanding and responding to these signals *most of the time* shows the child that they are right to try to communicate and explore, and that they are safe to do so. When this happens, the child then feels secure and relaxed in the caregiver's world. They can then shift their attention to understanding the environment around them, feeding their brain's desire to learn and discover.

When a caregiver can notice and respond to a child's signals, this process is called 'attuning' and caregivers who can attune raise children with a 'secure attachment'. If the caregiver cannot or does not attune to the child and respond sensitively to their efforts to communicate and connect, then the child's attachment will not be secure. When this happens, the child will focus on trying to get their caregiver's attention, rather than the critical process of exploring and learning about the environment around them. After a prolonged period of inattention, the child may give up trying to communicate and trying to understand the world around them. The human brain is designed to grow to 80% of its full capacity by the age of three – this represents a critical period of growth, any time wasted must be made up with more effort later.

Research into the attachment styles of children experiencing malnutrition around the world has shown that the malnourished child is more likely to be insecurely attached to their caregiver[17]. Numerous studies reviewed by Action Against Hunger (ACF) showed that mothers attended to their malnourished children less (less talking, less looking, less playing) despite the child's more persistent attempts to get the mother's attention (more clinging, more distressed vocalising, more crying).

The caregiver child relationship is extremely complex and is not simply a matter of a "loving mother" and a "loveable baby". The relationship exists within the family structure and the way the caregiver is treated by everyone in the family, it exists within the conception and pregnancy and the expectations and hopes of the mother, it exists within the community context and the safety and security of the caregivers. ACF's research notes that "it is not a question of judging the parents or their beliefs but of understanding what is happening with them and their malnourished child. This takes time but it is well spent because we will be more able to help these families."[18]

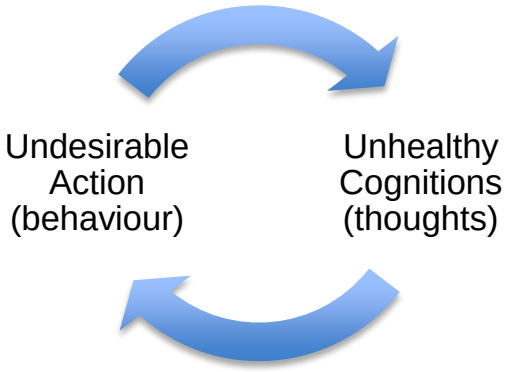
Understanding the relationship between your caregivers and their children, and helping them to reconnect is the primary aim of this program.

[17] Bizouerne, 2012
[18] *Ibid*

Cognitive Behavioural Therapy

What is Cognitive Behavioural Therapy (CBT)? [19]

Cognitions refer to our thoughts and Behaviours refer to our actions. CBT is an evidence-based (coming from scientific research) and structured (step by step) process that aims to alter the cycle of unhealthy thinking (cognitions), leading to unhelpful emotions and the resulting undesirable actions (behaviour).



Research has shown that CBT is very effective in breaking this cycle in people with a number of problems such as depression, poor confidence, lack of assertiveness, difficulty in solving day to day problems and lacking support from others.

The cycle is broken in three ways:

- Changing ways of thinking — a caregiver's thoughts, beliefs, ideas, attitudes, assumptions, mental imagery, and ways of directing their attention — for the better. This is the cognitive aspect of CBT.
- Helping the caregiver make the link between unhealthy thoughts and emotions that are quite strong and can lead to unhelpful behaviours.
- By achieving the above, helping the caregiver meet the challenges and opportunities of raising his or her baby with a clear and calm mind — and then taking actions that are likely to be effective. This is the behavioural aspect of CBT.

How are CBT principles used in Caregivers Matter?

Inspired by the WHO Thinking Healthy curriculum, caregivers are encouraged to examine non-constructive thoughts that might lead to overly negative feelings and 'undesirable behaviours' associated with poor self-care and poor attachment.

For each session's theme, caregivers are encouraged to examine a series of images and identify thoughts that the caregiver in the image might be having that would prevent her from adopting the recommended activity. They are then supported to connect these thoughts with the caregiver in the image's continued undesirable behaviour. Next, they are encouraged to think of different 'healthy' thoughts based on the Psychoeducation and learning they have just received that might lead to desired behaviours, in this case, the recommended activities of the session.

[19] WHO, 'Thinking Healthy', 2015

For some groups, and in some sessions, the facilitator may simply draw the attention of the caregivers to the characters in the pictures, pointing out the differences in the ways of thinking and consequent behaviours in the two sets of pictures, and leave it at that. In this way, the facilitator 'plants the seeds' of alternative ways of thinking and behaving and moves to the key objective of the session; practicing desired behaviours or actions.

Common styles of 'unhealthy' thinking that may be present in the group

In order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. By conducting research on many thousands of ordinary people, scientists have defined the following types of unhealthy thinking styles:

1. Blaming oneself when things go wrong. "It is always my fault"
2. Not giving oneself credit. "If things go well, it is someone else's doing or luck"
3. Gloomy view of future. "Nothing good is going to happen, only bad things happen to me"
4. Mind reading. "Other people think negatively of me"
5. Thinking in extremes. "Nothing is ever good enough. If it can't be perfect, there is no point in trying."
6. Not believing in one's capability. "I can never achieve this"
7. Giving up before trying. "There's no point in making an effort"

Each time the facilitator or the peers in the group can show a fault in the logic of the unhealthy thinking style or can reject it, "You've been able to come to every session/most sessions so far. This hasn't been easy, but you've always made it work.", the caregiver can begin to see another possibility, another truth they can believe. This is where CBT combined with a person centred, or trauma aware approach can be beneficial.

Person Centred, Trauma Aware Approach

The person-centred, trauma aware approach applies principles of cultural sensitivity, collaboration, and empowerment among and between caregivers and case workers. The approach recognises the role trauma (or extremely difficult or painful circumstances) plays in the lives of caregivers and families living in situations of chronic crisis or extreme adversity. It shifts the 'support perspective' from "what's wrong with you?" to "what happened to you?" Using this newly informed perspective, pathways to psychosocial wellbeing are developed collaboratively - the caregiver (and child) is met where they are, and is supported to move forward towards their own goals.

In this curriculum that might look like understanding that the caregiver was not involved in the decision to care for the child and they in fact, did not want the child in the care. It may be that the caregiver is themselves still a child and does not have the resources to draw on to adequately nurture their child or that they are made to feel bad because their child is ill. The person centred, trauma aware approach tries to understand the caregivers perspective and motivations and to work with him or her to find enjoyment in reconnecting with their child.

An integral aspect of this approach is respect for the caregiver. Respect is shown best through the basic helping skills outlined below.

Basic Helping Skills[20]

I. Trust and Confidentiality

Trust and confidentiality are important in your relationship with a caregiver. A caregiver needs to know that when they speak openly about personal things, that information is going to remain confidential or private. This is especially true for survivors of intimate forms of traumatic experiences and even more so when there is stigma about the events (e.g. in the case of sexual assault). However, it is also very important for the caregivers to be aware of any legal boundaries to this confidentiality. For example, depending on the laws of the country and the protection and social services systems in place, you may have to break confidentiality and tell the appropriate agency or authority when a caregiver appears to be at risk of ending their life or of harming someone else or if a child under their care is at severe risk of harm. (See 'Managing Difficult Situations' pg 16)

II. Communicating Concern

Communicating concern is an important skill. Try to understand, as best you can, the caregivers' situation, including the emotions they are experiencing. This will let them know that you welcome their feelings and thoughts, that they are important, and valued.

Remember though, that you are not directly responsible for the caregiver's situation. You can offer support so they can make good decisions but be aware of taking on other people's feelings as your own. This will lead you to feel overburdened and stressed. If you are feeling concerned about a caregiver or a child and you find that it is affecting your daily life, you need to speak to your supervisor. Your supervisor should not judge you negatively for this, indeed, it is a sign of professionalism and responsible duty of care.

Statements that show concern include the following:

- *That sounds like it was very challenging/upsetting/frightening (and so on) for you.*
- *I can see in your face how painful this was for you.*
- *It sounds like you are/have been carrying a heavy load.*
- *You have experienced many difficulties.*

III. Active Listening

Showing someone that you respect and care about them is best done by simply listening. Let them see that you believe that their thoughts and contributions are important. You can do this through active listening. Active listening is a process through which you show the caregiver that they have your attention, you value them and what they are saying.
Active listening techniques include:

- Maintaining culturally appropriate eye contact
- Nodding your head
- Using small encouragers like, 'uh huh', 'mmm', 'I see',
- Making sure that your posture shows respect (e.g. avoiding crossing your arms and sitting with a stiff position or turning away from the caregiver).
- It may be appropriate to gently mirror someone's emotions on your own face while you listen to them talk. This might mean showing sadness when they express sadness or joining them in a smile and enjoying something they find joyful to talk about.

[20] The Basic Helping Skills section is adapted for Caregivers Matter from the WHO Problem Management + curriculum

- Be patient! Do not try to finish someone's thought or sentence, even if they are finding it difficult to speak. If you believe they are becoming uncomfortable, you can say something like, "it looks like this is difficult to talk about/remember/think about now. You don't have to tell me now, but we can always talk about it later if you feel ready."
- Think about silences. In your culture, do they make people uncomfortable? Do they make you uncomfortable? Letting silence into a conversation can give a caregiver space to say something they may want to say but find difficult.

IV. Praising and Connecting

The sessions in the curriculum are about helping caregivers to feel confident and capable. One of the best ways to do this is to acknowledge and praise their efforts to connect with their child or with the group.

To help caregivers feel comfortable talking about personal, difficult or embarrassing topics, try to thank or compliment them for being so open. Throughout the intervention, you may also praise the caregivers' efforts to engage in Caregivers Matter activities.

Some examples are:

- "Thank you for telling us that. That was very important."
- "You have been very courageous in sharing that with us. You are helping us all think about some very difficult topics."
- "It's not easy to talk about such things. We're here to support you and we thank you for letting us know."
- Check for local sayings/proverbs: e.g. Y*ou double happiness and halve sorrow by sharing what's on your mind*.

When a caregiver is able to perform a new activity at home, show your joy and give them lots of praise. When caregivers are feeling stressed and overwhelmed it can be very difficult to try new things. Make sure you show that you appreciate their effort and that you are proud of every attempt to try, even if the caregiver reveals that they were not successful, or did not like the activity. The important thing is that everyone in the group is motivated to try.

The participants in the group are a possible resource for each other too. Hopefully, friendships will form in your groups and which will then continue after the program is finished. Give people time and space to make friends. Where you can, try to find natural ways to build connection and rapport between participants. Remember confidentiality and do not share details about a caregiver that have not been shared publicly before. Building connections can look like "Sara said something similar the other day! You are thinking alike."

You can also encourage the group to support each other. When someone shares something, you can say "what a great idea! Isn't that a great idea, everyone?"

V. Validating

Many caregivers will feel as though they should not share their negative feelings with 'strangers' or indeed, anyone. They might think that no one else feels the same way as them. They may also think that talking about emotions or personal problems is a sign that they are becoming ill, not able to cope, or that they are weak. Some caregivers might even blame themselves for how they feel. It is important that throughout the intervention you help the caregiver to dispel these myths. You can do this by normalizing the caregivers' problems by helping them understand that many other people experience the same

reactions and difficulties. This is “validating” their problems, which means that you are letting them know that their reactions are understandable.

Validating is a very good way of communicating concern too. However, it is recommended that you do not tell the caregiver you know what they are going through (“oh, I know just how you feel.” Or “I can imagine…”). Although you might be trying to validate their experience, it can diminish their trust in you as it can sound as though you don’t want to listen to them, because you already know it yourself.

Some examples of validating that keep the focus on the caregiver and what they are sharing with you are shown below:

- *You have been through a very difficult experience and it’s not surprising that you are feeling stressed.*
- *What you have just described is a common reaction for people to have in these situations.*
- *Many people I have worked with have also described feeling this way.*
- *I am sorry you’re experiencing this. The reactions you have described are very common.*
- *It’s understandable you’re feeling overwhelmed. Raising children is a lot of work, especially in a situation like this.*
- *It makes sense that you’re feeling like this. Many people do when [describe the situation back – they feel alone, they are scared]*

VI. Putting aside your personal values

Demonstrating these basic helping skills will mean that at all times you will need to respect the caregivers’ personal values and beliefs. This can be challenging, especially when you do not agree with their values or beliefs. Your role is as ‘helper’ not as ‘judge’, and you should not judge your caregivers, no matter what they might say to you. This means not allowing your own personal beliefs or values to influence how you respond to the caregivers. The experience of having someone just listen without judgement might be something the caregivers have not experienced before, and this can greatly help them to trust you. In this way, you will be of more help to them in achieving better outcomes for themselves and their families.

Although we do not judge, there are behaviours that are risky to children that we have to address in the moment. If a caregiver identifies a behaviour that is harmful to a child in their care (e.g. “I get so frustrated sometimes I beat my eldest daughter. She never listens to me!”) As child protection case workers with a mandate of care, these kinds of comments must be addressed in the moment. However, it is important to realise that the caregiver is more likely to change if they feel respected, and their harmful behaviour change is your goal.

In situations where caregivers disclose harmful behaviours to children in their care you can attempt the following:

1. First, actively listen. “Hmm, yes.” Show respect for them by not embarrassing them for their view in front of the group – remember, they are probably using this kind of abuse because it was what they experienced growing up also.
2. Look for the feeling behind the harmful behaviour – in the example above, the caregiver has identified ‘frustration’.
3. Validate the feeling – not the behaviour! You can say, “It can get really frustrating when our children won’t listen, I can see why you would feel annoyed.”

4. Then provide some respectful pscyho-education to redirect them towards more effective responses, “Actually, in this course we’re going to learn about how to use your relationship with your children to encourage better behaviour and how to better manage feelings of frustrations in ourselves. Used correctly you will find these more effective than beating.”
5. At that point, you can bring in the group members. Chances are, more of them might feel the same way as the person who disclosed. Try to validate (normalise) the feeling, but provide hope for less harmful, more effective behaviours. *“I know we all get frustrated with our children sometimes – it happens to every caregiver everywhere. And for many of us, it was what we knew growing up too. But we will learn some of the effects of severe physical abuse later and I hope you will enjoy learning that there are more effective, and less harmful ways to manage these situations.”*
6. If the behaviour disclosed puts the child at extreme risk, refer to the ‘Managing Difficult Situations’ section on page 16 on how to manage the disclosure to keep the child safe.

VII. Giving Advice

You should generally not give advice to the caregivers. Giving advice is different from giving the caregivers important or helpful information – much of this program is about sharing helpful information and encouraging activities at home. Giving advice means giving your opinion to a caregiver about what to do or what not to do in more personal matters, like communication with family and friends.

One strategy that can be helpful to use in situations where you are very tempted to give advice is asking the caregivers what they would suggest or say to a close friend or family member who was in a similar situation. For instance, a caregiver who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support and that their thoughts are too negative, you might ask them, “*What would you say to a close friend or family member who was thinking the same? Would you want them to be alone with their problems or ask you for help? And would you feel burdened by that?”* This type of questioning may help the caregivers to think about their concerns and behaviours from a different viewpoint, without you directly telling them to do something different.

It is so important to put aside your personal values and to not give advice, that this is something that your supervisors will be watching for when they observe you. If you recognise that you are having trouble refraining from giving personal advice or bringing your personal values into your work as a facilitator, please speak to your supervisor in advance. They will be able to help you find ways to overcome these urges so that you can be a more effective, helpful facilitator.

Dealing with difficult situations

I. Family members or older children wishing or needing to attend

Given the sensitive subjects discussed and the peer support aims of the program, it is recommended that other family members and older children (aged 6 and above) do not attend.

If there are family members who are very eager to attend and learn, including male family members, and it is acceptable to the other members of the group, sessions 6, 7, and 8 may be more inclusive as they deal almost exclusively with early childhood development and do not address individual caregiver wellbeing or psychosocial topics.

As a further note, if there are a group of male caregivers who wish to attend the entire program, discuss with your supervisor whether it is possible to run a separate group for men. The curriculum has been developed using strategies and approaches that have been tested with female groups. This does not mean that they are necessarily inappropriate for a male audience but serving a male population would require additional evaluation approaches to ensure acceptability and efficacy.

II. Witnessing or hearing disclosure of harsh punishment

During the course of the curriculum you may witness a caregiver speak or act harshly towards a child in their care (or another child). In those instances, you have an important and potentially difficult role to play. While maintaining your relationship with the caregiver, you will need to create a learning moment for the caregiver and the group and explain that there are better options.

The caregiver might be sensitive to 'loosing face' or feeling shamed in front of the group, so it is important not to overtly criticise or correct. You will know your caregivers and the relationship you have with them. Here are actions you can take, depending on the moment and the personalities involved:

- Acknowledge and empathize with the feeling behind the action. "I see there you felt frustrated that [child's name] wasn't listening to you/wasn't being gentle/was vocalising or crying while you were trying to listen. It is hard, isn't it? I think we all feel that way when [name the child's behaviour] happens." Or "It can be scary/infuriating when they don't respond to our efforts to keep them safe/healthy/respectful, when we only want what's best for them." Show the caregiver that you understand why they were prompted to action, and acknowledge that it is reasonable to feel the way they did.

- If you didn't see the behaviour that preceded the harsh punishment or the harsh words, you can say to the caregiver, "you looked/sounded like you were frustrated/upset/annoyed with [child's name] for a moment there. This is certainly something that happens to us caregivers often. Could you tell us what was happening there and what you were feeling?"

- If you think the group will respond positively and kindly, or if someone has referenced this feeling in the past, you can bring it back to the group and ask, "has anyone felt this before with their children?" or "remember this is like [caregiver

name] was saying last session". If the group is not likely to admit to these feelings, do not invite them to comment.

- Remind the group that the curriculum is about building the secure attachment necessary for healthy brain development and this requires trust and affection with the caregiver, and that there are more effective ways to use the caregiving relationship in nonviolent ways to encourage desired behaviours.

- At this stage, if the caregiver is feeling comfortable in the group you can emphasize the negative impact of violent discipline on children's growth and development. You should note that you are now speaking generally about prolonged or frequent instances of harsh discipline and should not target the caregiver who spoke or acted harshly and their child. The following points may be helpful:

    - The child may obey but only out of fear, and only when you are present. A common reaction to fear is that the child will shut down and does not learn why the behavior was wrong;

    - In using violent discipline, you role model that violence is an acceptable way of dealing with frustration. It can lead to more aggressive behavior displayed by the child with peers, siblings, teachers, caregivers, etc.;

    - It can generate high levels of stress for the child. When young children experience severe and prolonged stress without supportive and responsive care from a consistent caregiver, they can experience a toxic stress response, which affects brain development and can have long-term effects on health, learning and behaviour;

- Additionally, you may want to highlight the stress coping techniques that the curriculum teaches (your "balloons", deep breathing, and mood awareness skills). These are helpful in controlling the use of violent punishment so children grow and reach their full potential.

- If the caregiver maintains that harsh punishment or interaction with their children, including any form of physical or emotional abuse is appropriate, try to speak with them one on one at the end of the session, multiple times. It is very likely that the caregiver experienced or observed similar behaviours as they were growing up and do not know how to use other strategies. If at anytime you are concerned about the safety of the child in their care you should tell your supervisor and initiate a case management process per advice below.

III. Caregiver disclosure of child protection concerns, elderly abuse, or gender-based violence

Identification or disclosure of GBV, elderly abuse or child protection concerns can happen at any time and during any type of activity throughout the program. If a caregiver discloses an incident, they are showing enormous trust in you and it is important to maintain this trust. Therefore, the following guidance is provided to sensitively handle any disclosures that may take place during a group activity.

During the group session:

- Stay calm.
- Listen with a non-judgmental and non-blaming attitude, show empathy and respect.
- Do not ask the caregiver further questions about the incident, whether it affected them, their child or another person in their household. Try to contain the caregiver from revealing too much detail in front of the group. This can be done kindly and sensitively while still validating the caregiver's desire to share. Use a warm tone of voice to avoid making them feel ashamed or silenced. You can say things like, "thank you for sharing that with us. It sounds like a very important/challenging/difficult experience and, if you wouldn't mind, I'd like to speak with you directly after our session to make sure I can offer my full support."
- At this point, remind participants about group agreements and confidentiality. Model the appropriate response to a peer who has disclosed a sensitive situation by saying something like, "we all know how difficult it is to share something like this and to ask for help, so on behalf of our group I'd like to remind us all that we agreed to show each other support and understanding (use the group's language). We have also committed to not sharing our friends' stories outside the group, just as you would not want them to share your stories."
- Check that the caregiver feels comfortable and is ready to move to the next activity and follow up with them at the end of the session.

After the session – following up with the caregiver:

- Thank the participant again and acknowledge his/her courage and how strong she/he is sharing this sensitive information. Ask them how they are feeling and take time to listen to their response.
- Using your up to date service mapping tool, provide information on services available in a way that the individual will understand and feel safe and encouraged to seek support; take the opportunity to introduce Case Management services if relevant. This could include child protection, GBV or Protection/Rule of Law case management (internal to IRC or external if considered safe and high quality).
- Remember that telling their story again could be re-traumatizing. If the caregiver does not want to share details, do not ask. If they want to tell you, use your Basic Helping Skills to listen and show professional support.
- If the case involves the abuse of someone 18 years or older, you must obtain consent to begin a referral. It is entirely the choice of the survivor involved, and they may change their mind at any time.
- If the case involved the severe abuse or extreme neglect of a child under 18, (examples include but are not limited to, sexual abuse, burns, cuts, hitting with an object, deprivation of food, cruel or dangerous punishment) you must report the

incident to your supervisor immediately and determine the appropriate action, which may include case management services, to take to keep the child safe. You should explain to the caregiver that your job requires you to protect and keep children safe, and that you must provide an appropriate response to ensure the child is not put at further risk.

- Finally, a reminder that it is of the utmost importance to maintain confidentiality at all times. Do not talk about the incident identified or disclosed to anyone other than the assigned caseworker or your supervisor.

IV. Working in Conflict settings

In communities facing conflict, many people may be fearful of security forces, of armed opposition groups, of authority figures and sometimes of other people in the community. In some cases, you might realize that caregivers find it difficult to trust you as a helper. They might find answering questions throughout the program very stressful. At all times, you should respect the caregivers' decision not to be open or not to tell you personal details. You should also expect their story to change over time. This is not because they are lying to you, it is because they are dealing with difficult life situations in a constantly changing environment. Use the basic helping skills section above to guide your behaviors and actions when working with caregivers in conflict settings.

Make sure to appropriately document and report any issues the caregivers raise around threats received from armed actors or authorities before, during and after the program to ensure their safety is priority.

Monitoring and Evaluating Curriculum Outcomes

Caregivers progress in the curriculum will be monitored through two means: 1) Knowledge, Attitude and Practices survey and 2) Caregiver Child Observation tool.

KAP SURVEY:

The Caregivers Matter KAP survey is designed to be administered as a pre- and post-test evaluation of knowledge gained, attitudes shifted, and practices adopted. It covers areas from the curriculum relating to self-care, physical and psychosocial wellbeing, attachment theory, brain development, and self-concept.

Methodology

The Caregivers Matter KAP pre-survey should be ***completed during the caregiver's registration*** for the program. If the caregiver is illiterate or uncomfortable with reading and writing, the case worker should read the survey out, questionnaire style. It is important to remain neutral in these instances.

The KAP post-survey should then be ***administered during either of the last two sessions*** of the program. Post-curriculum assessments begin in session 11 and carry over to session 12 in order to minimise incomplete assessments due to absences. If you

have all caregivers present in session 11, complete the KAP survey then to save time during the session 12 celebration. Results should be shared back with caregivers with the results of their observation. It is important to note and praise any and every progress made in the KAP Survey responses.

CAREGIVER-CHILD OBSERVATION TOOL:

The Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO). The PICCOLO measures caregiver behaviour with established links to child outcomes. Longitudinal studies have shown that PICCOLO scores were significant predictors of children's overall development, specifically cognitive, language, and social-emotional development. The PICCOLO is an easy to use three-point scale that uses a strengths-based approach to measure four domains: affection, responsiveness, encouragement, and teaching. The tool has been adapted and shortened for the Caregivers Matter curriculum and is considered to be appropriate for ages 0-5 years, with interpretive adaptations for children under 10 months and over 5 years.

Domain Summaries

Affection: Affectionate caregivers express warmth and fondness towards their children. These caregiving behaviours help children feel close and connected to their caregivers, and children are then more likely to be compliant and less likely to have tantrums and misbehave. When observing PICCOLO Affection behaviours, watch for expressions of fondness and caring, connectedness, or a reflection of a positive relationship. These behaviours should be strong with infants and may be a little less as the child is older.

Responsiveness: Responsive caregivers understand what their child needs through the child's cues such as facial expressions, sounds and words, and movements, and they consistently respond to their children in ways that are helpful. When a caregiver is responsive, a child learns to trust and forms a secure attachment, which established an important foundation for social-emotional development. When observing PICCOLO Responsiveness behaviours, watch for indications that the behaviours are specific to the child's expressions of needs or interests, are a good match with the child's current state or promote trust.

Encouragement: Encouragement involves letting the child explore, make choices, and use the beginning abilities of self-control. It supports a child's effort to persist or do new or challenging things – from learning to kick a leg to working with a puzzle. When observing PICCOLO Encouragement behaviours, watch for indications that the behaviours express support and enthusiasm for the child's efforts, promote persistence, or help the child try new or difficult things.

Teaching: Caregivers' early teaching interactions occur in the contexts of sharing conversation and play with children. These interactions provide cognitive and language stimulation. When observing PICCOLO Teaching behaviours, watch for indications that their behaviours help a child learn something, expose a child to language and knowledge or promote play or communication. Expect these behaviours to happen a little more as the child gets older.

Methodology:

Case workers will ***conduct a 10-minute observation before caregivers join the program and will conduct a 10-minute observation in the final sessions of the program.*** Observations can be conducted privately or in a public setting, as long as the child is comfortable and minimally distracted. The child must be awake and healthy during the observation. Case workers should provide an age appropriate toy or object to explore.

Do not use this measurement tool if a child has been diagnosed with SAM with complications, until they are in full recovery stage.

Results of the observations will be shared with caregivers at the end of the program. Case workers should take time to congratulate caregiver on each area of growth and to link areas of little or no growth back to the relevant session in the curriculum. If an unusual lack of progress, or even a regression, is made, case workers may wish to offer additional support by conducting a home visit to understand the household and community environment, then offering appropriate direct or referral services. If there are signs that the caregiver is not coping well, a referral to more specialized MHPSS services might be required.

Case workers should keep records in the individual file of the child that includes the child protection screening forms, and any other documentation relevant to the case. If there is no other current documentation existing for the child, create individualized files for each child enrolled in the program to monitor progress and ensure quality service provision.

Caregivers Matter Session Guide

Session name	Session objectives By the end of these sessions, caregivers will be able to:
1. Introduction and welcome	▪ Articulate the purpose and goals of the curriculum. ▪ Perform a mood check and build a brain in their hands ▪ Agree to group rules ▪ Describe how thoughts can influence behaviour
2. Introduction to Stress	▪ Name three types of stress and identify where stress is located in the body ▪ Acknowledge that stress responses as normal and not indications of failure ▪ Reflect on the effect their stress responses have on their children ▪ Perform relaxation techniques
3. Introduction to Distress	▪ Identify the effects of extreme distress generally and in themselves ▪ Recognise that the thoughts, feelings and behaviours associated with extreme distress are normal and there are ways to help manage them. ▪ Perform an additional relaxation and empowerment techniques at home
4. The Power of Relationships	▪ Articulate the value of secure attachment in caregiver and child relationships ▪ Identify their own support group ▪ List ways to strengthen social support and ways to show support to peers. Use these techniques in a peer to peer discussion.
5. Physical Wellbeing: Exercise, Sleep and Routines	▪ Describe the link between sleep, exercise and routine with feelings of wellbeing for them and their children ▪ Perform exercises associated with relaxation ▪ Develop plans to improve sleep, establish routines, and perform basic exercise
6. Early Childhood Development: Look, Touch, Talk	▪ Describe how neurons are formed in the brain ▪ List three ways to build secure attachments ▪ Practice looking, touching, and talking to their children
7. Early Childhood Development:	▪ Name the adverse effects of abuse and neglect

	Adversity & Empathy	▪ Describe the value of self-awareness ▪ Discuss responsive caregiving within their own culture
8.	**Early Childhood Development: Enriched Play**	▪ State the value of play ▪ Recognise different types of play ▪ List appropriate play with children of varying abilities and stages
9.	**Praise and Encouragement**	▪ Articulate links between self-concept with self-actualisation ▪ Effectively praise and/or encourage a child ▪ Notice and name strengths within self and peers
10.	**Problem Solving**	▪ Practice problem solving skills and strategies ▪ Use support strategies from session 4 to assist peers with problem solving
11.	**Reflection and Observation**	▪ List key lessons learned during the curriculum ▪ Evaluate which sessions resonated and led to practice, behaviour or attitude change
12.	**Celebration: Certificate Presentation**	▪ Celebrate achievements and relationships in a meaningful way ▪ Reflect on individualized feedback through caregiver child observations

Part 2

Caregiver Skills Sessions

1. Introduction

Caregiver session summary Duration: 1 hour 35 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Articulate the purpose and goals of the curriculum.
- Perform a mood check and build a brain in their hands
- Describe 'thinking healthy'

Session activity	Time
1.1 Welcome!	5 min
1.2 Caregiver Introduction	10 min
1.3 Establishing Rules	20 min
1.4 Psychoeducation: Mood Chart and Brain in the Palm of the Hand	20 min
1.5 Thinking Healthy: Introduction	10 mins
1.6 Activity: Imagining their Future	20 mins
1.7 Activity: Find a welcome song	5 mins
1.8 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Resource 1: Attendance form
- Resource 2: The Brain
- Handout 1: Session calendar
- Handout 2: Mood Chart
- Flipchart and markers

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Adapt Handout 1: Session Calendar
3. Make copies of the handouts and give one to each parent at the end of the session
4. Arrange for a space that is conducive to learning and free of interruptions.
5. Sit in a circle to encourage interaction with parents.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators get to know the caregivers and inform them about the purpose and content of the curriculum. Caregivers will co-create agreements for how the group will be structured and how they will interact with each other every week. Facilitators introduce the Mood Chart.

STEPS to follow

1.1 Welcome

1.2 Caregiver Introductions

Time: 10 minutes **Arrangement:** In plenary

1. *Ask caregivers to introduce themselves and their children to the group.*

   To make it more personal, ask them to provide names and to share with the group their favourite game or thing to do when they were children.

1.3 Establishing Rules

Time: 20 minutes **Arrangement:** In plenary

1. **SAY**:

   We are going to set up some rules for ourselves so we know what is expected of us and what we can expect of each other in this group. Because this group and the sessions are for all of us, we will make our rules together.

2. **ASK**:

   What rules would we like to see in this group?

3. *Write the participants answers on a piece of chart paper.*

   Rules that must be established:
   - *Confidentiality – say:* "You might want to discuss some of the lessons that you have learned in the group – and indeed, you should! It's a great way to share your knowledge with other caregivers. But personal discussions within the group must be kept within the group and cannot be shared with anyone outside the group. I am the only one in the group that can break this confidentiality, and that can only happen if I believe you are at high risk of ending your life or a child in your care is not safe. In these cases, it is my job to get you additional help. If I need to break confidentiality, I will talk to you about it first privately and then contact my supervisor."
   - *Non-judgmental, respectful listening (without talking or interrupting, coming from a place of kindness and understanding)*
   - *No right or wrong answers – caregivers can choose not to answer at any time*

4. *When the group has finished putting their rules down, you can ask them to sign or make a mark on the paper to show they agree.*

Option: With your supervisor, explore the possibility of setting up a group text message to remind about sessions or activities or to offer encouragement mid-week. If your supervisor agrees, establish rules for the group text here, i.e. only the facilitator may send messages or only messages related to the sessions.

5. **SAY**:

   I'm going to read this part out because it's an important part about what the program is, and what the program isn't.

   - *Read*:
     - "We are going to be talking about some of the challenges we face as caregivers in this [crisis environment]. This is a space to talk about your feelings - your worries, your proud moments, your moods and emotions.
     - And although we are here to support each other, it is not the right place to tell traumatic or difficult stories. This is not because we don't care - we do.
     - You are important and you are especially important in this group. It is because at different points of the program we might have older children with us who can understand - either part or all of what we are saying.
     - As adults, we can understand how important it is to keep a person's information private, but it can be very difficult for children to understand this.
     - Another reason is that because this is a program with a lot of learning in it, there may not be time in the group to give your concern the time and attention you deserve.
     - If at any time during the program you feel like you cannot keep going or you are unsafe, please speak to me before or after the class and we will discuss ways to get you additional support.
     - If at anytime you tell me or I learn that a child is not safe at home, I will have to connect you to services that can help you and your child in your home. This is part of my job and I must try to get you the support necessary to ensure the child is safe."

6. **ASK**:

   Does anyone have any questions or comments about what I have just said? Does everyone understand?

   Confirm that caregivers understand your role in keeping children (under 18) safe from harm and that you will reach out individually to support if there is any concern the child may be at risk.

1.4 Activity: Mood Chart

Time: 10 minutes **Arrangement:** Whole group

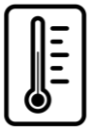
1. Distribute Handout 2 – Mood chart

2. **SAY**
   - In the early stages of this program we are going to focus on you and your wellbeing! This will involve considering your thoughts, feelings, and behaviours.
   - Sometimes though, we are so busy we forget to stop and think about how we are feeling.

3. **ASK**

   First of all, do we think it is important to be aware of what we are feeling? Particularly when we are caring for others, why might it be important to know what our mood is?

4. **Explain**
   - *When caregivers can recognise their moods, they are better able to know whether they are in a position of needing self-care, or if they are capable of being present and caring for another.*
   - *Show caregivers their Mood Charts and ask everyone to go around the room and say where they are at the moment.*
   - *Thank caregivers for sharing and note that you will be using the mood chart throughout the coming sessions.*



1.5 Psychoeducation: Brain in the Palm of your Hand

Time: 10 minutes **Arrangement:** Whole group

1. Show Resource 2 – Picture of a brain

2. *If caregivers are unlikely to know what the picture is, give them a chance to familiarise themselves. This may be particularly true for young caregivers.*

3. **SAY**:
   During these sessions we will learn a lot about the brain - how it grows in our children and how we can use our own to better manage our difficulties.

4. **Explain**:
   The Brain in the Palm of your Hand – you are you going to show caregivers a handy way to think about brain function in adults and children.

   Invite caregivers to place their hands like yours as you talk.

5. **SAY**: We're going to build a brain, right here in our hands.

   1. *Hold your hand up and point to your wrist.* The part that is closest to your spine and near the base of your skull is called the brain stem. It keeps you awake or asleep, makes sure you breathe and makes sure your heart keeps beating. It also keeps you safe.
   2. *Fold your thumb across your palm.* The middle part of your brain is where you process emotions and store your memories (limbic area). It is also where you have your "safety radar" (your amygdala). Let's say you hear a big noise. This is the part of your brain that gives you a boost of energy - it makes your heart beat quickly, your breath come fast and hard, and your body may want to run or freeze before you have even really understood what is happening. This part of your brain is in control now.
   3. *Fold your fingers over your thumb so you have a fist*. The outer layer of your brain is called the cortex. It is where your thinking and planning

happens. This is the part that says "wait - that was just a truck outside. We are safe."

4. *Point to your fingernails.* The area of the cortex that is right up front is the prefrontal cortex and can be considered our 'wise leader'. This is the part of the brain that can calm us down, help us solve problems, help us communicate with people and understand a situation. It might say "Those trucks have been making a lot of noise lately. I should shut that window when the baby is sleeping otherwise, she will wake up too." When the prefrontal cortex, our 'Wise Leader' is active, we are thinking about the future, we are considering others, we are solving problems.
5. [*Flipping our lid.] Lift your fingers again*. But when we are really stressed or upset, the prefrontal cortex shuts down and no longer works with the rest of our brain. It becomes hard to calm down, to think of solutions or to communicate. In this case you might yell out of the window for the truck drivers to be more considerate of sleeping babies!

6. *Ask caregivers if they have ever noticed a time when they were acting with their lids flipped? Encourage their positive responses – you can even acknowledge times when you have done so yourself to help normalise this response. Ask them how it feels when they are responding without thinking? Answers might include comments like: feels like a loss of control, feels scary, feels strong…*

7. SAY:

- There are many helpful ways to learn how to engage your 'Wise Leader' *Show your fingers coming down over your thumb*. We can do this by slowing our breathing and our heart rate. We can do this by exercising, and we can even do it just by thinking.
- In this program we will spend some time looking at the way our thinking can affect the way we are feeling. Our feelings then influence our actions.
- In some cases, if we change our thoughts to more positive ones, we can feel more hopeful or motivated. Then, we can change our actions - and really start to feel happier and more successful.

1.6 Psychoeducation: Thinking Healthy[21]

Time: 10 minutes **Arrangement:** Whole group

1. Explain

- Every action starts as a thought in our mind. The thought usually determines our feelings, actions and behaviour. The behaviour then has consequences. For example, if I think it is a nice day outside, I might feel energetic and consequently, I act on this and take a walk to my friend's house. Seeing my friend lifts my mood. So, my initial thought "it's a nice day!" led to my good mood. If I'd thought, "It's windy outside and I hate wind" I'd have not gone for a walk, not seen my friend and maybe not have found my good mood.

- Do you know anyone who always seems to think positively? Maybe it's something you are already good at yourself.

[21] WHO, Thinking Healthy

- Having lots of stress in our lives, especially around caring for our children, can start to affect our thinking styles. Stress can make thinking positively about a life's problems more difficult. These are the kind of thoughts that may start with something like "There is no way to avoid my child getting sick, it doesn't matter what I do", which leads to feeling hopeless. This thought ("there's nothing I can do"), plus this hopeless feeling can lead a caregiver not to do the many things that can actually protect a child from illness, like going to the health clinic on time, washing hands, etc. These stress-filled thinking styles can even affect a caregiver's wellbeing, their relationships with their child, and their relationships with others.

- In this program we will look at common thoughts that contribute to negative feelings and try to find new thoughts to replace them. With these new thoughts, coping with life's tasks, especially around caring for a child, becomes easier.

- This process is called "Thinking Healthy" and each session we will get to practice really "Thinking Healthy" together to see how it can work.

- Any questions about Thinking Healthy for now?

1.7 Activity: Imagining their Future

Time: 20 minutes **Arrangement:** Whole group

1. **EXPLAIN**:
   Now we are going to do a small group activity to clarify why we are here. Ask caregivers what are the hopes they hold for their children? What qualities do we want them to carry into their adult lives?

   Example answers:
   - *I want my child to finish school and get a good job*
   - *I want my child to be a responsible parent and stay close to their family*
   - *I want my child to be a good friend and a leader*
   - *I want my child to grow up healthy and strong*
   - *I want my child to have the ability to protect, care and support children and other family members*

2. *Write the wishes on a large piece of paper that you will bring to each class so caregivers can see them and be reminded of their hopes.*
   - *Try to write in positive statements.*
     - *For example, if a caregiver says "I don't want my child to grow up like me" ask them if they can explain more. They may say "I married young and had two children very quickly." You can say, "is it right to say that you hope your children will marry well and make good decisions about having a family?"*

- *If a participant mentions a hope that is recognised as a harmful practice, such as child labour, joining an armed group or marrying young: use your empathy skills and training to identify the feeling behind the hope - is it economic security for more opportunities? Is it an early marriage to guarantee a daughter's protection in a "good family"? A good reputation?*
- *Ask the caregiver about the reasons behind their wish, and then validate them - "yes, it makes sense that you would want your child to be more economically secure so they can afford the things they need. We know though, that waiting for them to grow physically strong and working on their brain development can lead to greater economic opportunity later - instead of labouring, they may become a teacher or [other reputable profession]."*

3. *To complete the activity, praise caregivers on their contributions and honour their hopes and wishes for their children.*
- *Remind them that the work they will do in the program is intended to help them support their children growing into these futures.*
- *You can bring this piece of paper and post it at the start of each session to remind caregivers of their intentions in the program.*

1.8 Activity: Finding a welcome song

Time: 5 minutes **Arrangement:** In plenary

1. SAY

Children (and many adults!) love singing. Can we find a song that we'd like to sing when we meet to bring us and our children together?

2. *Identify a welcoming song, preferably one that acknowledges each person in greeting or has a message about togetherness and support.*
- *If you can't find an appropriate local song, you can sing:*

  "Hello CAREGIVER NAME, Hello CHILD'S NAME.
  Hello friends, it's good to see you today."

- *Go around the group until everyone has been welcomed.*

1.9 To take home

Time: 5 minutes **Arrangement:** At home

1. SAY
- This program is about your wellbeing and building warm and positive relationships with the child or children in your life. So for our first home assignment we are going to think about a warm, positive relationship in your life.
- Think of this person, they can be with you today or someone you knew, and ask how does/did that person make you feel? It may be your mother, a

grandmother, an aunt or older brother. Someone who was kind to you and made you feel special.

- What do/did they teach you?
- The second task is to take your mood chart home and at different times of the day, think about your mood and make a little note. Next week we're going to look at whether your mood is mostly unchanging throughout the day or if there are times when it is higher or lower.

2. SAY

- Congratulations for attending your first session! Remember, you are always more than welcome to speak to me before or after our sessions if you have any concerns, or there is something you'd like to me to explain further, or if you feel you need some extra support.

- *Let the group know you are excited and optimistic about working with them and that you are looking forward to seeing them when they return next week!*

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2. Introduction to Stress

Caregiver session summary Duration: 1 hour 40 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Name three types of stress and identify where stress is located in the body
- Acknowledge that stress responses as normal and not indications of failure
- Reflect on the effect their stress responses have on their children
- Perform relaxation techniques

Session activity	Time
2.1 Welcome and Review	15 min
2.2 Psychoeducation: Stress	15 min
2.3 Activity: Stress cups	15 min
2.4 Discussion: Where do we feel stress?	15 min
2.5 Activity: Squeeze and release	5 mins
2.6 Thinking Healthy: About stress	15 mins
2.7 Activity: Releasing stress	15 mins
2.8 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Flipchart and marker
- Paper Cups (collect them at the end)
- Coloured pencils
- Handout 3: Stress figure
- Thinking Healthy: Set A

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts and give one to each parent at the end of the session
3. Arrange the space to be conducive to learning and free of interruptions. Ensure that it is safe for children joining the sessions.
4. Sit in a circle to encourage interaction with parents.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators work with caregivers to develop understanding that stress responses are normal biochemical processes in all people exposed to challenging circumstances. Caregivers learn about the effects of stress on children and are supported to identify their own stress responses and ways of mitigating adverse effects in their day to day lives.

2.1 Welcome and Review

Time: 15 minutes **Arrangement:** Whole group

1. *Caregivers and their children are welcomed warmly by name as they come in.*

2. *Once all caregivers are present, begin with the welcome song from the last session.*

3. *Invite caregivers to discuss the relationships they identified as warm and positive. Facilitator should openly enjoy these memories with the caregivers and make the link that we are more likely to learn more, and cooperate more with people who we have warm relationships with.*

4. ASK

- How do we feel when we think of that person?
- *Note for caregivers that there may be sadness, if they are no longer with us, but when we remember being with them - how do we feel?*

5. SAY

- The purpose of the curriculum is to help us caregivers be more capable of responsive, consistent, and positive caregiving. Like any *[*use a familiar profession - cook, builder, carpet weaver, farmer...]* beginning their work, we have to make sure our tools are primed [*clean, sharp, within reach, arranged, etc*].

6. ASK

As caregivers, what is your main tool?

7. SAY

- You! Your mind, your body, your energy and your [spirit].
- So, let's check in with you.

8. *Go around the room for a quick mood check*.

9. ASK

Did anyone notice any patterns with their moods?

Thank and praise caregivers for sharing, and explain for those who did not yet notice much change or didn't have time, there will be more chance to think about moods this week and next.

10. SAY

Today we will focus on one of the key challenges to your 'tool'. Stress.

2.2 Psychoeducation: Stress

Time: 15 minutes **Arrangement:** Whole group

1. **SAY:**
   - We have all felt stress in our lives. In fact, our bodies have an entire system devoted especially to making sure we feel it, and then, usually, helping us manage it. But sometimes, when stressful situations go on for too long, our system for managing stress can't take over naturally and we need to help it.

   - Many people exposed to hardship, danger and stressful life events report feeling overwhelmed by stress and anxiety. For some, this can take the form of constantly having stressful thoughts fill their heads. Others may experience stress or anxiety in a very physical way – they might feel tense or uptight all the time, find themselves breathing too quickly or that their heart is beating much faster than normal. If you experience any of these sensations, it is first very important for you to know that it is safe for your body to do this. In fact, your body was designed to do this.

2. *Draw on chart paper: 3 Types of Stress as you introduce them below.*

3. **SAY**

   - Positive stress response is a normal and essential part of healthy development. Positive stress includes brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are taking an exam or having to speak in front of a new group of people.
   - Tolerable stress response activates the body's alert systems. It is caused by more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. We feel these difficulties enormously, but over time we have processed them, and we return to functioning almost as we did before.
   - Toxic stress response can occur when an individual experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse or exposure to violence over a long period of time, and/or the accumulated burdens of economic hardship without positive and supportive relationships that are essential for buffering stress and helping us recover from stress.[22]

4. **SAY**

   Stress is a normal response to difficult circumstances. It is not our fault when we experience stress. But it does have many side effects that can impact your mood and your relationships.

[22] Centre for the Developing Child, Harvard University

2.3 Activity: Stress Cups

Time: 15 minutes **Arrangement:** Whole group

1. Distribute a cup to each caregiver present. If there are fewer than 6, give everyone two cups.
2. *The facilitator tells the story of a new mother leading a highly stress filled life that is reflective of the kinds of experiences of caregivers in the room. Facilitator instructs caregivers to give her/him a cup at every stressor mentioned. If the caregivers do not recognise a stressor, the facilitator can help them by encouraging them to pass another cup. Eventually, the facilitator is carrying too many cups and drops them all.*

   An example might be:
   - "Nadya has recently had to move from her village and is living in the city (stressor – a caregiver hands a cup). She has just had a baby (stressor) and her husband has lost his job (stressor). Nadya and her husband have started fighting more (stressor) and her mother in law has started to insult her and her child (stressor). At home, the water stopped running and now Nadya has to walk to get the family's daily water (stressor). The walk doesn't feel safe to her (stressor) and her mother in law says she has to take the baby so it doesn't make too much noise at home (stressor). Nadya misses her friends and her mother (stressor)…. Etc."

2.4 Discussion: Where do we feel stress?

Time: 15 minutes **Arrangement:** Whole group

1. Distribute Handout 3: Stress figures

2. **Explain**

   Because a stress response is a physical response (remind caregivers of the increased heart rate and alertness discussed in session 1) it often lives in a physical place in our bodies.

3. **ASK**

   What does stress feel like to you? Where do you feel it?

   With each place that the caregivers name, draw a red cross on the figure. Example answers are:

   - *Stomach*
   - *Shoulders*
   - *Chest*
   - *Neck*
   - *Legs*
   - *Back*
   - *Jaw*
   - *Skin (itchy, rash)*
   - *Head (aches)*
   - *Hands*

4. **ASK**

   What happens to you when you feel stressed? Or what can happen to people when they feel stressed?

- *Invite caregivers to share. Praise caregivers who do speak up.*
- *If these issues aren't brought up, you can say them afterwards, asking if they seem familiar to anyone:*
    - *we can get into arguments*
    - *we can stop going out and talking to people*
    - *we might become too focused on things - or obsessive - over things like cleaning or hygiene*
    - *we might cry or yell at our children*
    - *it might be harder to think or to remember things*
    - *we might have trouble going to sleep, or to stop worrying about things*
    - *we might have less patience*
    - *we might engage in unhealthy practices that actually make us feel worse…*

5. SAY

- It is important to know the symptoms of stress so that we know the way we are feeling or behaving is often a result of the stress we are going through. This will help us in managing our stress without judging ourselves or the people around us. Many of us are simply carrying too many cups!

6. SAY:

- These things are difficult enough for a caregiver. But from a very early age - even newborns! - children can feel when their caregiver is stressed and will begin to feel tense themselves.
- In small children this might look like unexplained crying and distress, and in older children it can manifest as misbehaviour.
- It is important to know however, that it is perfectly normal and expected for you to feel stress in such situations. And it is not the caregiver's fault that the children may feel more tense also. But it is an important reason to manage and find ways to deal with stress so that we can create a positive environment at home. That way, our children will also learn to manage their stress and tense feelings in the same, healthy way we do.

5. ASK

What are 'healthy' ways to manage stress? *Show your 'flipped lid' returning to your 'wise leader'.* How do we bring our brain back before we engage with our children?

Ask each person to share something that they like to do to relax, or if they don't do it, something they imagine might be relaxing. Develop a list with caregivers. It may include things like have a cup of tea, go for a walk, wash your hair, talk to a friend, pray, read. Facilitators should develop a list of realistic relaxation activities prior to this session (during training).

Invite caregivers to write or draw one of these relaxing activities they would like to try this week on the back of Handout 3: Stress Figure

2.5 Activity: Squeeze and Release

Time: 5 minutes **Arrangement:** Whole group

1. *Quick activity: Squeeze and release. Make the activity fun - ask caregivers to squeeze, squeeze, squeeze their toes, their calves, their knees, their thighs, their pelvis, their stomach, their chest, arms, shoulders, neck and face! Then to stand up and squeeze, squeeze, squeeze their whole bodies - and then shake it out and relax. Enjoy the activity yourself and the caregivers will likely join you.*

2.6 Thinking Healthy: About stress

Time: 15 minutes **Arrangement:** Whole group

1. **SAY**

   As we discussed briefly last session, when we have a lot of negative thoughts about the stress in our lives, our mood becomes very low, and we can start to behave in ways that actually make things worse. We're going to take a look at some of these thoughts and behaviours now.

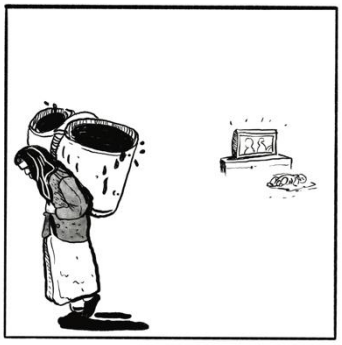
   Note, in this first session of Thinking Healthy, you might have to do a lot of the explaining and suggest examples of caregiver thinking. As the program goes on and the caregivers increase their understanding of the process, they should be able to offer more suggestions.

2. Show Thinking Healthy Set A: Image 1

3. **ASK**

- *Invite caregivers to consider the caregiver in Set A: Image 1. What is she doing? What does her mood look like? What might she be thinking?*

  Examples answers:
  - "I don't have time to relax or to look after myself"
  - "I am too tired and busy to spend time with my child or on myself"
  - "No one helps me, so why should I help anyone else."



- *Now ask caregivers what the child is doing? Does the caregiver's thoughts and mood affect the way she is interacting – or not – with her child? Is there another way of thinking that might improve the way this caregiver engages with her baby?*

4. Show Thinking Healthy Set A: Image 2

ASK
What is this caregiver doing now? How does her mood look? How is the baby's mood? What kind of thoughts might have helped her get to this place?

Example answers:

- "Taking some time to manage my stress means I can get more done"
- "Showing my child how I relax teaches them how to relax too."
- "When I connect with my child, I'm in a better mood and have more energy"

5. ASK
Has anyone ever felt like the caregiver in Image 1?

Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including looking after ourselves and our children as best we can in the circumstances we are in.

Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and change their actions at home.

2.7 Activity: Releasing Stress

Time: 15 minutes **Arrangement:** Whole group

1. SAY

- Slow breathing is a basic strategy for relaxation or managing physical symptoms of stress and anxiety. When we feel stressed or anxious, our natural physical response is for our breathing to quicken, and to take place in the chest and become shallower. This change might be very subtle, and we do not even notice it. But we might notice the after-effects of this change in breathing – e.g. a headache, chest pain, tiredness, dizziness and so on.
- By slowing the rate of breathing and taking breaths from the stomach instead of the chest, we are sending a message to the brain that we are relaxed and calm. The brain then tells the rest of the body, like the muscles and the heart, this message and the whole body begins to relax.[23] Being relatively calm and relaxed is an important state to be in, especially when we are engaging with our children.

[23] WHO, Problem Management +

2. **SAY**

We're going to try a simple breathing exercise together. Let's start by just quietly noticing our breath. Sit comfortably and listen to and feel your own breathing in and out. You can close your eyes if that helps you concentrate. Notice where you feel it – it is in your nose, in your lungs, your chest, or your stomach? Let's just sit and notice for a moment.

Facilitator lets the group quietly breathe for 30 seconds.

3. **SAY**

Now, if you feel comfortable, please do close your eyes. And see if you can try to move your breath deep down into your stomach. I'm going to show you.

Facilitator shows the difference between shallow chest breathing and deep stomach breathing by placing hand on chest to show movement, and then placing on stomach to show movement.

4. **SAY**

I'm going to count three in and three out.

Allow caregivers to breathe for at least 30 seconds. If the room seems relaxed and comfortable, allow them to go for 60 second.

If you have time, try the breathing activities for children listed in the Take Home session below (Session 2.8)

5. *Conduct a quick **mood check**! Respond with interest to where your caregivers say they are. Note any improvements from the beginning of the session.*

2.8 To take home

Time: 5 minutes **Arrangement:** At home

1. **SAY**

- Try some 'Thinking Healthy' thoughts at home – see if this has an effect on your mood and your actions.

- Practice at least one minute of "relaxed" breathing each day. See if you can add one extra minute per day.

Remind caregivers, if they don't feel safe or comfortable doing so with their eyes closed, they can keep their eyes open or even start by noticing their breathing while doing an activity, like cleaning or walking. The purpose is to feel the breath relaxing the body in whatever way is comfortable to them.

If caregivers reveal they are having difficulty and want help, you can suggest:

- Saying "relax" and imagine all your worries leaving your body with each breath.
- Touching your fingers to your forehead and massage gently, concentrating on your prefrontal cortex – your 'wise leader'.
- Drinking a cup of tea and finding a pattern – four breaths and one sip, where you concentrate on feeling the warm tea.
- Breathing and squeezing something in your hand. Breath in and squeeze, breath out and release.

2. SAY

If you can, try it with your children!

For children

- *Ask your children to lie on the floor. Place something on their belly and ask them to take deep breaths to watch the item move. You can use a toy of theirs, a pair of folded socks, anything that will balance. See if you can make it fun by lying on the floor with them.*
- *Trace their fingers, rising for three, down for three. You can even try this with adults! The adults can trace their own fingers or have a friend do it for them. The touch on the fingers can be very focusing.*
- *Do a bunny sniff – three quick sniffs in, one big blow out. "I breathe in quick, sniff, sniff, sniff. I breathe out slow, there I go!"*
- *If your caregivers have access to You Tube, suggest they try this song with their children. https://youtu.be/5W-GAHsFPnU Remind them though, children really learn from videos when they have an adult to share them with. It's important to watch together!*

3. SAY

- Try one of someone else's relaxation techniques at home! Come to the next session ready to tell them how it went for you.

4. SAY

- Congratulations for attending your second session! I hope some of this information was helpful in realising that stress is a natural response we all have, and that there are ways we can manage it and restore peace and wellbeing to our bodies.

- Remember, you are always more than welcome to speak to me before or after our sessions if there is something you'd like to me to explain further or if you feel you need some extra support.

- *Let the group know that you are looking forward to seeing them when they return next week.*

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3. Introduction to Emotional Distress

Caregiver session summary Duration: 1 hour 30 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Identify the effects of extreme distress generally and in themselves
- Recognise that the thoughts, feelings and behaviours associated with extreme distress are normal and there are ways to help manage them.
- Perform an additional relaxation and empowerment techniques at home

Session activity	Time
3.1 Welcome and Review	15 min
3.2 Psychoeducation: Emotional Distress	10 min
3.3 Activity: Balloons and Bricks	30 min
3.4 Thinking Healthy: About distress	20 min
3.5 Activity: Safe place	15 mins
3.6 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Handout 4: Bricks and Balloons
- Thinking Healthy: Set B

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts, one for each caregiver. Children in the group may want to colour the balloons also, so print some extras.
3. Arrange for a space that is conducive to learning and free of interruptions.
4. Sit in a circle to encourage interaction with parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators open up discussions about feelings of extreme distress or sadness and strengthen the connection between observing a low mood and taking action towards correcting by performing a soothing or relaxing activity. Caregivers are encouraged to identify activities that they find to be mood ‘lifting and are introduced to visualisation techniques through a guided ‘safe space’ visualisation.

STEPS to follow

3.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

2. Explain

- *Welcome caregivers warmly by name and sing the welcome song. Congratulate them on making it back to the session. Ask about their experiences with their relaxation technique and their relaxed breathing.*

- *Remind of key lessons: stress is a normal response to challenging circumstances, but when we carry it for too long, we become like stretched rubber and we snap or break. Our children, being closest to us and needing us the most, can absorb this stress. They need to see us engaging in healthy coping practices, so that they can learn those too.*

3. SAY

- Today we are going to be talking about another kind of burden that can affect our wellbeing and that of our children: [extreme sadness] or low energy.

- This might be a difficult session for some who are experiencing these kinds of feelings, but I hope we can identify together some strategies that will help.

- As I mentioned in our first session, we aren't going to discuss in detail the individual burdens you are carrying, but we are going to talk about how certain feelings affect us and ways that we can engage our 'wise leader' (show brain in the palm of your hand) to help us start feeling better and doing more.

- If there are feelings and experiences at home that you are having that you really do wish to discuss, you are more than welcome to speak with me after the session or arrange to meet at another time.

3.2 Psychoeducation: Emotional Distress

Time: 10 minutes **Arrangement:** In plenary

1. SAY

- When people live in difficult circumstances and experience stressful events, most will usually experience a range of different emotions, like intense fear, grief, anger, extreme sadness, feelings of hopelessness. Sometimes we even feel guilty - as though things that we cannot help are our fault. Some people even describe not feeling any emotions at all or feeling numb.

- These feelings are normal after a significant change or distressing event (having a baby is itself a big change!) and for some, after a while, the feeling shift to

something more positive and daily routines and tasks can be achieved without too much difficulty.

- But for some, often those in situations of deep and continuing crisis like conflict, food insecurity, or illness in the family, these feelings can continue. They can then get in the way of us being able to do the things we need to do in our daily lives, like work at home or on a job or doing the many things required in caring for our children.

- For example, long-lasting feelings of severe grief can cause people to isolate themselves from family and community. Feelings of hopelessness can stop someone doing important and necessary things for their health.

- I want to remind the groups that we are not here to judge each other, we are here to show each other support and kindness. These are very common experiences, but we often imagine we are the only ones feeling like this, and that makes us feel even more alone.

2. ASK

- Does anyone here know anyone who is struggling with these sorts of feelings, or has anyone experienced this themselves?

  If caregivers are reluctant to speak, let them know that it is okay. It is difficult to talk about feelings of distress or sadness. They are welcome simply to listen to this session and perhaps they may learn something that can help them or a friend of theirs.

3. ASK

- Does anyone else know of any other signs that a person is feeling distressed? How do we behave or how do our friends behave when they are feeling distressed?

- *Acknowledge caregivers contributions with appreciation. Communicate concern and feeling for what they are saying. If caregivers are still reluctant to contribute, say the following and move on to the next activity.*

- Signs and symptoms of [extreme emotional distress] can be a lack of energy – feeling weak and not wanting to do much; insomnia or getting too much sleep; negative thoughts – about the self, about others; poor eating habits – eating too much or not enough.

4. ASK

- *Consider the previous sessions, the caregivers in your group, and the age of the children with them. IF the group is comfortable discussing their specific challenges, and seem to be appreciating the space to open up, you can ask them the following more detailed questions about their experiences providing care to children with an SAM diagnosis.*
- *You might want to lead into the discussion with something comforting and normalising like*, “There are multiple causes for child malnutrition, many of which may be out of your control, such as access to poor quality water, exposure to

bacteria, or other common illnesses that impact children in the community. There might have been a difficult pregnancy, lack of a nutritious diet, and many more. We have come together through this program to try to understand how this situation has impacted us, and what we can do to adapt and cope within these challenging times and help our children improve to grow strong and healthy. You are doing a great job already by being here today. In order for us to make an impact in our child's life and positively move forward, it is important for us to take a deeper look at how this experience has affected us.":

- How has your relationship with your child changed since they became malnourished?
- What kind of feelings are associated with your child's malnutrition?
- What has it been like for you since your child became sick?
- How would you describe your relationship with your child?

Be sensitive to the fact that children might feel blamed or at fault should their caregiver describe negative feelings about their illness. If there are children who are capable of understanding their caregivers words, you might want to organise a small game or colouring activity while caregivers speak in pairs. Additionally, caregivers might not feel comfortable speaking in a group, so could discuss in partners then share back one specific challenge each pair discussed.

5. SAY

- These can be common responses to extremely challenging situations, but there are ways to help someone experiencing these feelings to feel better. There are solutions - ways to 'bring the brain back' – and we're going to go over a few of these now together.

If caregivers have been able to share difficult or negative feelings, make sure to reassure them that they are not alone in their worries or concerns, and that these are entirely normal things to feel when faced with such challenging circumstances. Congratulate them on their bravery and openness, and remind them that they are exhibiting strength by listening to and supporting each other.

3.3 Activity: Balloons and Bricks

Time: 30 minutes **Arrangement:** In plenary

1. Distribute Handout 4a & 4b: Bricks and Balloons

2. **Explain the Activity:**

- *Invite caregivers to think about the 'burdens' they feel they are carrying, the things that are weighing them down. If they cannot or do not wish to, they can consider their roles as caregivers - how do they see 'caregiving' and what do others expect of them as caregivers? What about these expectations feels challenging or like a heavy burden?*

3. SAY

- These challenges/changes/expectations can be viewed as 'bricks', weighing a person down.

- Now I want you to think of the things that make you feel 'light' or gives you a good feeling. These are personal, so they can be anything. For example, some may find talking to a specific friend, visiting a special memory in their mind, eating or drinking a certain comforting food, or listening to a favourite song to be effective. Others might enjoy thinking of a strength they have or going for a walk… anything that makes them feel 'light' and good within themselves.

  As the Facilitator, it would be good for you to share some of your 'balloons' to inspire the group.

  Some caregivers have difficulty identifying any supports at all. You can help these caregivers identify themselves as strengths – the fact that they are coming to the centre, the fact that they are smart and strong enough to get the help that is needed for their children. Find out more about them and identify strengths. Happy memories can also be strengths, so can care for children.

  To conclude the activity, note that through the course of the curriculum, caregivers will learn more ways to help use their 'balloons' to carry their 'bricks'.

3.4 Thinking Healthy: About distress

Time: 20 minutes **Arrangement:** In plenary

1. **SAY**
   Now we are going to spend some time working on 'thinking healthy'. Thinking Healthy is another balloon you can use to carry your bricks. If you have a particularly heavy brick – something that you are feeling particularly stressed or worried about, there may be a way to change your thinking to something more positive that can help you carry the weight.

   Let's look at some images together and see if we can help the caregiver in this picture.

2. Show Thinking Healthy Set B: Image 1

3. **ASK**

- *Invite caregivers to consider the caregiver in Set A: Image 1. What is the caregiver doing? What does their mood look like? What might they be thinking?*

  Examples answers:
  - "I can't escape my burdens. My sadness is too heavy for me to carry."
  - "I'm a bad caregiver"
  - "I don't have the energy to care for my child."

- "Nothing I do makes a difference anyway."

- *Now ask caregivers what the child is doing? Does the caregiver's thoughts and mood affect the way they are interacting – or not – with their child? Is there another way of thinking that might improve the way this caregiver engages with their baby?*

- Show Thinking Healthy Set B: Image 2

- **ASK**
  What is this caregiver doing now? How does her mood look? How is the baby's mood? What kind of thoughts might have helped her get to this place?

  Examples answers:

  - "When I focus on lifting my mood, I can find ways to share joy with my child."
  - "I am taking care of my child and can enjoy the way he/she needs me."
  - "I make a difference in my child's world"

- **ASK**
  Has anyone ever felt like the caregiver in Image 1?

  Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including looking after ourselves and our children as best we can in the circumstances we are in.

  Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and change their actions at home.

3.5 Activity: Visualisation Exercise – the Safe Place

Time: 10 minutes **Arrangement:** Individual

1. **Explain**:
   This is a technique that can work very well for people who are feeling overwhelmed by feelings of distress and sadness. You can use it if you are getting caught up in negative thoughts about the present and the future.

   - "Take a few deep steady breaths. Close your eyes and carry on breathing normally. (*Let caregivers settle into their breath for 10 seconds)*

   - Imagine a place where you are safe and calm and happy. Imagine that you are standing or sitting there. It can be a place that you have been before

that you enjoyed, or it might be a new place entirely, somewhere only you see. Can you see yourself? In your imagination, take a look around. What do you see around you?

- This is your special place and you can imagine whatever you want to be there. When you are there, you feel calm and peaceful. Feel your bare feet on the ground. What does the ground feel like? Walk around slowly, noticing the things there.

- What can you hear? Maybe the gentle sounds of the wind, or birds, or the sea. Can you feel the warm sun on your face? What can you smell? Maybe it's the sea air, or flowers, or your favorite food cooking? In your special place, you can see the things you want, and imagine touching and smelling them, and hearing pleasant sounds. You feel calm and happy.

- Now imagine that someone special is with you in your place. This is someone who is there to be a good friend and to help you, someone strong and kind. Imagine walking around and exploring your special place slowly with them. You feel happy to be with them. Tell this person one of your new 'Thinking Healthy' thoughts. Feel them be proud of you. This person is here for you and they're good at sorting out problems.

- Imagine now how strong you are in this place. Feel your strength inside you, maybe it is in your arms, your legs, maybe it is in your heart or head. See this strength inside you – does it glow, does it have a sound, does it shine? Imagine that this strength passes on to everything you touch.

- In your special place, see a pile of bricks there. These are the bricks you drew earlier. With your special person nearby, and your feeling of strength in you, I want to you to imagine tying your balloons to each brick, one by one, and watching them float out of your special place.

- Just look around in your imagination once more. Remember that this is your special place. It will always be there. You can always imagine being here when you want to feel calm and secure and happy. Your special person will always be there whenever you want them to be and you will always feel strong. Now get ready to open your eyes and leave your special place for now. You can always go back whenever you want. As you open your eyes, you feel calmer and happier."

2. *Congratulate caregivers for finding their safe place and ask how they enjoyed the activity. Do a quick mood check and remind caregivers if imagining the safe place improved their mood, it is something they do at home.*

3.6 To Take Home

Time: 5 minutes **Arrangement:** At home

1. SAY

- Keep using your mood chart at home. If you find yourself experiencing very low moods, try to engage one of your 'balloons' and see if it improves your mood and functioning.

- Try comfortable breathing and doing your safe/happy place visualisation for one minute at home. Particularly if you find yourself getting locked into negative thoughts before bed, you can try this visualisation exercise before sleeping. The peacefulness you feel from your imaginings might help your body relax into sleep.

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4. The Power of Relationships

Caregiver session summary Duration: 1 hour 30 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Describe the value of secure attachment in caregiver and child relationships
- Identify their own support group
- Show empathy in a peer to peer conversation

Session activity	Time
4.1 Welcome and review	10 min
4.2 Psychoeducation: Secure attachment	20 min
4.3 Discussion: Strengthening social supports	20 min
4.4 Who is in your circle?	10 min
4.5 Thinking Healthy: About social support	15 min
4.6 Activity: Support a peer	20 min
4.7 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Resource 3: the story of two mountains
- Handout 5: Who is in your circle?
- Thinking Healthy: Set C
- Flipchart and markers

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts and give one to each parent at the end of the session
3. Arrange for a space that is conducive to learning and free of interruptions.
4. Sit in a circle to encourage interaction with parents.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators introduce the secure attachment theory to caregivers and stress the importance of reconnecting any insecure attachments during the early childhood years of growth and development. Caregivers are encouraged to think about where they get their support from and are invited to support each other in a semi-guided empathetic discussion.

4.1 Welcome and review

Time: 10 minutes **Arrangement:** At home

1. *Warmly welcome caregivers and children by name. Sing your welcome song.*

2. **SAY**

   The past two sessions we have talked about normal and common reactions to difficult circumstances. We've also talked about how important it is that you care for yourself. Was anyone able to do the visualisation exercise? What was it like for you? Did you find it improved your mood or helped you sleep?

   What about your 'balloons'? Was anyone able to recognise a low mood and use a 'balloon' to lift it?

4.2 Psychoeducation: Secure Attachment

Time: 20 minutes **Arrangement:** At home

1. **SAY**

   Today we are going to explore the power of relationships and what they can bring to both children and adults. In fact, did anyone list a relationship-related balloon? A person you like to go to? A child you like to spend time with? Positive relationships themselves can be very uplifting!

   We know that both children and adults need support circles around them.

   How do we feel when we know we are supported? How do we feel when we feel alone?

   Acknowledge caregiver responses. Invite caregivers who are often quiet if they would like to share their thoughts.

2. **SAY**

   In the first stage of their lives, children are learning a very important, foundational lesson. This lesson is called 'attachment' and, like a steppingstone, if the lesson is learned well, the child can go on to the next stage of learning.

   Every baby is born with a remarkably strong instinct to connect: to reach out to a specific person who will provide comfort while they grow into their bodies and their worlds, to protect them from things they are too little to protect themselves from, and to help organize their many powerful feelings that take over their bodies.

   Each time the child looks to a preferred caregiver in a moment of need and is able to connect with them, the child's attachment becomes more secure and they feel more confident to go on in their lives to explore and learn and try.

Option: If you have video technology available, you can show caregivers the Still Face Experiment. (Type "Still Face Experiment Dr Tronik into You Tube). Explain to caregivers that when the mother's face is still, the child tries to get her attention by pointing, shrieking, and then finally becomes so stressed, she loses control of her body (back arching) and cries.

When the need is not met, or is met rarely, the child becomes confused and their bodies will release stress signals, similar to those we discussed in session two. The child's growing brain develops under the influence of this stress response, which can lead to disorganized learning and behaviour.

At this point, they will try different techniques to have their needs met. This might be crying, yelling, or misbehaving – behaviours become louder and more aggressive as they seek your attention that way. Alternatively, they may stop trying to connect because they have learned not to trust the response. Given that children learn through their connections with those around them, when this happens, a child's learning is at risk.

3. Show Resource 3: The Story of Two Mountains
SAY
Now, I will tell a story of two children climbing two mountains.

The first mountain is strong, stable, and reliable. The child can see where each foot needs to go so she can reach the top. She don't need to worry about the mountain underneath her feet; instead she can read her map and plan to arrive at a sunny spot near the top by lunch time, she can carry some food and water, and she will make friends with the other climbers as she walks so that when she arrives, everyone can enjoy each other's company and share a large feast that one person couldn't carry alone.

Now imagine a boy who must climb the second mountain. It is not stable and sometimes crumbles underfoot, or other times it is so covered in fog that he can't see where he needs to put his feet. This mountain is also known for its earthquakes and as he walks, he is scared he'll get hurt. He isn't able to move quickly and his head and back ache from walking so carefully. He's concentrating so much on whether he's safe and where he should put his foot, that he didn't think about planning for his trip, he can't carry any food or water, and he's so worried for himself, he can't think about making friends as he's going.

This is what attachment can be like for children. We, as caregivers, are their mountains and we choose which mountain we want to be.

4. ASK

Are there any questions or thoughts at this stage?

If caregivers do not ask, ***SAY****:* Someone asked me once (or when I learned this, I wondered) What if, in this example, the environment the child is growing up in really is more like the second mountain? What if the world isn't as safe

and secure as we would like it to be for them? Should we get our children used to that world from an early age?

5. **ASK**

   What do we think?

   Give caregivers time to express their agreement, or their thoughts as to why it is still important to be a reliable caregiver in an insecure world. Show your appreciation for each response.

Facilitator Note: It can be distressing when a caregiver begins to understand the effects of insecure attachment the first time. If they feel they have been an 'unstable mountain', they may feel guilty, shamed, or even angry. It is very important to be sensitive to how people might be taking in this information.

Take special effort to ensure they also understand that insecure attachment can be repaired and even by being in this program, they are taking strong and brave steps towards secure attachments.

6. **SAY**

   Let us look at the outcomes of the two children climbing the mountain. Let's imagine that their world is not guaranteed safe – and so both children fall when they are at the top of their mountains and they are hurt, or something else bad happens. Because the first mountain was stable and calm, the first child was able to pack a map, carry food and water, and find friends to help during their journey, she is going to find the friend who is a doctor and the friend who is the strongest and they will help her down the mountain and home to her family. She will have water to drink on the way down, and she'll know the fastest way home because of her map.

ASK: What might happen to the second child?

The second child did not have any of those resources. He is alone, without a map, food or water, and cannot figure out how to get down the mountain, back to his family.

Both children are living in the same world, but one is better equipped in it.

7. *Take a quick mood check and ask your caregivers how they are feeling after hearing this information. They may need to stand up and stretch or take a quick mental break. You can lead a brief exercise like a neck roll if the mood is low. Remind them that this is self awareness and self care.*

8. **SAY**

   A secure attachment is formed with a caregiver who provides safety and security, and regularly helps manage emotions by soothing distress, creating calm, and sharing joy.

   And the good news is, insecure attachment can be repaired. The first step is for caregivers to become aware of their own needs and the emotional

needs of their child. Then, you can develop ways to meet those needs in a consistent, caring and responsive way.

4.3 Discussion: Strengthening Social Support

Time: 20 minutes **Arrangement:** At home

Explain

If you have a group that is comfortable with talking you can rephrase much of this section (4.3) with question and answers.

SAY

Being consistent, present and available for a distressed or [sick] child can be challenging, and particularly so during times of crisis.

Explain

That's why this curriculum was developed in acknowledgement of how much you and your mental health and wellbeing matter. Remind caregivers that you are all here together to give them the support that they need, and to ensure that they also have relationships that provide care and support.

- *Strengthening social support can mean different things to different people. For some people, it means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems.*

- *For others, it might be asking to use resources from trusted people, such as tools or even knowledge that is needed to get something done. And for others still, it might mean connecting with community organizations or agencies to get support. These forms of social support can be very powerful in reducing difficulties and distress.*[24]

ASK

Would anyone like to talk about their support systems? Has there been a shift since your child was diagnosed with acute malnutrition? If so, how?

Example answers may include caregivers feeling more isolated, or even more supported as family members assist at home. They may acknowledge feeling supported by the group or the health workers.

Other questions to prompt discussion:

- How would you like to be supported these days?
- Are there ways we can support each other?
- How can we show support for each other in conversation?

[24] WHO, Problem Management +

Write the contributions on some chart paper so caregivers can see during the next exercise. Examples that can be provided by facilitator if not expressed by caregivers:

- Listening without interrupting
- Trying to understand their feelings
- Expressing care for them
- Providing comfort or a helpful response

4.4 Activity: Strengthening Social Support

Time: 10 minutes **Arrangement:** At home

1. Distribute Handout 5: Who is in your circle?

Activity: "Who is in your support circle?" Caregivers can draw or write down the people who are in their support circle.

Outside the circle, you can draw or write a connection that you feel you need or would like to make.

Remind caregivers that health practitioners, you, and the peers in the room are all in each other's circle! Congratulate caregivers for being valuable support circle members for each other (if the group feels truly supportive).

4.5 Thinking Healthy: About Social Support

Time: 15 minutes **Arrangement:** At home

1. Show Thinking Healthy Set C: Image 1

2. ASK

- *Invite caregivers to consider the caregiver in Set A: Image 1. What is she doing? What does her mood look like? What might she be thinking?*

Example answers:

- "I can't talk to people about how sad I am, they will think I am weak"
- "People are judging me because of my situation"
- "I miss my family and I don't want to make new friends"

- *Now ask caregivers does the caregiver's thoughts and mood affect the way she is seeking social connection and support? Is there another way of thinking that might improve the way this caregiver approaches people who could help her?*

3. Show Thinking Healthy Set C: Image 2

ASK

- *What is this caregiver doing now? What might her mood be? What kind of thoughts might have helped her get to this place?*

Example answers:

- "I will try to speak with people who understand my situation"
- "Many people are in difficult situations – I don't believe they are at fault. Maybe they don't believe I am fault."
- "I might be able to find a friend who reminds me of my friend/sister/etc."

- **ASK**

  Has anyone ever felt like the caregiver in Image 1?

  Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including looking after ourselves and our children as best we can in the circumstances we are in.

  Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can encourage them to seek out social support when they need it.

4.6 Activity: Support a Peer

Time: 20 minutes **Arrangement:** In pairs

1. SAY

As we heard in our discussion, one of the key reasons people isolate themselves is due to concern about what others might think or say or feeling like no one cares or understands. Sometimes, people might fear that others will repeat what is shared and use it against them later.

2. ASK

What are some concerns that we in this room might have about speaking about our difficulties with people?

3. SAY

It is extremely important to choose the right person to talk to, someone you can trust who will listen to you with kindness and care for you and your child. It's also extremely important to be that person for others if you can. How do you want to be listened to and supported, and how can you show others the same?

A key support skill – for our children, our friends, and ourselves – is empathy. Who knows what empathy means? [*Write the word 'Empathy' on flip chart*]

After caregivers have responded, share the following answers, if needed:

- *Empathy is the ability for one person to perceive the emotions, needs and desires of another person. It is the ability of one person to walk in the shoes of another person and feel what that is like.*
- *As it relates to parenting, empathy is the ability to perceive the emotions, needs and desires of a child, and to be able to respond in a nurturing way, keeping the positive welfare of the child at the forefront*.

Facilitator Note: It is important to know the difference between empathy and sympathy. 'Sympathy' is to see someone's feeling and to acknowledge pity or sorrow for someone else's misfortune. Empathy goes one level deeper than sympathy and joins us more to the person we are sharing with because we are feeling *with* them, rather than looking at what they are feeling from afar. 'Empathy' is being able to step into another person's shoes and experience their feelings with them, and then helping them with those feelings. We all know what it feels like to be sad when someone hurts our feelings. Empathy is about letting the other person know that you understand their feelings. All children, boys and girls, in the family need their caregivers to show empathy.

We're going to try an activity. We are going to have small discussions in pairs and we are going to practice showing empathy to each other.

4. Explain

- *Turn to your partner and have a conversation about something that they are finding difficult (note to caregivers that this can be a real issue or a made up concern if they do not yet feel comfortable sharing with their partner).*

- *As your partner talks, really try to understand and experience what they are feeling and what kind of behaviour these feelings might result in. Show 'empathy' for their issue.*

- *See if you can find something kind to say or something that shows support to your partner. This might be reminding them that they are doing the best they can, and that with small steps they can overcome the difficulty. Or reminding them of a strength they have - "you always seem to think of great ideas. I'm sure you'll find one here." Or offering to help, "I have trouble with that too. Maybe we could help each other?"*

5. Discuss

Let caregivers talk for 15 minutes – or if they are enjoying themselves, announce assignments to take home and encourage them to keep talking. Remind caregivers to take an "internal" mood check after talking to their partner.

4.7 To Take Home

Time: 5 minutes **Arrangement:** At home

1. SAY

- You have two options for home assignments this week! You can choose to check in on a peer from the group or you can choose someone from your Circle of Support page.

- In particular, if you can find a family member or close friend who might be supportive of the kind of learning that we are doing here in the program, please try to reach out to them each week and share what you have learned here. You can talk about what you are finding interesting and important, the parts that you have questions about. Sharing your knowledge and information may help your friend, and it will definitely help you remember our lessons and make them your own.

- As always, try some healthy thoughts about connecting with members in your support circle!

2. *Congratulate caregivers on all their hard work so far. Acknowledge what it takes to come to each session, ready to try new things and to support each other with kindness and sensitivity. If you're feeling proud of them, let them know!*

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5. Physical Wellbeing: Sleep, Exercise and Routines

Caregiver session summary Duration: 1 hour 35 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Connect sleep, exercise and routine with feelings of wellbeing for them and their children
- Perform exercises associated with relaxation
- Develop plans to improve sleep, establish routines, and perform basic exercise

Session activity	Time
5.1 Welcome and review	10 min
5.2 Psychoeducation: Exercise, Sleep, and Routines	20 min
5.3 Activity: Exercise for you	20 min
5.4 Thinking Healthy: Physical Wellbeing	20 min
5.5 Activity: Making a schedule or routine	20 min
5.6 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Handout 6: Exercises
- Handout 7: Making a schedule or a routine
- Thinking Healthy: Set D
- Flipchart and markers

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts and give one to each parent at the end of the session
3. Arrange for a space that is conducive to learning, and exercise!

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators illustrate the advantages of self-care in three key areas for improved function and wellbeing: sleep, exercise and routines. Caregivers are encouraged to examine their own approaches to these areas and learn ways to prioritise and enhance these activities.

STEPS to follow

5.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. Explain

- *Welcome caregivers warmly by name and sing the welcome song. Congratulate them on making it back to the session. Ask about their experiences with reaching out to someone in their support circle or the group. If people did reach out within the group, ask what it felt like to be contacted and listened to.*

  Take the time to really let caregivers explain their reactions to this exercise, as well as their thoughts about social support. You can use your skills of active listening, praising and connecting, validating and communicating concern to model a positive connection and help them feel heard and valued.

2. **ASK**

Who can remember what else we discussed last session?

If any caregivers were not present last session, ask a peer to retell the story of two children climbing two mountains. Help them when they miss details and remember to stress the good news – it is never too late to initiate a more secure attachment and become a stable mountain!

3. SAY

Last session we talked about children needing secure attachment from their 'stable mountains', from you. Because as caregivers, and as people, your feelings, your wellbeing, and your health matter enormously to the children in your care.

So, before we move on to focusing on our children's brain development in the next session, we are again going to take some time for you – because you matter.

As a group, we've acknowledged and talked about a lot of the difficulties we are facing at home and in caring for our children in this challenging environment.

There are three critical tips to help you implement these good practices of self care and child development at home. First, is sleep. Second, is exercise. And the third, to pull it all together, is a routine.

5.2 Psychoeducation: Sleep, Exercise and Routines

Time: 25 minutes **Arrangement:** In plenary

1. Write on flipchart: "Sleep"

ASK

Let's begin with sleep. Who knows how much sleep an adult needs per night?

Answer: The WHO recommends 7 - 9 hours.

Who got more than that? Raise hands. And who got less?

2. SAY:

Sleep is one of the most healing, restorative things our bodies can do. It keeps us healthy – our muscles, our organs, our immune systems, and especially our minds! Sleep even helps us process difficult memories and clear our thinking.

The difficulty is, for many sleep is the first thing affected by extreme stress and sadness – when in reality, the right amount of sleep is the thing we need most to help us manage. Instead, many find themselves sleeping too little or too much which can exacerbate stressed and overwhelmed feelings.

Comment on amount of sleep participants are getting, e.g. I see in this group many of us are getting too much/too little. Note that it is very common for caregivers to not get enough sleep – an infant's need to feed through the night means interrupted sleep.

3. ASK:

How do we feel after not getting enough sleep? *(If anyone noted too much sleep, you can ask them - how does it feel when you have been in bed for a long time?)* Why aren't we getting enough sleep? Or why are we getting too much sleep?

Allow caregivers to talk about their sleep patterns in their homes – for themselves or their children. Acknowledge that for caregivers of infants and young children who have not yet begun sleeping through the night it is important to try and rest during the day. Caregivers should be aware that with less sleep they may be less likely to remember things or to manage their emotions. They should be kind to themselves, try to rest when they can, and to remember that this is a phase that children will grow out of.

4. SAY:

There are lots of very understandable reasons why we aren't getting the right amount of sleep. We're going to go through some healthy sleep habits[25] to try and get back on track.

1. Try to go to sleep and wake up at around the same time each day. This is also a very healthy rule for your children. That way, your body knows what to expect and is ready for sleep the next day.
2. Avoid caffeine, alcohol*, nicotine before bed. These increase your heart rate and will keep you awake longer.
3. Relax before bed - this includes lowering lights and doing a quiet activity like reading, listening to music, doing deep breathing exercises or visualisations. Bright

Adaptation Suggestion: During the case worker training, identify other culturally relevant ways of relaxing before bed. Adapt item 2 to local practices involving alcohol, caffeine or other stimulants and drugs.

[25] NIH MedLine Plus 2012

lights, including those from the television or your phone, can make your brain think it is morning and try to keep you awake.

4. Don't stress, do relax. If you are still awake after twenty minutes of lying in bed, get up and try to do something relaxing. Lying in bed thinking or getting worried can make it even harder to fall asleep. You can use some of your 'balloons' from earlier – even if it's just thinking about something that makes you feel peaceful or happy. Going to your safe space is also a good relaxation technique.

5. **ASK**

   Does anyone feel they could try some of these techniques tonight? What might be difficult about them?

   Help caregivers problem solve in the moment and encourage anyone who seems enthusiastic about trying.

6. Write on flipchart: "Exercise"

   SAY

   The second tip is exercise - and the best part is, not only is it good for your mood and your health, it's also great for your sleep, which is good for your energy, creating a sustaining cycle of wellbeing for you.

   For some, exercise can be a great way to release stress. For others, it can be an important way to get back in touch with your own body and to feel your own strength - this is particularly helpful if you are feeling very tired and weak.

   The World Health Organisation recommends 30 minutes of exercise that raises your heart rate, or gets your heart beating faster, each day. But the other good news is, lots of our daily tasks can raise our heart rates…

7. **Explain**

   Talk about the kinds of physical activities the caregivers do daily and connect that work to physical exercise. It might be carrying water, working with agriculture or a garden, even carrying children!

8. **ASK**

   Who in the room sweeps? That's excellent for your arms and your core muscles [*point to your core muscles*] and is a great exercise after having a baby, particularly if you tighten your stomach muscles while you move from side to side.

Adaptation Suggestion: You can use any activity commonly performed by the caregivers in your group and think about ways to explain 'core strengthening' movements. These are especially good post-childbirth.

Ask caregivers to tighten their stomach muscles by squeezing them.

Carrying water, food and children all builds muscle, which in turn strengthens our bones as we get older. Even, and especially, walking is great exercise. So if you're doing this already, congratulate yourself! But let's ask, is this the kind of exercise that improves our mood?

For some, maybe! And that's great. But today we are going to go over some exercises that not only help your body, they are especially good for helping your mind and your mood. For some, exercise can be a great way to release stress. For others, it can be an important way to gently and safely get back in touch with your own body and to feel your own strength - this is particularly helpful if you are feeling very tired, ache-y or weak.

9. SAY

Already this might be sounding like a lot of extra things to do or to remember when you are already feeling overwhelmed.

This is where a routine can become very helpful. Crisis situations can create unpredictability, impermanence and a loss of control. Children (and adults!) who are experiencing chronic (long term) crises can feel even more disordered by not knowing how the day will pass.

Routines for children, and yourself, can increase the sense of safety in relationships and in the world around them. Has anyone noticed that we begin our sessions in the same way each day? This tells us, and our children, what to expect – everyone can arrive feeling comfortable and ready.

Routines are also great for helping you get things done when you are feeling stuck *(Show brain in palm of hand - fingers up).* And, particularly for caregivers, it can be extremely helpful to know that you have to make it through another hour of work or activity, before you can take some time for yourself.

10. ASK

Who has a routine at home? What does it look like?
Note: this is valuable information from your caregivers about their experiences at home and how well they may be able to incorporate the activities recommended in this curriculum into their daily lives. It can also be an indication of how well children are being cared for at home, so listen openly.

If everyone or most do have a routine, guide the conversation more towards seeing how they could include exercise, better sleep and children's routines as well.

11. SAY

A predicable, structured routine which is responsive to your needs for self care and the needs of the child, is also very important in helping children know what to expect on regular basis. This means doing certain activities in a certain order, and around the same time each day.

12. Explain

Routines and rituals - like a story before bed - can help a child feel more connected to others. It also helps them know what is expected of them and

when, so they can feel ready. An example might be, knowing that after mealtime, they can expect some quiet play, followed by a bath, then nightclothes, a story and then bed. (Ensure that you adapt this example to something realistic and reasonable in your local context)

Remind that each step helps the child slow their body down for sleep and to feel safe and competent, knowing what will come next.

13. *Conduct a quick mood check explaining to caregivers that you've just shared a LOT of information! Explain that you're now going to try some of those exercises to see if that can lift the mood.*

5.3 Activity: Exercise

Time: 20 minutes **Arrangement:** In groups

You can choose to build a set routine of exercises to share with your caregivers or to teach them a series of exercises and let them choose which are best for them

1. Distribute Handout X: Exercises at home

Take caregivers through the exercises slowly starting from the head to the feet.

Ask them regularly how they are feeling, reminding them that how comfortable the exercise feels is most important.

2. *Conduct a mood check! Talk about whether there has been a change in mood or if it has stayed the same for caregivers.*

5.4 Thinking Healthy: Sleep, Exercise and Routines

Time: 15 minutes **Arrangement:** In groups

6. SAY

We know that sleep, exercise and relaxation activities are good ways to care for ourselves. But even with this knowledge, our thoughts and feelings can sometimes prevent us from taking much needed action.

1. Show Thinking Healthy Set D: Image 1

ASK

- *Invite caregivers to consider the caregiver in Set A: Image 1. What is she doing? What does her mood look like? What time is it?! What might she be thinking?*

Example answers:

- "I'm already exhausted, I can't add more to my day"
- "'I'm not the sort of person who can do this. It's too hard."
- "If people see me looking after myself, they will say I'm a bad person"

- *Now ask caregivers what the children are doing? Does the caregiver's thoughts and mood affect the way she is interacting with her children? Is there another way of thinking that might improve the way this caregiver engages with her children?*

2. Show Thinking Healthy Set D: Image 2

ASK

- *What is this caregiver doing now? How does her mood look? What are the children doing? What kind of thoughts might have helped her get to this place?*

- "If I reorganise my schedule, I can fit in a little time each day for myself"
- "I'm going to try these activities at home. If I notice an improvement, I'll keep going."
- "Sleeping, exercising and having a routine is not just good for me, it is good for my children."

ASK

Has anyone ever felt like the caregiver in Image 1?

Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including looking after ourselves and our children as best we can in the circumstances we are in.

Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and encourage them to try exercising, sleeping, and sticking to a schedule at home.

5.5 Activity: Write your own schedule

Time: 20 minutes **Arrangement:** In pairs (or small groups of 3)

Distribute Handout 7: Making a schedule or a routine

Ask caregivers to discuss their schedule or your routine ideas in their group. Help each other to find a time where they could squeeze in some exercise, better sleeping hours, or a more stable routine in the evenings. Facilitator should walk around the room helping and giving encouragement and ideas.

5.6 To Take Home

Time: 5 minutes **Arrangement:** At home

Encourage caregivers to try their schedules and routines at home! Come back to the group ready to talk about what worked and what did not.

Remind them to keep checking in with their moods at home, and to notice whether the exercise or sleep or routine the implemented has any affect on their mood.

Congratulate caregivers again on attending the fifth session. Remind them that caring for themselves is caring for their families. Show them the care they should show themselves and let them know you are looking forward to seeing them next session.

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6. Early Childhood Development: Look, Touch, Talk

Caregiver session summary Duration: 1 hour 30 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Are familiar with how neurons are formed in the brain
- Can describe serve and return communications
- Can identify three ways to build secure attachments
- Can engage in looking, touching, and talking to their children

Session activity	Time
6.1 Welcome and review	10 min
6.2 Psychoeducation: Brain development in children	25 min
6.3 Activity: Look, Touch, Talk	30 min
6.4 Thinking Healthy: About brain development	20 min
6.5 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Handout 8: Brain development
- Resource 4: Neuron
- Resource 5: Village pathways
- Resource 6: Brain architecture flip book OR video player
- Flipchart and markers
- Items of different texture for texture talk
- Clean blanket/floor covering for caregivers and children to sit on the floor if they wish.

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts and give one to each parent at the end of the session
3. Prepare Brain Architecture flip book or the video player
4. Arrange for a space that is conducive to learning and free of interruptions
5. Sit in a circle to encourage interaction with parents.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators describe basic neurological growth in early childhood and illustrate how early experiences shape the foundation of development and learning across the lifespan. Caregivers learn simple psychosocial stimulation techniques that additional build secure attachments.

STEPS to follow

6.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. Explain

- *Welcome caregivers warmly by name and sing the welcome song. Congratulate them on making it back to the session. Ask about their experiences with trying to focus on exercising, sleeping and creating routines at home.*

  Ensure that you praise any and all efforts made. For those who could did not attempt the activities, kindly validate that it is difficult to bring about these sorts of changes, but that they really can be worth it. Invite the caregivers who are having difficulty implementing at home to speak with you or their peers if they need assistance.

Psychoeducation: Brain development in children

Time: 25 minutes **Arrangement:** In plenary

1. Distribute Handout 8: Brain development

2. ASK

Who can describe what the caregivers are doing? Are these positive or negative experiences for the baby?

Point out to participants how close the child and the caregiver are, how they are touching, talking, looking, and encouraging the child. Acknowledge caregivers' answers and praise their insights.

3. SAY

The other incredible thing these caregivers are doing is **building a baby brain**. Each of these activities - and many more that we will discuss - grows a strong, healthy, advanced brain that the child will keep for life.

The brain grows overtime from the womb until - what age?

Encourage all guesses.

26 years old! Only when are around 26 are our brains fully formed. And what percentage of our brain do you think is formed from birth to age 5?

Encourage all guesses.

About 90% of the brain! This is an incredible period for brain growth in children. And so, like thirsty roots that soak up water to help a plant grow, our children's brains are desperately seeking the kind of stimulation that will help them grow.

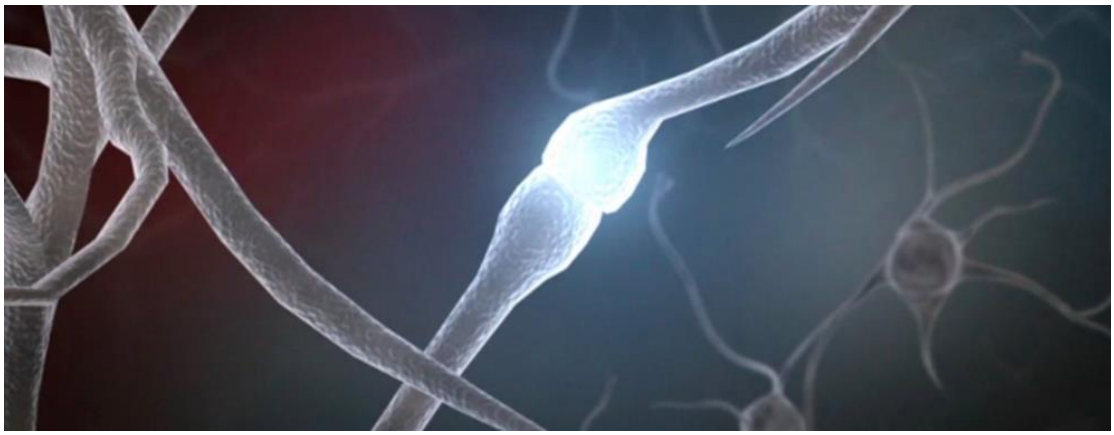
This is where you, their caregiver, become the expert teacher. And the amazing news is, you already have what it takes to build your child's brain.

Point to the activities in Handout 8: Brain development.

4. SAY

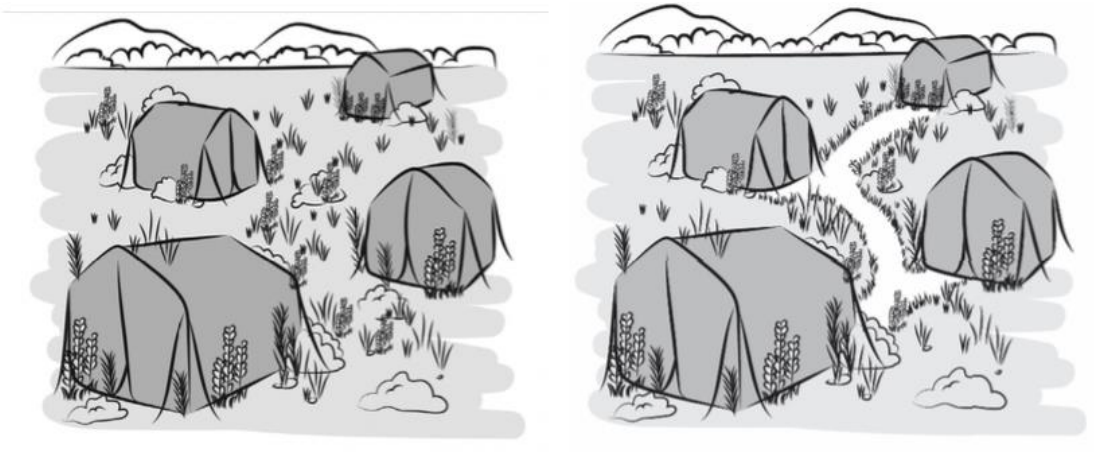
We know that a child is born with the basic building blocks for learning and memory. A newborn has over 100 billion neurons!

Show image of a neuron [Resource 4] and explain that these are connections in the brain that symbolise learning. Show your Brain in your Hand and note that the brain stem develops first (in utero), the limbic systems next, and over time, the cortex, and finally the prefrontal cortex. This is why your one year old cannot understand that touching the oven is dangerous, or your three-year old cannot understand that they are just tired and will feel better after a nap.



Imagine a village with a billion small houses and no pathways to connect them. There are no relationships between people, no shared memories, no community - that is like the new brain before synapses, or pathways, are formed.

Now show Resource 5: Village pathways



5. Explain

To offer a further example of this lesson, you can describe the following story or make up a similar one yourself. The point is to explain that at this stage, children's experiences are shaping their brain development, and this includes knowledge on what to do when feeling mad, what love looks like, what kindness is, etc.

Now, let's imagine that I like to go to (*caregiver's name*) house. I go there frequently, and I find the fastest route. My feet make tracks in the ground 4, 8, 10, 20 times a day! Just like pathways between houses - the ones that are used most often will become the deepest and strongest.

Now, let's imagine that I am an angry feeling, and (*caregiver*) is an aggressive behaviour - I am 'mad', and (*caregiver*) is 'hitting'. As my brain grows, and my neurons are connecting, the more times I feel mad or see others being mad, and I hit or am hit - the faster and stronger that reaction becomes.

But if I am 'mad' and instead I always walk to my friend 'deep breath's house (point at another participant) and my other friend 'language's house (point to another) - I will deepen and strengthen those pathways and as I get older, my mad feelings will be more quickly followed with a calming breath, and thoughtful words to help my situation. The path from 'mad' to 'aggressive response' will become overgrown again with weeds, and it's unlikely anyone will use it.

6. Explain

The experiences you provide your children in their early life matter. Ask for questions and confirm understanding in the group.

7. ASK

I have a question. Is this process the same for girls' brains and boys' brains? What about wealthy children and poor children? And what about sick children and healthy children?

ALL children's brains have the same natural capacity to learn depending on the way their development is encouraged by their caregivers and communities.

8. *Play the Brain Architecture video or use the visual aid Resource 6: Brain Architecture if you don't have a video player.*

9. SAY

We are going to talk about a few ways to support and encourage brain development in our young children, both boys and girls!

- This is incredibly important for all children but especially important for children who have experienced malnutrition.

- The process of extremely rapid brain development happens naturally for most children. But because this development is so complex, it requires a lot of energy from the young child – this is also why they need so much sleep – but it also requires nutrient rich diets.

- When a child is not getting enough nutrients in their diet, it can slow these processes of brain development. There is good news though – because young children's brains are growing so fast, once nutrition is restored, they are ready to learn!

- This is a lot of research however that shows that when caregivers stimulate their children's minds and bodies, like in the images we saw, brain development will resume, and catch up, and there will be no difference between a child who has experienced severe or moderate acute malnutrition and one who has not.[26]

Confirm caregiver understanding of this critical point by asking, "who can tell me what this means?"

10. *<u>Direct caregiver's attention to Handout 8: Brain development again</u>. Ask them to look at the child's communication – what is the child in each image expressing? And how is the caregiver responding?*

SAY

- Do you remember talking about how neurons connect in the last session? Infants and toddlers communicate with caregivers with sounds, gestures, and facial expressions.
- "Serve and Return" is a 'back and forth' process between babies and caregivers that builds the developing brain.

[26] S.M Grantham-McGregor, C.A Powell, S.P Walker, J.H Himes, (1991) Nutritional supplementation, psychosocial stimulation, and mental development of stunted children: the Jamaican Study.
Abessa, TG; Worku, BN: Wondafrash, M: Girma, T: Vly. J: Lemmens, J: Bruckers, L: Kolsteren, P: Granitzer, M. (2019) Effect of play-based family-centered psychomotor/psychosocial stimulation on the development of severely acutely malnourished children under six in a low-income setting: a randomized controlled trial.

- The baby or child 'serves' a message, an expression of need or a communication. The caregiver 'returns' that message, letting the child know that they have been recognised and understood.
- This is the fundamental process through which secure attachments are formed and a young brain establishes its foundations.

6.2 Activity: Look, Touch, Talk

Time: 30 minutes **Arrangement:** Whole group

1. Explain

Over the next three sessions we're going to talk about the best ways to promote secure attachments through serve and return. Today, we'll work with simple ways you can 'serve and return' with your child:

- *Look - eye contact and awareness;*
- *Touch - comforting and soothing touches; and*
- *Talk - little brains love to listen to you and to see you respond to their efforts to communicate.*

We're going to take about ten minutes to talk about and practice these skills with our children.

2. SAY

- Looking, touching, talking, strengthens pathways all around the brain, but particularly in upper cortex (*Facilitator shows brain in the palm of your hand.)* The more looking, touching, and talking in a child's day, the stronger their brain will become.

  - Eye contact with children is very important. And, here's a fun fact that proves this! Guess how far a newborn baby can see clearly? 20-25cm! What is special about this figure? That's the average distance from a woman's breast to her eye! (*Facilitator mimes holding a baby for breastfeeding and gazes at their imaginary baby showing that the distance from baby's eye to mother's eye is about 20cm*) Babies arrive already designed to connect and learn through their caregivers' eyes!
  - Machines that monitor activity in the brain saw that when a child and a caregiver are looking at each other and are mirroring their expressions, their brain waves - the activity in the brains - will synchronise. Looking at your baby and responding or encouraging their expressions will encourage neural connections in the frontal lobes.
  - This is a very good exercise for a developing brain - but it's why, babies or unwell children will look away when they are getting tired. If your baby turns his/her head away and breaks eye contact, he/she is asking for a rest.

  - <u>*Practice Looking*</u>*: ask caregivers to make eye contact with their children and to see if they can mirror or encourage faces with their child - a happy face, a surprised face, a yawn, a tongue out. If your baby makes a face at you, return it. If you have an older child, asking older children to make the same face back*

- then ask them to make a face which you will return. For children with language, you can ask them to guess the face that you are making (happy, sad, surprised), and then have them make one for you to guess.

- *Give the group 3-5 minutes of 'looking'. Walk around and point out children who are responding. If a child isn't responding to the activity, you can coach the caregiver (are they too close, too quick, too far?). If the child is not responding because they are tired (turning their head away, arching their back, crying or fussing) encourage caregiver to realise the child is tired or already overstimulated (remember it's a busy, loud room for a baby!) and have them comfort and hold. Praise the caregiver for recognising this in the child and congratulate them on sensitively returning their baby's serve.* ***REMEMBER*** *-* ***this sensitive response is more important than the activity****!*

3. SAY

- Now talking! *Ask caregivers:* Who enjoys talking? For those who do, this one is easy and fun. For those who do not like talking much, you may have to push yourselves a little harder to get into this new habit.

- Language development forms a significant part of the brain, so babies are wired to LOVE listening to you talk and sing! They especially love when you show that you are listening to their noises too.

- Did you know that the more words a baby hears, the richer their language pathways become and the more they begin to understand the world around them? Singing is particularly effective.

Tip: Throughout these activities, consider the objectives in the PICCOLO tool and encourage caregivers to engage in interactions identified there. The four areas are:
- Affection
- Responsiveness
- Encouragement
- Teaching

This way, the caregivers will be better prepared for their final observation in sessions 11 or 12.

- **Ask**: does anyone like to sing to their child? What happens when you do? Last session, we talked about nighttime routines – a song before bed can help settle a child ready for sleep. Does anyone do this already?

- *<u>Practice Talk</u>: Explain that you can play this game at any time!*
  Find different objects of various textures. Place the objects in front of the child and encourage the child to touch these objects. As they touch each of them, explain what the objects are and their texture. For example, you can say: "This my dress; it is soft, this a stone; it is hard and cold, this is a sponge; it is soft and wet".

- *Ask caregivers to play this game using objects they can find in the room and some that you brought with you.*

4. SAY

Next we are going to talk about touch. Touch is highly stimulating in the brain and very soothing for the body. Gentle touches can reduce crying and improve sleep.

But a child's sensitivity to touch will vary greatly - find the kind of touch you and your baby enjoy the most.

You might like to sway, to rock, or to stroke, pat, tickle, rub. Your touches should always be safe and welcome though. If you are feeling frustrated or angry, take some time out before touching your baby. You may be too rough and accidentally harm him/her.

It is especially important to never, ever shake or hit a baby. You can put the baby down somewhere safe and go to another part of the room until your 'wise leader' is back in charge. And then when you are feeling less angry or less emotional, assist the baby.

Ask for questions and confirm understanding.

Touching activity: "I love your" Find a degree of touch that your child responds positively too. Try gently tickling him/her. Try gentle squeezes like a little massage. Try blowing on him/her. Try brushing your child with your eyelashes (butterfly kiss), try rubbing noses and smiling. If you find a touch that your child seems to like most, then touch her head, her ears, her hands, her stomach...as you touch, say "I love your head, I love your ears, I love your hands, etc... I love your laugh, I love your cries, I love your thoughts, I love your tries"), I love your outside (gently run your hands over her head to toe)." Make your voice as soft as possible and use lots of eye contact to show your attention.[27]

Tip: Try and make the room calm and quiet so that caregivers and young babies can enjoy this activity too. If the room is too noisy and busy, babies may not be able to focus.

Caregivers will absorb your mood in this activity – if you find magic or wonder in these beginning connections, they will be more likely to as well. Enjoy this activity openly!

Throughout these activities, notice and point out to caregivers the way children are responding to the activity. These experiences of simply trying to engage should be positive and enthusiastic.

Praise and encourage both caregiver and child's efforts. Compliment the connection they build too, "She really held your gaze there. She knows you're her special person." "Look at the way he's looking at you! He thinks you're wonderful, doesn't he?"]

5. *Do a quick mood chart check in after a session focused on caregiver child connection. If moods are higher than usual, remind caregivers that these kinds of moments with children release a series of hormones in both caregiver and child that make us feel good and help us grow.*

[27] Vroom

6.3 Thinking Healthy: About brain development

Time: 30 minutes **Arrangement:** Whole group

1. Show Thinking Healthy Set E: Image 1

2. ASK
Invite caregivers to consider the caregiver in Set E: Image 1.

- *What is happening in this image? What is happening between our caregiver and her child? What kind of thoughts might be going through her mind?*

Example answers:

- "I don't have time to pay attention to my child."
- "More attention will just make this child spoilt!"
- "This child is too young/too sick to have feelings for me or to interact with me."
- "This child doesn't react like other children do. They just don't get it."

- *Now ask caregivers what the child is doing? Does the caregiver's thoughts and mood affect the way she is interacting – or not – with her child? Is there another way of thinking that might improve the way this caregiver engages with her baby?*

3. Show Thinking Healthy Set E: Image 2

What is this caregiver doing now? How does her mood look? How is the baby's mood? What kind of thoughts might have helped her get to this place?

Example answers:

- "I can pay attention to my child by talking to him/her while I do my work"
- "Even though my child is young/has been sick, their brain is looking for me to connect with them in their own way."
- "My child will get there at their own pace. I can help them along by looking, touching, talking, and playing."

4. ASK
Has anyone ever felt like the caregiver in Image 1?

Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including looking after ourselves and our children as best we can in the circumstances we are in.

Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and change their actions at home.

6.4 To Take Home

Time: 5 minutes **Arrangement:** At home

Spend 15 - 30 mins each day (non-consecutive is even better – 10 mins here, 5 mins there…) with your child engaging in Look, Touch, Talk. Report back to the group which activities you were able to enjoy and which you think is most suited to your child's style.

Remember to keep trying healthy thoughts at home – this will lead to more energy to build those secure connections.

Remind caregivers that these are the behaviours observed in their interaction observations – we are focusing on them because they are proven to boost development in children. So encourage them to practice at home and prepare for their observation at the end of the program.

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7. Early Childhood Development: Adversity and Empathy

Caregiver session summary Duration: 1 hour 30 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Name the adverse effects of abuse and neglect
- Recognise the value of self awareness
- Recognise and respond to their child's cues with sensitivity
- Contexualise responsive caregiving within their own culture

Session activity	Time
7.1 Welcome and review	10 min
7.2 Psychoeducation: Brain development	20 min
7.3 Activity: Zoom 'Erk!	5 min
7.4 Psychoeducation: Empathy	15 min
7.5 Role Play: Notice, Name, Validate, Respond	15 min
7.6 Discussion: Responsive caregiving in context	20 mins
7.7 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Resource 7: Two brains
- Resource 8: Two neurons
- Puppet/doll
- Flipchart and markers

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts and give one to each parent at the end of the session
3. Arrange for a space that is conducive to learning and free of interruptions.
4. Sit in a circle to encourage interaction with parents.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators inform caregivers about the adverse effects of neglect and abuse on the developing brain and provide strategies on how to respond with sensitivity and empathy. Important distinctions between responding to need and want are made and caregivers are encouraged to practice empathic responses. Caregivers discuss cultural conceptions of empathic and responsive caregiving.

STEPS to follow

7.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. Explain

- *Welcome caregivers warmly by name and sing the welcome song. Warm welcome to all and congratulations on attending another session! Last session we learned about how the brain builds neural pathways through kind and responsive caregiving which then becomes the foundation for healthy development. Your home assignment was to practice some of these 'brain builders' with your children.*

  Ensure that you praise any and all efforts made. For those who could or did not attempt the activities, kindly validate that it is difficult to bring about these sorts of changes and ask if they would mind sharing with the group why it was difficult. This may be challenging for caregivers, but they may feel more comfortable sharing with the group and seeking peer support at this stage. Ensure that if they do, responses are kind, non-judgemental and supportive.

7.2 Psychoeducation: Adversity and brain development

Time: 20 minutes **Arrangement:** In plenary

1. SAY

Now that we know some of the things that can foster strong attachments and healthy brain foundations, today we are going to talk about some of the things that can damage strong neural networks and make it harder for children to safely develop their 'wise leaders' [show brain in the palm of the hand] and really achieve those hopes that we named for them in session one. We're then going to talk about how to empathise with our children, to make sure we are recognising and meeting their needs to attach securely.

In session two we talked about stress and how some amounts of stress can be helpful. For children, the same is true.

2. ASK:

What are minor stressful experiences all children face?

Example answers: Receiving an injection, waiting a short period of time for your attention, hearing a loud and startling noise.

3. SAY

These are tolerable stressors which momentarily activate stress responses in the child's brain and body, however, when a known and trusted caregiver soothes or calm them, the stress levels reduce, and the brain returns to its normal state of relaxed learning. Toxic stress, however, is a build-up of stressful experiences.

Toxic stress is caused by repeated abuse, neglect, and/or exposure to violence and it inhibits brain development.

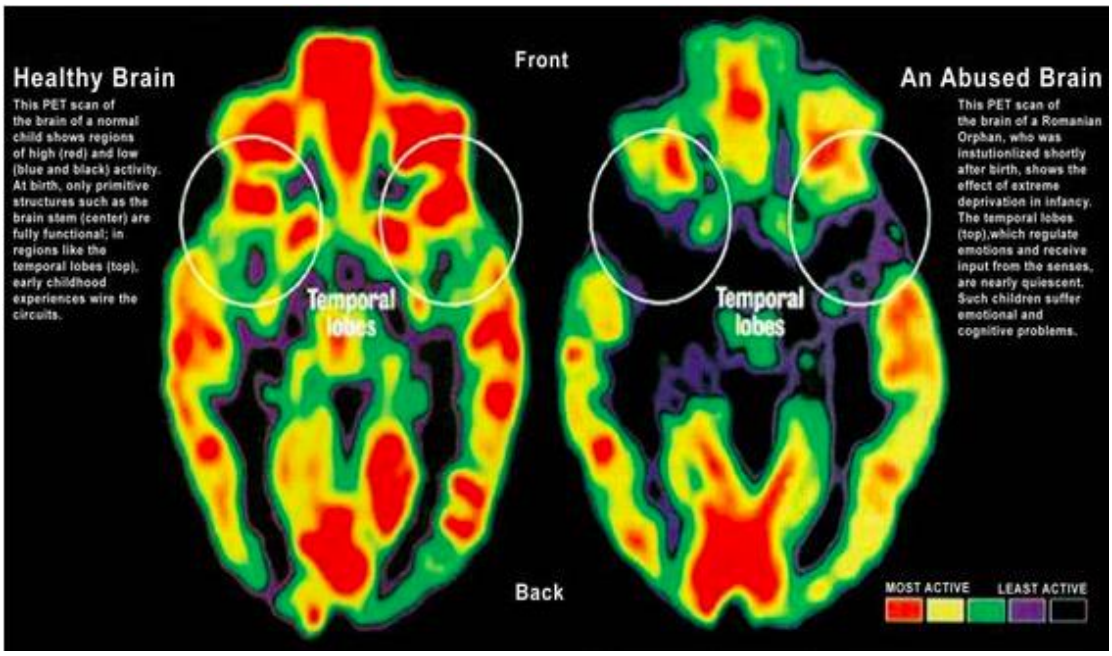
4. **ASK**: *What is abuse? [Actively listen to caregivers responses and thank them for sharing. They may be describing hurtful behaviours they experienced.]*

   - Abuse is cruel and violent treatment. Abuse can be physical - directed towards the body like hitting, beating, slapping. Or it can be emotional – directed towards feelings or a person or a child's sense of self. This can include shouting, calling bad names, humiliating, scaring children.

   ASK: And what about neglect? What does it mean to neglect a child?
   - Neglect occurs when a child's needs are not met by the caregivers around them. These needs, as we know, include nutrition, hygiene, health, but – some studies have shown that it is the emotional connection and psychosocial stimulation – the serve and return of sensitive response – that is just as, if not more important.

5. **SAY**
   The effects of this kind of stress changes the way young brains develop. Children exposed to abuse and neglect will have physically different brains than children raised in nurturing environments.

6. <u>Show Resource 7: Two brain scans (neglect)</u>



SAY
These pictures of brains were taken using scanners that produce detailed images using magnetic fields and radio waves. The areas of red, yellow and green are the most active. Areas that are purple show little activity and the black spaces show the least.

ASK

What do you notice about these images? What are the differences?

Draw participant's attention to the circles – the structures required to build the 'wise leader' are absent. Ask participants to notice how strongly developed the back areas are – the areas that are responsible for stress responses.

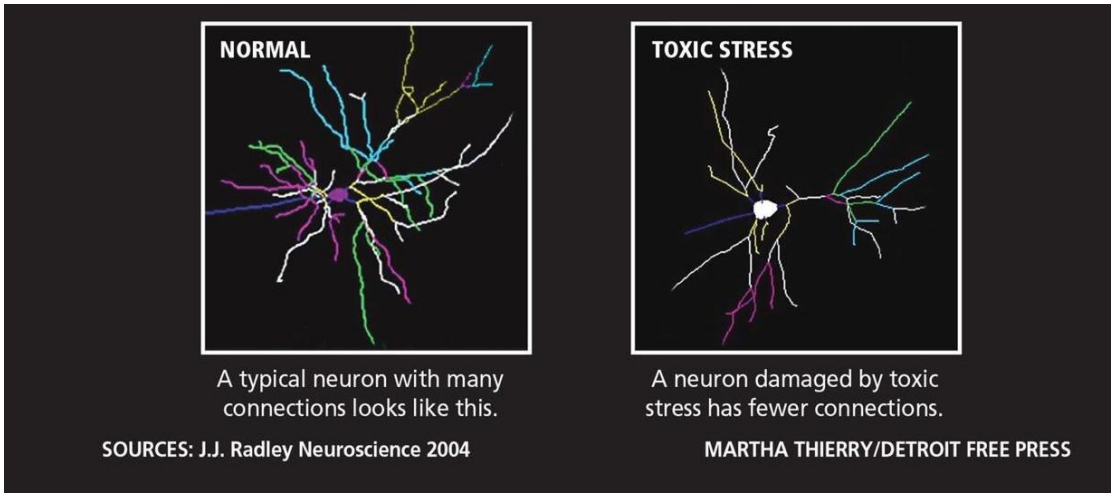
7. *<u>This is an important piece of information, please read this paragraph directly so as not to raise false alarm or exacerbate feelings of guilt</u>*

READ:

*"*These two images were taken from two children, one of whom had been raised in an orphanage where there was one nurse to 20 babies. Although the children were clean and fed regularly, they were not able to form any kind of attachment because they were not looked at, spoken to, or touched by a familiar caregiver. This occurred in a very extreme and terrible situation and it is not, fortunately, the experience of most children in a home with caregivers and siblings available to them. However, it shows what happens to a child's brain when we do not look, touch, or talk. This is the effect of extreme neglect.*"*

8. *<u>Show Resource 8: Normal Neuron v. Toxic Stress exposed Neuron</u>.* ***Explain****.*

In these images, these are images of neurons in two different children. One of these children has experienced toxic levels of stress due to abuse, and the other has not.



ASK: Who can describe what they see here?

Answer: the neuron exposed to Toxic Stress is damaged, the pathways are not well connected. This child may have difficulty concentrating or using language when they are overwhelmed. The neuron that has developed without toxic stress has multiple pathways available. Like the children climbing the mountain, these children will reach the top equipped in unequal ways.

ASK

How do we feel after seeing these images?

Check in with your caregivers here – you may do a mood check if there are not many volunteers to respond. It is important to note that seeing some of these images may lead to feelings of guilt or feeling less hopeful about a child's future. If participants are feeling this, encourage them to talk about it so that you can address their concerns and inspire hope. Remind them that because of the rate at which children's brains grow at this stage, it is ALWAYS time to build a secure attachment. It is NEVER too late to be a wise leader.

9. SAY

Remember last session how we talked about how quickly a child's brain grows from birth to three? And even from three to six there are incredible opportunities for growth. In fact, who remembers how old we are when our brain stops growing?

Appreciate all answers – correct is 26 years

The good news is: it is always time to build a secure attachment. It's always time to be bigger, stronger, wiser and kind to the children in our care. Their brains will begin to respond immediately, and we can take advantage of this powerful time for growth and opportunity.

7.3 Activity: Zoom 'Erk!

Time: 5 minutes **Arrangement:** In plenary

1. *Quick activity: Zoom - Erk! Participants send a 'zoom' around the group. A participant can stop the 'zoom' from coming to them by putting their hands up and saying 'Erk!'. At this point, the 'zoom' goes back around in the other direction. Participants must look at the person they are zooming to, to see if they are open to receiving the 'zoom', or not. Older children can join in, babies can be gently encouraged to watch the 'zoom'. Facilitator should help caregivers recognise if their child is enjoying or not. If the child is not, the caregiver should take their cue and find an acceptable way of partaking or providing comfort.*

2. SAY

The game we just played was a good warm up for some important skills we are going to talk about today, that will help us build strong attachments, and avoid toxic stress and neglect for our children. We're going to be talking about empathy. Remember we defined empathy in session 4? Can anyone remember what it means?

Remind caregivers of definition: Empathy is being able to step into another person's shoes and experience their feelings with them, and then helping them with those feelings.

Children need us to help them make sense of what is going on around them, and what is going on inside them. Which means they need us to see and understand what they are experiencing.

When we can explain these feelings to them, they begin to become aware of themselves. Noticing and naming feelings is particularly comforting for children who are experiencing difficult circumstances or have been through traumatic experiences.

3. **ASK**

   Did you realise that we have been practicing this ourselves? How have we been noticing our own moods? [*Answer: Mood Chart, thinking about whether we are working with our 'wise leader' or if we are engaging with our emotional/fear responses (brain in the hand), and talking about moods in the group]*
   Does noticing your mood help at all? Why do we do it?

4. **Explain**

   Ideally, we notice our moods so we know how to respond in a certain situation. We might think, "I've been feeling very low today. I'm going to try and do something I enjoy later on how to get some balance." Or, "after I speak with my friend, I notice my mood is quite good! I might see if I can speak with her more during the week." Or, and this is very important, "I feel as though I have 'flipped my lid' and my wise leader is not in control. I'm going to take some breaths and assist my child in one minute."

5. **SAY**

   When we know what we are feeling, we often know what to do. This is how we teach our children.

7.4 Psychoeducation: Empathy

Time: 5 minutes **Arrangement:** In plenary

Write the word EMPATHY on the flip chart or a piece of paper so caregivers can see the word.

ASK > What is the meaning of this word?

Answers might include the following, if not, be sure to add:

- *Empathy is the ability of a person to understand the emotions, needs and desires of another person.*
- *It is the ability of one person to walk in the shoes of another person and feel what that is like.*
- *As it relates to nurturing caregiving, empathy is the ability to perceive the emotions, needs and desires of a child. It is the ability to respond to a child in a nurturing and kind way, keeping the positive welfare of the child at the forefront.*
- *Both boys and girls need their caregivers to show empathy.*
- *When we respond empathetically to infants and children, we tell them that they are important.*

1. **SAY**

   Let's start by talking about the feelings that our children have.

   ASK: Who can name some for me?

   Write or, if people in the group can't read, try your best to draw

Examples will include:

- Happy	- Tired	- Excited
- Curious	- Sad	- Mad
- Hungry	- Adventurous	- Focused
- Calm	- Affectionate	- Defiant
- Scared/nervous	- Shy	- Hurt/pained

SAY: Very young children might only be able to express a few of these emotions, but it doesn't mean the rest aren't developing very quickly!

2. **ASK**: Can anyone tell me how they know when their child is feeling one of these emotions?

   Facilitator selects a caregiver and asks "Name, how do you know when Child Name* is feeling focused?" and "Name 2*, how do you know when Child Name 2* is feeling happy?" Ask a number of caregivers about different feelings their children have and how they know.*

3. **SAY**: These signs that our children give us are called 'cues'. Through their cues, we understand their feelings and know what they need. For example, when a child shows you they are tired, what do we know to do?

   Example answers: help them rest, put them to bed, give them a quiet activity…

   ***ASK**:* When they show us they need comfort?

   We can put them on our lap, cuddle them, pat them.

4. **SAY**:

   We're going to do a role play with some of the more negative or difficult emotions your child may have. You'll see me notice the behaviour, name the feeling, validate the feeling, and then respond. I'm going to go first and then I'll ask for volunteers to help me.

   If your child is extremely irritable, or sad or is having a difficult time, this is a helpful way to engage. Before you do this, you're going to make sure [*facilitator holds up brain in the palm of your hand)* that your 'wise leader', your cortex, is engaged *(bring fingers down over thumb*], that you're not coming from a place of stress or upset. When children are distressed, they especially need their stable mountain. They need someone to help them make sense of their feelings.

   R*emind caregivers to take a breath, go to your safe place, or engage some of their 'balloons' from session 3.*

7.5 Role Play – Notice, Name, Validate, Respond

Time: 20 minutes **Arrangement:** In plenary

1. *Facilitator starts acting out cleaning/cooking. Pretends that the doll/puppet is starting to cry from the other room*.
    - "Oh dear, I hear you crying!" [**SAY** to caregivers: I'm telling the child I've noticed her behaviour – this will let her know she has my attention. But I can't come right now, so I'm going to tell her that.]
    - "I'm going to wash my hands and then come to see if I can help you." *Facilitator mimes finishing task and washing hands, sees child*
    - "Oh, *darling. The sun moved through the window, and you got hot lying there! [**SAY**: I'm naming the feeling] You have your jacket and your socks on, no wonder you're feeling uncomfortable." [**SAY**: I'm validating the feeling]
    - "I'm going to take off your jacket/socks and to help you feel cooler." [**SAY** And now, I'm responding to the need]
      Facilitator pretends to remove some clothes, then cuddles the doll close, swaying and patting gently making soothing noises. After a moment she says to the doll
    - "Ah, you feel better now, don't you? You're looking around the room. [**ASK** caregivers: was that noticing, naming, validating, or responding? Answer: noticing]
    - "What can you see? Ah, you're looking at the kitchen/what I was doing!" [**ASK**: And that? Answer: Naming]
    - "It's interesting to watch me cook/clean isn't it?" [**ASK**: And this? Answer: Validating]
    - "Why don't I put you here so you can see me, and we can talk to each other!" [**ASK**: And this? Answer: Responding]"

ASK: Can anyone describe what I did there?

Help participants describe the way you acknowledged the child, explained what you were going to do, and followed through. That you noticed and understood what was troubling the child, you helped and then comforted him with touch. Then you noticed his interest and encouraged a new activity. Repeat the role play if necessary.

2. **SAY**
   Let's try another one. This can also be helpful if a child is no longer being safe or gentle with something.
   Facilitator to doll: "You just threw that ball at your little cousin after I asked you not to. I'm going to stop the game now because you're having trouble listening. Yes, I know you want the ball and I can see you're mad that I took it. I hear you yelling.

Do you need a hug to calm down? When you're ready to stop yelling you can come and have a hug and we can think of a different game."

Ask for a volunteer to role play with you. Remind them they are going to notice the behaviour, name the feeling, validate it, and respond.

3. Role Play

For Volunteer 1: Their baby is rubbing their eyes, squirming and trying to turn away from their caregiver. [Volunteers should notice rubbing eyes, name 'tired', validate 'it's time for your nap', and respond by putting the doll "to bed"]

For Volunteer 2: Facilitator takes the doll and makes it hide behind the caregiver. The caregiver can notice 'hiding', name 'shy' or 'scared', validate [any reason a child might feel shy or nervous], and respond "Do you want me to hold you?" or soothing fears.

Thank and praise your volunteers!

7.6 Discussion: Responsive caregiving in context

Time: 20 minutes **Arrangement:** In plenary

1. ASK

Does responsive caregiving or building a secure attachment mean that we let children do what they want when they want?

2. SAY

NO. Engaging in responsive caregiving does not mean letting children do what they want when they want. Responsive caregiving is about teaching children to be responsible family members and good friends. It means teaching them to be safe and saying 'no' to help them learn. "No, I won't let you touch the oven – it's hot", "No, you can't play with the ball inside if you're going to throw it at the window. I know it makes you mad but I can't let you break the window and hurt yourself."

It means helping them do things they find hard – like going to bed on time, saying 'I'm mad!' instead of hitting, or being gentle when they want to play rough.

Responsive caregiving *does* means helping them learn in each occasion by being consistent and kind.

3. Another way to think of it is that responsive caregiving is about **recognising and responding to *need*s**. Vaccinations, nutrition, and sleep – these are needs. Comfort, attention, stimulation for the brain – these are also needs. Throwing a ball through the window? This is a want. Staying up late? This is a want.

It is important to remind caregivers however, that the first few months of a child's life, they are only capable of expressing needs. Children in this age group should always be responded to as quickly as is possible.

Quick activity: Explain that you will say something and caregivers should say if it is a want or a need:

- Adequate nutrition (*need*)
- Sweets (*want*)
- Clean water (*need*)
- Television (*want*)
- Kind words (*need… some may say want, but remind them that a secure attachment with a kind and reliable caregiver is a need for healthy brain development*)
- Fancy or expensive toys (*want*)
- Hurts themselves and cries for you (*need… some may say want, but explain that this is about soothing stress and the child needs to be comforted by their preferred caregiver to return to calm)*
- A balloon from the store (*want*)
- Conversation (*need*)
- Eye contact (*need*)

Keep going with examples until the group is getting all the answers correct. Remember: comfort is a need; brain stimulation is a need.

4. ASK

In our culture how are caregivers supposed to engage with children? Is there a uniform way?

Is the way we are expected to engage with children in line with what we now know about brain development?

What about our culture supports this view, what challenges it? How can we maintain good practice within our families?

7.7 To Take Home

Time: 5 minutes **Arrangement:** At home

1. Observe your child and identify their signs of being interested, being tired, being uncomfortable, being hungry, wanting more, needing some comfort and connection, needing some time alone.

Try to talk to your child about what you are seeing so they learn the language for their signs too!

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8. Early Childhood Development: Enriched Play

Caregiver session summary Duration: 1 hour 35 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Describe the value of play
- Recognise different types of play
- Share and learn new ideas for inspiring play with children of varying abilities and stages

Session activity	Time
8.1 Welcome and review	10 min
8.2 Psychoeducation: the importance of play	10 min
8.3 Thinking Healthy: About play	20 min
8.4 Activity: Play!	50 min
8.5 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Flipchart and markers
- Paper cups (two for everyone and spares)
- Scissors
- Toilet rolls or cardboard tubes
- Wool, string, fabric (for clothes)
- Sensory items pre-identified in training
- Handout 9: Making Toys I
- Handout 10: Styles of play for children at different stages
- Thinking Healthy: Set G

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts
3. Prepare the playing stations and materials needed
4. Ensure that toys and materials are clean and safe for the children in your group

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators share and coach on some enriched play techniques and activities to help children overcome any delays caused by their experience with malnutrition. Caregivers learn about the importance of play and the need for variation in play-based learning.

STEPS to follow

8.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. **Explain**
   Welcome caregivers warmly by name and sing the welcome song. Congratulate all who tried their observations and invite them to share back with the group. Ask, did you learn anything new in watching them so closely? What did it feel like to watch them? Were you able to respond to their signs? How did they react?

8.2 Psychoeducation: Play time

Time: 10 minutes **Arrangement:** In plenary

1. **ASK**
   Why do children play?

   Encourage all answers and responses. If there are negative responses, try to validate the feeling "Yes, it can feel like they do it to annoy us when we need them to be quiet! Finding the right time for noisy play and quiet play is challenging."

2. **SAY**
   Playtime is special. Not only is it fun, but it is critical to children's development. Play is their "work" and their way of learning about the world around them. Through play, babies and toddlers try out new skills, discover persistence and problem solving, and learn how to behave and communicate with people around them.

   This is where their neurons are really connecting – this is why, often they will repeat a particular activity or a game over and over and over… this can be frustrating for a caregiver, but it is very important for child's brain building, so try to understand the need and have extra patience with them.

3. **ASK**
   And what do children *need* to play?

   Many will answer toys, which is to a degree true – toys, especially homemade toys can be wonderful educational experiences for children. But mostly they need time to play and safe spaces to play in.

   ASK

   And what does a safe space for play look like?

Answers include: free of objects that can harm including things that be put in the mouth or that can break; away from electricity sockets; somewhere with safe boundaries. Think back to your work conducting home visits and add in other common safety issues you see in your caregivers' homes.

4. SAY

Children need time and safe spaces to play. Some of this play should include you, some of this play should be independent. It is not practical for you to play with them all day. But if the baby *never* plays with you, they miss out on all the wonderful, brain-boosting learning that comes from looking, touching, and talking we talked about before.

5. SAY

Did you know there are different types of play to build different parts of the brain? Just like we need varied nutrients from different foods, children also need varied skills from different types of play.

Most activities children do will have a number of these types of play present naturally, but for some children and in some circumstances, caregivers need to make sure a child is progressing in areas. That might mean encouraging play – even for short whiles - in an area that your child is having difficulty in.

As we have been discussing, children who have experienced malnutrition may need extra help and support from you, their stable mountain, to boost their brain development. Now is the best time to start making up for any delays that may have occurred while they were ill.

6. *Write on chart paper*

ASK

So, what types of play are there?

- ✓ [Write 'Sensory' on chart paper] Even the newest of babies enjoys sensory play. This is play involving sight, sound, taste, smell and touch. Some children will be very sensitive to certain types of sensory experiences. Some do not like bright lights or loud noises. If you are worried about your child's sensitivity to certain sensory experiences, you can speak to a health centre professional.
- ✓ [Write 'Gross Motor'] Gross motor play - rocking, crawling, lifting, running, jumping, skipping, hopping… any type of big, coordinated movement.
- ✓ [Write 'Fine Motor'] Fine motor play - manipulating small items - picking up food, moving beans (watch they don't swallow or insert in nose/ears).
- ✓ [Write 'Language'] Language development is a key indicator of later intelligence. Play and language means singing, having back and forth conversations, rhymes, 'tongue twisters', anything that involves communicating!
- ✓ [Write 'Cognitive'] Cognitive play, this means thinking skills and will include language and talking, puzzles, matching/categorising, hiding/finding games.
- ✓ [Write 'Social'] Social play is games of pretend, group songs/activities, taking turns, following rules.
- ✓

5. SAY

Like when children play, there are a few rules to help keep them safe, there are also a few rules for adults to keep the children learning and growing.

- First, is when you are playing together, try to get down to their level as best you can. This helps you be a better observer and they know you are truly with them.
- Second, let them lead for most of the time. All children like to feel control. If you let them lead in the safe space of play, they will be less likely to fight you for control at a later stage, like when you want them to get dressed or show respect to others.
- Third, is to have fun yourself! Children can sense when you are not happy or interested in what they are doing, and they become less confident. If you really don't feel like playing, suggest a different game or a time later in the day and commit to the activity.

8.3 Thinking Healthy: About play!

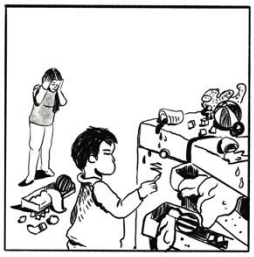
Time: 20 minutes **Arrangement:** Whole group

1. Show Thinking Healthy Set G: Image 1

Thinking Healthy: What kind of thoughts might prevent us from allowing our children to play?

ASK

- *Invite caregivers to consider the caregiver in Set A: Image 1. What is she doing? How does she feel about her child's playing? What might she be thinking? What are somethings caregivers of children with SAM or MAM might think about playing with their children?*



Example answers:

- "It will just make a mess/too much noise",
- "This is just more work for me"
- "He doesn't seem to like anything anyway"

- *How might thoughts like this affect whether or not a caregiver encourages a child to play at home?*

2. Show Thinking Healthy Set G: Image 2

ASK

What is this caregiver doing now? How does her mood look? How is the baby's mood? What kind of thoughts might have helped her get to this place?

Example answers:

- "If I choose some interesting toys for her to play with, she won't play with things that will make a mess."
- "If my child becomes interested and busy with play, I will have more time to organise myself or have a rest"

- "I can try new and different activities to find one my child is interested in. I can share this with my family, and they can enjoy this activity with my child too."

3. ASK

Has anyone ever felt like the caregiver in Image 1?

Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, like creating safe and fun spaces to play.

Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and change their actions at home.

8.4 Activity: Making toys and playing

Time: 50 minutes **Arrangement:** In plenary

1. SAY

I hope you'll find today fun! We are going to play! We're even going to make some toys ourselves and share some tips and ideas of games and activities that will help stimulate development in each of the domains we discussed earlier.

2. *Establish play stations for your caregivers and their children. Group them loosely into two groups: (Group 1) children who cannot sit and children who are beginning to move with intention, (Group 2) is for children who are walking and talking comfortably. Alternatively, if the group is very small caregivers can choose what they think is best for themselves and their child.*

Group 1:

<u>Reading and responding to your child during sensory play</u>:

Provide various stimuli while caregivers take turns playing with their children.

- Light scarf for waving, peek-a-boo with hands or funny face activity,
- A rattle (dried beans/stones in a water bottle)
- A ball for rolling over arms or legs
- Something (natural – do not use perfumes or sprays) that smells nice
- Things that are different colours
- Something to taste, preferably a piece of fruit like an orange. There should be enough for a piece for each child. <u>*NOTE*</u>*: Please confirm this with your nutrition colleagues. They may also be able to supply something on the day.*

Tip: Take a look at the PICCOLO tool and encourage caregivers to engage in interactions identified there. The four areas are:
- Affection
- Responsiveness
- Encouragement
- Teaching

This way, the caregivers will be better prepared for their final observation in sessions 11 or 12.

Throughout, facilitator helps the caregivers observe their child's reactions and to interpret (face turned away, hands reaching, eyes bright and focused, sounds or words).

Group 2:
Making Toys
- Making Emotion Cups – See Handout 9a: Making Toys
- Walking Puppets – See Handout 9b: Making Toys

3. Handout and/or read Handout 10: Styles of play for children at different stages

While caregivers are in their groups, go around the room and speak to each group about ability-related activities they can do at home to stimulate their child's development in specific areas. If a caregiver is concerned about language development, you can suggest some activities connected with language. Invite other members of the group to talk about activities their children like to play. Encourage and support caregivers to try new activities.

You can print out the handout and share with caregivers.

Play for children who cannot sit	
Language, Social, Cognitive	Talk to your child, especially when you are dressing, changing, feeding, or bathing them. They love to hear exactly what you are doing. Even if they are crying or distressed (once you have responded), your calm voice will tell them they are safe and cared for.
Sensory, Social	Touch your baby in different ways - strokes, pats, hugs, kisses, tickles. Always make sure the touch is welcome.
Language, Social	Smile and sing to your baby as often as you can. Babies think your voice is beautiful! They don't mind if you can't sing at all.
Sensory	Let your baby feel different textures, like clothing fabric, grass, carpet, wood or big smooth rocks and explain what it is.
Gross motor	Let your baby kick things or hit thing to see how they move. They will learn that certain movements of legs and arms will make objects move.
Gross motor	Put your baby on their stomachs and let them work their neck, back and arm muscles. Some babies love this, some hate it. If your baby does not like it, encourage them to do it for a short amount of time. You can lie down too, or encourage a sibling to do it also. Praise every effort made by your child to do this difficult task.
Play for children who are starting to move intentionally and observing more around them	
Language, Cognitive, Social	Talk to your baby about your daily activities. They will be looking to you to understand your movements.
Language, Social	Respond with interest to their noises, babbles and shrieks - she's talking to you! Let her know her voice is important.

Physical	Help your baby sit up or begin to stand. You can put a toy or something they are interested just out of reach and see if they can move to it. If you see them get tired or frustrated, you can explain that feeling. "You're trying so hard, but you're getting frustrated. Here's the toy – you did so well. Let's do it again tomorrow."
Cognitive, Gross motor	Your baby is interested in learning about 'cause and effect'. Let them knock over some blocks or push a box.
Cognitive	Your baby is very interested in things that 'disappear'. You can hide a ball under a cushion or your face behind your hands. Remember to ask them where it is/you are!
Fine motor, Cognitive	Encourage your baby to explore objects like balls or cups. At this stage children may be more likely to put things in their mouths, so ensure that items are clean and too big to swallow.
Gross motor	Encourage coordination like clapping hands.
Play for children who can walk and are starting to talk	
Gross motor	Encourage your child to run, walk and dance!
Social, Cognitive, Language	Watch for signs of them imitating you - they love to do what you do! Offer them a spoon to pretend to stir with if you are cooking. Pass them a pretend 'telephone' so they can hold to their ear.
Language, Social, Cognitive	Sing songs and tell stories.
Gross motor, Social	Pass a ball back and forth. Babies love to pass things to people, acknowledge what they are giving you and give it back to them in a fun way (saying something funny, kissing/tickling them)
Cognitive, Gross motor	Try pouring from one container to another. Talk to your child about which is bigger.
Social, Gross motor	Children love to play hide and seek. They will often repeat the same hiding spots, until they understand the game further. Pretend to find them, then let them 'find' you.
Language, Cognitive	Encourage your child to describe things to you, such as the food they are eating. Is it tasty? Crunchy? Dry? Hot? Green?
Play for children who are confident movers and can understand games with rules	
Cognitive, Fine motor	Puzzles, matching or sorting games are fun for children at this stage. Let them sort rocks into big and small or make patterns and shapes. You can ask them to match socks.
Cognitive, Social	Writing and drawing. You can cut a drawing up and make a jigsaw puzzle for the child to put back together.
Social, Language	Tells stories and encourage your child to make up stories of their own and tell you.

Gross motor, Social	Play outside games like hide and seek or football – make sure your child is safe or supervised if playing outside.
Gross motor, Cognitive	Make (safe) obstacle courses in the house – walk around a cushion, jump over a box, roll to the wall, crawl along the wall and under the table, etc. You can think of one activity and ask your child to think of the next.
Social, Cognitive, Language	Pretend play - children love to learn by pretending! It is a way for them to experiment with how the world works. Encourage play that is kind and considerate. If your child has had traumatic experiences, they may 'relive' these through their play. This is healthy and normal. *IF caregivers have further questions about this, you can explain: As much as possible, try to direct their play towards a more positive outcomes, e.g. instead of a family injured or separated in a traumatic way, the characters in the scenario find a way to get back together. Try to elaborate their play to include 'helpers' or hero roles for themselves – doctors, teachers, superheroes, nurses, etc. Invite them to imagine and act out these new scenarios with the helpers present or with them as the hero. Be careful not to push too hard – this kind of play is most effective at healing trauma when it is child led and caregiver supported.*

4. *Do a quick mood chart check in after a session focused on playing together. If moods are higher than usual, remind caregivers that play can be good for both caregiver and child. This is a mood booster that builds futures too!*

8.5 To Take Home

Time: 5 minutes **Arrangement:** In plenary

1. *Choose a type of play and practice at home for 30 mins each day – you can even do 10 minutes in the morning, 10 before lunch and 10 in the evening. If your child sleeps during the day, try to play after they have woken up. If they are tired, neither of you will enjoy it as much.*

2. *Do a mood check after playing with your child. Do certain types of play improve your mood too?*

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9. Self-Concept: Praise and Encouragement

Caregiver session summary Duration: 1 hour 35 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Link self concept with self actualisation
- Effectively praise and/or encourage a child
- Can recognise and name a strength among their peers and within themselves

Session activity	Time
9.1 Welcome and review	10 min
9.2 Psychoeducation: Self concept and praise	20 min
9.3 Thinking Healthy: Self concept and praise	30 min
9.4 Activity: Notes of Kindness	30 min
9.5 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Flipchart and markers
- Envelopes
- Paper and scissors
- Thinking Healthy Images Set H

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts
3. Prepare envelopes, paper and scissors. If anyone in your group cannot read, prearrange some symbols for praise and compliments that you can use in the group.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators introduce praise and encouragement as key means of building self concept in children. Caregivers are encouraged to think of praise as a way of teaching a child about behaviours that are expected and preferred in their culture. The group discusses cultural attitudes towards praise and encouragement and experiments with praising each other.

STEPS to follow

9.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. Explain

Welcome caregivers warmly by name and sing the welcome song. When the group is together, congratulate them for their attendance so far and their commitment to the program's goals.

2. ASK

Who was able to enjoy 30 minutes of play with their child? Did anyone manage 15 minutes? Which activity did you do? Did your child enjoy it? Did you enjoy it?

Enthusiastically praise anyone who notes they were able to practice play at home.

9.2 Psychoeducation: Self-concept

Time: 20 minutes **Arrangement:** In plenary

1. SAY

Today we are going to be talking about a very important subject in development and wellbeing for both children and adults. Self-concept – the way we perceive ourselves. A lot of the 'thinking healthy' work we have been doing in each session is part of this.

2. Explain

The way we think about ourselves and the things we are capable of or not, can indeed make us capable, or not. An example might be you saying, "If I believe, "I could not possibly stand in front of people and talk to them about self care!", then most likely, I would not be here in front of you speaking like this. But if I say, "I am a person who likes to help others, I can learn to facilitate groups." It makes it possible for me to be here, enjoying spending time with you and learning from you all".

Our self-concept makes things possible, or not.

3. ASK

I want you to think for a moment about your self concept.

What kind of person do you think you are? What makes you think that?

Remind caregivers they don't need to answer out loud, these are just things to think about in the group.

Where does it come from? Does it come from your friends who say you are a wonderful cook? Does it come from your family who say that you are quiet and hardworking? Is it something negative that someone told you once? Is it something you just believe – that you are a strong person and a good caregiver, or do you believe that you are not these things? What about your special person from our first session – what did they think of you? What was it like for you to be seen in their eyes?

Ask these questions slowly, giving participants time to think. It might be very emotional or difficult for them if it is the first time they are thinking about this consciously. You can remind participants that if they do not feel like thinking about this, they do not have to. It is simply enough to be aware of the idea of a 'self concept'.

4. SAY

We build our self-concept throughout our lives, and like it is important for us to 'think healthy' about ourselves as caregivers to support what we are capable of, it is also important that our children develop their self-concept to understand what they are capable of.

5. ASK

What were some of the qualities we mentioned were important for children as they grow?

Encourage participants to share qualities like 'kindness, humility, respect, generosity, strength of character, etc

6. SAY

When children perceive themselves as these things, they are more capable of becoming them. Their first and most convincing teacher is you.

There is a golden rule in psychology. Does anyone know what it is?

"All children want to be recognised positively in the eyes of their caregivers and from other adults they love and respect."

- Letting your child know when they are behaving in a way that you like, will naturally encourage them to do more of this behaviour.
- When a caregiver praises a child for a good behaviour – such as trying or listening or helping – that behaviour is encouraged by the caregiver.

7. SAY

I will read this out now though, because this is important. "Crying, complaining, or attention seeking that stems from feeling uncomfortable, getting angry, or being tired or hungry is not bad behaviour. It is communication of a need and should not be ignored."

ASK

Is that clear? We discussed this last session, but are there any questions about which behaviours represent needs that require our attention, and which do not?

8. ASK

What are some ways caregivers can encourage their children's positive behaviours?

Example answers:

– Playing with their children, teaching them behaviours like sharing

– Coaching children to be kind to their friends or siblings while they are playing

– Praising them

- Helping them to show respect for their elders

9. SAY

Praising children is very important – it lets them know that we appreciate the behaviour they are doing.

When we say things like, "Thank you for sitting quietly while I talked to our neighbour. I was very proud of how patient you were." What do you think the child learns?

Example answers:

- That being patient is the right thing to do
- That sitting quietly is noticed and appreciated
- That next time he/she should sit quietly so they can earn more praise

10. SAY

We like to say, "catch your child being good!" And then tell them specifically what they are doing that you appreciate. Saying generally, "you were very good today" is nice, but the day was long, especially for a child, and they may have trouble understanding what exactly they did that was good.

But when we say, "you were very kind to share your toy with your friend. I could see you wanted to play with it alone." Or "I was very proud of the way you greeted your grandparents. You were very respectful."

Let's try some praising in this way together.

Read the following examples and asks participants to offer specific praise.

- You tell your four year old that their father isn't feeling well and needs to lie down and rest. He plays quietly with his toy car and then organizes some beads into patterns until his father wakes up.

- Your three year old is trying to help you fold the laundry, and although he isn't folding very neatly, he is trying very hard and enjoying working with you.

- Your two year old shares her Emotion Cup toy with a cousin who has come to visit.

- Your baby is lying down and he kicks and punches at a sock you are holding over him.

11. SAY

As our children grow, they develop their own 'self-concept' from the way we listen and speak to them. When we encourage and praise them for qualities we value, children learn to become those things.

It is important to look for and celebrate the qualities your child has so they grow into them fully. For example, maybe they get frustrated very easily, but they always try again. Maybe they don't talk much, but they always notice if someone feels sad and they try to help. Maybe they have trouble sitting still, but they always have great ideas during playtime.

If it is appropriate in your culture, ask caregivers to share one quality about their child.

9.3 Discussion: cultural attitudes towards praise

Time: 20 minutes **Arrangement:** Whole group

1. Encourage a group discussion about cultural attitudes towards praise and encouragement. Acknowledge that giving and receiving praise can be difficult for some people. We may not be used to it, some may never have experience it.

2. ASK

How comfortable do we in this group feel about praising our children? What kind of praise and encouragement did we receive when we were younger? Does that have an effect on how we praise and encourage?

9.4 Thinking Healthy: Self concept and praise

Time: 20 minutes **Arrangement:** Whole group

1. Show Thinking Healthy Set H: Image 1

ASK

- *Invite caregivers to consider the caregiver in Set H: Image 1. What is happening here? What is the caregiver doing? What does her mood look like? What might she be thinking?*

Example answers:

- "If I praise my child, she might grow up to be arrogant or too proud"
- "If I praise my child others will think I am too proud myself."
- "I do not want to attract bad luck, or an 'evil eye'."

- *Now ask caregivers what the child is doing? Does the caregiver's thoughts and mood affect the way she is interacting – or not – with her child? Is there another way of thinking that might improve the way this caregiver engages with her child?*

2. Show Thinking Healthy Set H: Image 2
ASK
What is this caregiver doing now? How does her mood look? How is the baby's mood? What kind of thoughts might have helped her get to this place?

Example answers:

- "I can praise my child so she grows up knowing what behaviours are expected of her."
- "The praise I give my child can be between us"
- "I can acknowledge my child's efforts without making her arrogant or spoilt."

3. ASK
Has anyone ever felt like the caregiver in Image 1?

Encourage caregivers who speak. Remind them that we all have these kinds of thoughts, sometimes a little, and sometimes a lot. Explain how these thoughts can cause the kinds of moods that can prevent us from taking the action steps that we need to, including finding safe and fun ways our children can play at home.

Ask caregivers to think about some of the healthy thoughts you identified and to see if these thoughts can lift their mood and change their actions at home.

9.5 Activity: Notes of Kindness

Time: 30 minutes **Arrangement:** Whole group

1. *Participants write compliments for each other to keep and take home.*

Facilitator should also offer a compliment/praise of each participant. If participants cannot read/write, have a code: a heart means compassionate, a lightning bolt means smart, a smile means kind, a grin means funny, a thought bubble means thoughtful, a balloon means hopeful... facilitators should help the class identify symbols for: strong, wise, gentle and other desirable characteristics. Caregivers can then draw the symbol that best represents the person and put it in their envelope.

2. Quick Discussion: What did it feel like to read or look through your compliments? What did it feel like to write or select them?

3. *Do a quick mood chart check in and see how your group is feeling after their notes of kindness.*

9.6 To Take Home

Time: 10 minutes **Arrangement:** Whole group

1. Try to catch your child behaving well! This can include trying hard, concentrating, sharing, letting themselves be soothed by your touch or your voice… any behaviour that you appreciate! See if you can find three moments to praise in a day!

2. Try especially to offer praise and encouragement during meal times. Make sure to maintain eye contact and use a warm and encouraging voice.

Thank caregivers for being brave and bold today and exploring a new and difficult topic. Praise them for their commitment and hard work and remind them you are looking forward to next week when you will focus on problem solving.

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10. Problem Solving

Caregiver session summary Duration: 1 hour 30 minutes

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Consider problem solving skills and strategies
- Share knowledge and experience with each other in coming up with solutions for activities or home assignments a peer has been having trouble with
- Feel like a connected and valued member of the group by giving and receiving support.

Session activity	Time
10.1 Welcome and review	10 min
10.2 Discussion: Identifying challenges	20 min
10.3 Activity: Problem Solving	40 min
10.4 Activity: Celebration Planning	10 min
10.5 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Flipchart and markers

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts
3. Consider what you know of you caregivers and identify ways you could support them in their action plans

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators support caregivers to identify an activity they are interested in but are having problems implementing at home. Caregivers support each other identifying breakable barriers and brainstorming solutions to try. The session presents an opportunity for caregivers to assist each other and share their knowledge and experience.

STEPS to follow

10.1 Welcome and Review

Time: 10 minutes **Arrangement:** In plenary

1. Explain

Welcome caregivers warmly by name and sing the welcome song. Congratulate them for making it so far through the program. Remind them there are only two sessions left. If you feel it, you can say: "I'm feeling sad already, but I'm so proud of you all, the work you have done, and all the great things you are going to achieve as you keep working on these activities at home."

Ask caregivers for their experiences trying their new praise and encouragement experience at home. Ask them to be specific about the praise they offered and how they and their child felt afterwards. Encourage caregivers and congratulate them enthusiastically for efforts made. Remind others that they can try what their peers do.

If some say that they were unable to attempt any of the play activities, kindly tell them that they are very welcome today because we will be looking at problem solving!

Discussion: Identifying challenges

Time: 20 minutes **Arrangement:** Whole group

You can print out the Caregivers Matter Session Guide (page 18) or write these topics on your flipchart. Keep these for the next session also.

1. SAY

So far we have identified various activities that will help us manage feelings of stress or emotional distress and that will help form stronger attachments to boost brain development and emotional regulation in our children. They are:

- Deep, slow breathing
- Safe place visualisation
- Talking/connecting with people
- Exercising
- Healthy sleep
- Establishing a routine for you and the child/ren
- Building stronger attachment through looking, touching and talking
- Empathising: noticing, naming, validating, responding
- Enriched Play
- Developing self-concept: praising and encouraging

Acknowledge here, this has been a lot!! Ask if caregivers are proud of themselves and remind them they should be!

2. Explain

Today we are going to help each other with an activity that has been difficult for you, but it's something you would like to work on. If you are stuck on a few, you might choose something you feel would 'unlock' other activities. For example, if you're still not getting enough sleep, it can be very difficult to compassionately observe and empathise with your child. Or if you can't get a routine together, it can be difficult to find the time to play - and with more playtime you would be better able to praise and talk. Or maybe you would like to reinforce the Thinking Healthy messages.

3. SAY

Please do not feel badly if there are many activities you've not been able to complete. You all have a lot to do in your homes, for your families and your children - it's understandable that adding new tasks can feel difficult.

This may be a message you need to repeat throughout the session. Let caregivers know that you understand how difficult it is to start practicing new things, but assure them you are there to help, and by supporting each other and taking small steps forward they will begin to see differences.

Remind your caregivers about their rules, specifically about listening and supporting respectfully and without judgment.

4. ASK

So what have we been finding difficult? Is there something that hasn't worked for you?

Encourage caregivers to share. Remind them that others in the group may be having similar problems. Thank those who are able to tell the group that they are having difficulties. Invite other caregivers to show support and solidarity.

Take your time with this session. There will certainly be problems implementing at least some of the activities in each home – this is your chance to give the caregiver another opportunity to make it work before the program ends.

10.2 Activity: Problem Solving

Time: 40 minutes **Arrangement:** Whole group

1. SAY

The activities in this program have been specifically selected because for most people they can actually help improve mood and function during the day.

Stronger attachment with your children will help them respond to you better, to be less aggressive or distressed themselves, and more prone to peaceful, social behaviours. Better organisation through schedules and routines will leave you with more time to care for yourself.

Bringing these activities into your life and your home can make an enormous difference.

2. *Caregivers can work in pairs or in a group (this will work better if there are 6 or fewer in the session).*

Write the following on the flipchart:

- Choose an activity
- Identify the barrier to getting the activity done
- Name the "problem"
- Brainstorm solutions
- Decide
- Try

Explain…

Ask caregivers to first of all, identify the activity they are having trouble with but are still interested in trying to achieve at home.

- ✓ *Identify the barrier: were you able to try? If you tried, what stopped you or didn't work? If you couldn't try, what stopped you from trying? What is stopping them from bringing this activity into their daily life? Start with the small and practical barriers, the things the caregiver has within their power to change.*

- ✓ *Name the "problem": Phrase the problem "I am having trouble with _____ because of _____"*

- ✓ *Brainstorm solutions: caregiver can brainstorm with a peer. Brainstorming means considering all possibilities, however "impossible". Things to remember when brainstorming: who is your circle? Can they help? Can you rearrange parts of your schedule? If the problem requires a shift towards 'thinking healthy', can your peers or your facilitator help you? Can you make reminders for yourself in the house?*

NOTE: Caregivers who are still feeling extremely sad or distressed may have a lot of difficulty in thinking of solutions or ideas. This is because they often think that nothing will get better and they have a lot of doubt about their abilities to change much in their lives. You can use a number of questions to encourage responses from the caregiver, including:

- Asking them to think of ideas that might work for a friend in a similar situation, but who does not feel so tired/sad/stressed all the time.
- Asking them what they have been able to try in the past (regardless of whether or not it has worked).
- Give broad or vague ideas – e.g. "Some people have found that talking to others can be helpful. Does this sound like a solution you could use?"

- ✓ *Decide which action seems most effective and most reasonable for you to try.*

- ✓ *Try it at home!*

If the group is literate, provide paper and pens for them to write their plans out should they want to.

3. *Caregivers who are really having difficulty brainstorming solutions can be reminded of the following:*

- *Caregivers who do not have enough time: Concerns about 'not having enough time' can be addressed with reminding participants they made time to come to the OTP, and they can use that time to play and engage.*

- *Caregivers who don't believe they can make changes: remind participants of all they have done for their child so far, and how strong they are. Ask them to focus on making one tiny step and then being proud.*

- *Caregivers who are struggling with a lack of family support: as facilitator, you may offer to provide a home visit to speak with key decision makers in the house. This would constitute a child home visit as there is a possibility that without support for the primary caregiver at home, the child's full and permanent recovery may be at risk. Contact your supervisor and follow up with the caregiver about a home visit.*

4. SAY

This is a good reminder for everyone: when you complete even a single step, stop. Breathe. And say to yourself "I took one good step today. I am doing my best for myself and my child/ren. Tomorrow, I will take one more."

Even when it is difficult to change your circumstances, you have what it takes to build a secure attachment with your child. It lives within you, in the same way the miraculous ability to learn exists in your child, right from the second they are born.

You are invaluable to your child in your care. You matter.

5. *Do a quick mood chart check in and ask how motivated the group is feeling about tackling their action plans. If someone is not feeling good about their plan or their achievements, ask them to stay back and speak with you. If they can, make sure you listen attentively and remind the caregiver of their incredible strengths. Offer the home visit and any additional support that is available. This is a good opportunity to show this caregiver that they matter to you.*

10.3 Activity: Celebration planning

Time: 10 minutes **Arrangement:** Whole group

1. SAY

And because you matter, I would like your help in planning our end of program celebration which is coming up in two sessions! We've done incredible work together and we should celebrate that!

Explain clearly to the group what is possible and not possible for the celebration after you have spoken to your supervisor. Explain that each caregiver and child will get a certificate for completing as well as an individualised report about their strengths and skills developed through the program. Get creative about the resources you can use!

You may want to consider:

- *Asking if caregivers would like to invite a family member to come and hear them present one key thing they learned during the program. Remind them that this can be useful for gathering support for secure attachment and self care at home.*
- *Make and hand out awards for caregivers – these can be fun or serious: most talkative, most hard working, best listener, most gentle, funniest, etc.*
- *Traditional ways of celebrating or saying farewell*
- *Look at what is possible regarding music or food (please consult with nutrition colleagues and strongly consider whether this is appropriate given food insecurities. The celebration should not put an extra burden on caregivers.) Consider singing together or making something together.*

10.4 To Take Home

Time: 5 minutes **Arrangement:** At home

1. SAY

Now it's time to implement the action plan!

If you feel supported by a friend in the group, you can reach out to them for motivation or help during the week.

Thank caregivers for coming and supporting each other so generously. Let them know that you are proud of their efforts today and throughout the program.

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11. Reflection and Observation

Caregiver session summary Duration: 2 hours

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Recap and review the lessons learned during the curriculum
- Share with other caregivers which lessons were meaningful to them, which were difficult to implement, and which made a difference at home
- Are observed playing with their child for 10 minutes

Session activity	Time
11.1 Welcome and review	15 min
11.2 Discussion: Review	10 min
11.3 Discussion: Reflection	30 min
11.4 Activity: Toy Making and Observations	60 min
11.5 To take home	5 min

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Reach Up and Learn Toy Making Manual: https://rescue.box.com/s/82yh0pip5x4pda3upps8jwndlazjcwzu

  Select the toys you would like to make with your group and prepare the necessary handouts and materials.

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Make copies of the handouts
3. Prepare the playing stations and materials needed
4. Ensure that toys and materials are clean and safe for the children in your group

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators will review key lessons of the program and ask caregivers to reflect on which lessons they found meaningful and any changes they have brought about as a result. Facilitators will use the second half of the session to conduct post-test caregiver-child observations while caregivers and children enjoy making toys.

STEPS to follow

11.1 Welcome and Review

Time: 15 minutes **Arrangement:** In plenary

1. Explain

Warm welcome back to the group, sing the welcome song for caregivers and their children. Remind caregivers that next week is the last session. Check in with caregivers about their Action Plans. Show your excitement and enthusiasm for anyone who made some progress. For those who did not, express kind concern without judgment and invite them to speak with you afterwards if they would like additional help. Ask if anyone would like to share any successes or any questions that they may have.

2. SAY

Today we will be engaging in reflection and observation. We've learned so much in these few weeks, about ourselves and our children.

We've learned how a change in thinking can lead to a change in feeling and doing, we've learned about our own stress responses and that we can care and respond better when we are calm and focused (*show 'wise leader' returning*).

We've learned that our children's brains are built to learn from us - that your voice, your touch, and your response will be your child's first and best teacher.

We've learned just how much you matter!!

As a group, we're going to talk through some of the lessons of the past 10 weeks, which messages you thought were the most meaningful and what, if any, changes have you brought about. Maybe thinking healthy really worked for you, or you found that with more exercise and a routine for the children you were able to do more during the day.

3. SAY

We are also going to conduct a final observation, similar to the one we did before we started the program, where I will observe you and your child. This is not a way of judging you or your child. It's intended to show you what kind of behaviours and interactions with your child are linked to stronger developmental outcomes.

I will share the observation back with you next week so that you can see which areas you are doing well in and which, if any, areas you might want to keep working on at home or with a friend.

I also want you to know that if you are finding that your mood is still extremely low and you're not feeling safe or you are worried for yourself or your children, please stay back and speak with me today or reach out soon.

11.2 Discussion: Review

Time: 15 minutes **Arrangement:** In plenary

1. **SAY**

   We have covered so much together and I want to go over some of it quickly to activate your memories.

   Bring out last session's flip charts or the printed Session Guide

   Please add your own memories of these sessions to make it more interactive and participatory for your caregivers. Remind them of realisations they made, things they shared and discussions they had.

   Session 2: Stress and common stress response behaviours. We learned that stress is a natural and, in many ways, a helpful bodily function. But as we saw, when we experience constant stress - when we carry too many cups! – we can have adverse physiological effects that can interfere with our happiness, wellbeing, and daily functioning. At this point, we need to take steps to help manage our stress, like breathing and engaging in relaxing activities.

   Session 3: Emotional distress and its effects. Again, we learned that the behavioural effects of extreme sadness or distress can interfere with our daily functioning. We thought about our 'balloons', our supports and strengths, to help us get back to a place of being able to care for ourselves and our children. You tried visiting a safe place in your mind, a place that is always there for you whenever you need.

   Session 4: The Power of Relationships. We learned about secure attachments - becoming the stable mountain that our children need – particularly in a world that may not always be secure for them. We started to see the connections between a secure attachment and brain development, and we explored our own support circles. We gave our fellow caregiver the experience of being listened to supportively.

   Session 5: Physical Wellbeing: promoting sleep, exercise and routines in the home. We talked about getting enough sleep (7-9 hours!), and enough exercise – the good kind, the kind that makes relieves stress and improves your mood! – and the way to tie it all together with a solid routine. Routines and rituals are so helpful for children, and for stressed caregivers. I hope some of these make their way into your home.

   Session 6: Early Childhood Development: Look, Touch, Talk. We switched our focus to children and the magic of building brains through secure attachment, particularly looking, touching, and talking.

   Session 7: Still focused on children we talked about adversity and empathy. Abuse and neglect have a direct impact on the way a child's brain develops. Showing them empathy – by noticing, naming, validating and responding to their needs shows them that they also matter and allows them to get on with the busy work of becoming wise and strong.

Session 8: Enriched Play. We looked at ways to play with our children and to meet them exactly where they are at so that we can take advantage of this period of rapid brain growth and watch their minds and bodies grow.

Session 9: We helped each other solve problems and achieve more at home.

11.3 Discussion: Reflection

Time: 30 minutes **Arrangement:** Whole group

1. ASK

- Has anyone noticed a change in their moods over the course of the curriculum and their child's recovery?
- Has any of the information in the course helped with managing your moods? If yes, what?
- What was it like for you to learn how important you were to your child's brain development? Was this something you knew before?
- Has it been easy to work towards more secure attachment?
- Is secure attachment something you would feel confident telling your friends or other caregivers about?
- Which of the activities was the easiest for you to do? Which was the hardest, and why?
- Can you share something with the group that you are proud of?
  Is there anything you are still not sure about? Anything that I can help you with?

If possible, supervisors may attend this session with the advance permission of the group. Introducing any new individual to observe or partake in the meetings should be discussed and agreed with the caregivers. If a supervisor needs to monitor your work, then caregivers can be advised that they are not obliged to contribute to discussions if they do not wish.

11.4 Activity: Toy making and observations

Time: 60 minutes **Arrangement:** Whole group

Provide caregivers with the materials needed for the toy making session and invite them to toy making stations.

Explain
While they are making their toys, you will be moving around the room taking observations of caregiver child interactions with the PICCOLO tool that was used in the initial observation. Before beginning a new observation, you will alert the caregiver that they will be observed now and ask them to focus their attention to their child – they may stay in the group but shift their attention solely to their child. Other members of the group may continue working on their toy making and playing with their children and are not to distract the caregiver.

Remind caregivers that you are looking for signs of their affection with their children, their responsiveness to the child's cues, their encouragement of the

child's actions, and their teaching – efforts made to explain what is going on around the child.

Ask them to stay relaxed and natural with their children – as caregivers of their own child, they know them best. Explain that the intention of the observation is not to judge them, but to consider how well the program has conveyed these skills and to give them some insight into areas of strength and areas they can continue to work on at home.

Do as many observations as you can, just in case people cannot make it to the celebration session. Keep their results confidential and explain that you will share back with them next session.

11.5 To Take Home

Time: 5 minutes **Arrangement:** Whole group

Keep working on your Action Plan! By now there are a lot of take home activities! See if you can purposefully work towards a day that has enough sleep, relaxation, exercise, healthy thoughts and play.

12. Celebration!

Caregiver session summary	Duration: As needed

LEARNING OBJECTIVES:
By the end of this session, caregivers will be able to:

- Celebrate achievements and relationships in a meaningful way
- Receive individualised feedback through caregiver child observations.

Session activity	Time
12.1 Welcome!	10 min
12.2 Final KAP Survey and Observation	As needed
12.3 Sharing Results	As needed
12.4 Certificate Presentation	As needed
12.5 Clean up and pack up	As needed

MATERIALS REQUIRED

- Caregivers Matter Facilitators Manual
- Materials or food items determined in Session 10
- KAP Survey for all caregivers
- PICCOLO measure for caregivers who have not yet completed final
- Completed pre-test KAP surveys
- Handout 12: Certificates

PREPARATION REQUIRED

1. Read all of the materials for this session.
2. Collect pre-test KAP surveys to compare with post-test KAP surveys
3. Print and complete certificates for each caregiver
4. Preparations necessary for your celebration, including any and all permissions needed from supervisors and nutrition colleagues
5. Have an area of the room set up more privately in which you can conduct observations if needed and in which you can share back results of observations and KAP surveys.

ATTENDANCE

The date and place of the session must be written on the Attendance Form. Each parent must sign the Attendance Form (Resource 1) with their name, age and sex. Indicate if any of the children are present at the session with their parents.

SESSION OVERVIEW

In this session, Caregivers Matter Skills Facilitators celebrate the many achievements of the caregivers in the program. The group marks the end of the program with a celebration that is meaningful to them and the Facilitator takes a last opportunity to remind them how much they matter in the lives of their children. Post-test KAP surveys are completed and results from the observations and the surveys are shared back with caregivers for coaching purposes.

STEPS to follow

12.1 Welcome!

Time: 10 minutes **Arrangement:** In plenary

1. Explain

Welcome caregivers warmly by name and sing the welcome song. Remind caregivers of how far they have come and congratulate them on how hard they have worked.

Try to focus on their strengths – you can say things like, "this group really came together to support each other and it was so lovely to watch." "I hope you are proud of how much you managed to achieve in this program. I am incredibly proud of all of you." "This has certainly been one of my most lively/supportive/dedicated/caring groups I have worked with, and it has truly been my pleasure to get to know you." "You are all very special caregivers and your children are ready to thrive with the new knowledge you have to share." Try to make the compliment as specific and targeted as you can, it will be more meaningful to your caregivers that way.

2. SAY

Today is a day for you to celebrate yourselves and each other. You are so important in the lives of your children. We have learned about and seen directly the difference that you can make every day, and for the rest of their lives.

We learned the way our children are built from the start to learn best from your voice, your attention, your touch – your 'wise leader' [show brain in the palm of your hand].

Your care can help your children grow into all those beautiful hopes we shared in our first session. But above all, we have to remember that in order to be the stable mountain our children need to attach to, we first must be kind to ourselves so that we can respond to our child's many needs with kindness.

They will see us respecting ourselves and learn too how to respect themselves and others. We must remember, it is right to take some time for our own mood and wellbeing so that we can be wise leaders ourselves.

You can talk about difficulties overcome by the group too by saying things like "I saw how difficult it was for some of you to take active steps towards caring for yourself too. I was so proud to see you share your experiences and to keep trying. This is one of the best lessons our children can observe in us too – how we balance taking care of ourselves so that we are able to keep trying through difficulty."

12.2 Final KAP Survey and PICCOLO Observation

Time: As needed **Arrangement:** In plenary – individual work

1. **SAY**
   I'm going to ask us to take 10 minutes to do a survey – this is not a test or an exam, it is just a survey to see which of the lessons in the curriculum resonated the most with you and ways we can improve for next time.

2. Distribute KAP Survey to all caregivers

   Read the survey questions out. Instruct caregivers to circle the check if the statement is correct, and the cross if it is incorrect.

   Collect the KAP Surveys and thank the caregivers for their efforts.

3. **Explain**
   You will conduct the PICCOLO observations for remaining caregivers who did not complete last session. Inform the caregivers of the process using the language from last session. If the group celebration is too busy, you may invite the caregiver to step aside and follow the instructions given in your training and in the introduction of this manual (page 15).

12.3 Results sharing

Time: As needed **Arrangement:** Individual

1. *As the celebration continues, one by one, invite caregivers to join you in a semi-private area. Share back results of PICCOLO and shows improvement on the KAP surveys with all caregivers.*

2. *This should be done confidentially.*

3. *Use this opportunity to really connect with individual caregivers. Make sure you address how far they have come by stressing their achievements and positive growth. If there are scores that are still 'absent' or 'barely', you can offer your support in developing a new action plan, or simply say that you believe in them and that they may always reach back out to the program if more support is needed.*

12.4 Certificate Presentation

Time: As needed **Arrangement:** Whole group

2. Congratulate each caregiver and their child and hand out certificates.

SAY: Let's do our final mood check together! How are we feeling now? *Allow participants to express their feelings – they may feel proud of their achievements, they may feel sad that the group is ending. Many will feel both! This is your chance to let them know that if they are ever feeling overwhelmed, they can reach out to you and you can refer them for additional support. Congratulate them again on their hard work and end the session.*

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Part 3

Monitoring Tools

Monitoring Tool 1: KAP Survey

Caregiver Name:		Date:		Mark 1 point for every correct answer
Circle one: Pre-test		Post-test		
		True	False	SCORE
1	A caregiver's relationship with a child only matters when the child is older.			
2	Taking care of myself will make me a stronger caregiver.			
3	Exercise and sleep can improve the way I feel and function.			
4	Children's brains grow fastest when they are in school.			
5	Boys' and girls' brains are different.			
6	If you praise children for the good they do, they learn how they should behave.			
7	Some stress can be good for your body.			
8	Children don't need you to talk to them until they can understand what you're saying.			
9	Giving children positive attention will spoil them.			
10	Noticing and understanding what someone is feeling is a good way to connect with them.			
11	Abusing a child can damage the way their brain develops.			
12	Responding to children's needs quickly and consistently reduces crying and makes the child more independent.			
13	I make time to play with my child.			
14	I have a routine at home for me and my children.			
15	I sing or read to my child every day.			
TOTAL POINTS				

Monitoring Tool 2: PICCOLO – Caregiver Child Observation

#	Caregiver…	Observation Guideline	Absent	Barely	Clearly
AFFECTION					
1	Speaks in a warm tone of voice	Caregiver's voice is positive in tone and may show enthusiasm or tenderness. Speaking a little but warmly should be scored highly.	0	1	2
2	Smiles at child	Caregiver directs smile towards child, but child and caregiver do not need to be looking at each other when smile occurs. Includes small smiles	0	1	2
3	Praises child	Caregiver says something positive about child characteristics or what the child is doing. A "thank you" can be coded as praise.	0	1	2
4	Is engaged in interacting with the child	Caregiver is actively involved together with child, not just with activities or another adult.	0	1	2
		AFFECTION TOTAL			
RESPONSIVENESS					
5	Pays attention to what child is doing	Caregiver looks at and reacts to what child is doing by making comments, showing interest, helping, or otherwise attending to child's actions	0	1	2
6	Changes pace or activity to meet child's interests or needs	Caregiver tries a new activity and reacts to what child is doing by making comments, showing interest, helping or otherwise attending to child's actions.	0	1	2
7	Follows what the child is trying to do	Caregiver responds to *and* gets involved with child's activities	0	1	2
8	Responds to child's emotions	Caregiver reacts to child's positive or negative feelings by showing understanding and acceptance, suggesting a solution, reengaging the child labelling or describing the feeling, showing a similar feeling, or providing sympathy for negative feelings.	0	1	2
9	Looks at the child when child talks or makes sounds	When child makes sounds, caregiver clearly looks at child's face or (if eyes or child's face are not visible) caregiver's position and head movements face towards child.	0	1	2
10	Replies to child's words or sounds	Caregiver repeats what child says or sounds child makes, talks about what child says or could be saying, or answers child's questions.	0	1	2
		RESPONSIVENESS TOTAL			

ENCOURAGEMENT

11	Verbally encourages child's efforts	Caregiver shows verbal enthusiasm, offers positive comments, or makes suggestions about child's activity.	0	1	2
12	Shows enthusiasm about what they child is doing	Caregiver makes positive statements, claps hands, or shows other clear positive response to what child is doing, including quiet enthusiasm such as patting child, nodding, smiling, or asking questions about activities.	0	1	2
		ENCOURAGEMENT TOTAL			

TEACHING

13	Repeats or expands child's words or sounds	Caregiver says the same words or makes the same sounds child makes or repeats what child says while adding something that adds to the idea.	0	1	2
14	Labels objects or actions for a child	Caregiver names what child is doing, playing with or looking at.	0	1	2
15	Talks to child about characteristics of objects	Caregiver uses words or phrases that describe features such as color, shape, texture, movement, function or other characteristics.	0	1	2
		TEACHING TOTAL			

---------- FOLD HERE ----------

Name: Today's Date:

Child Birthdate: Observer Name:

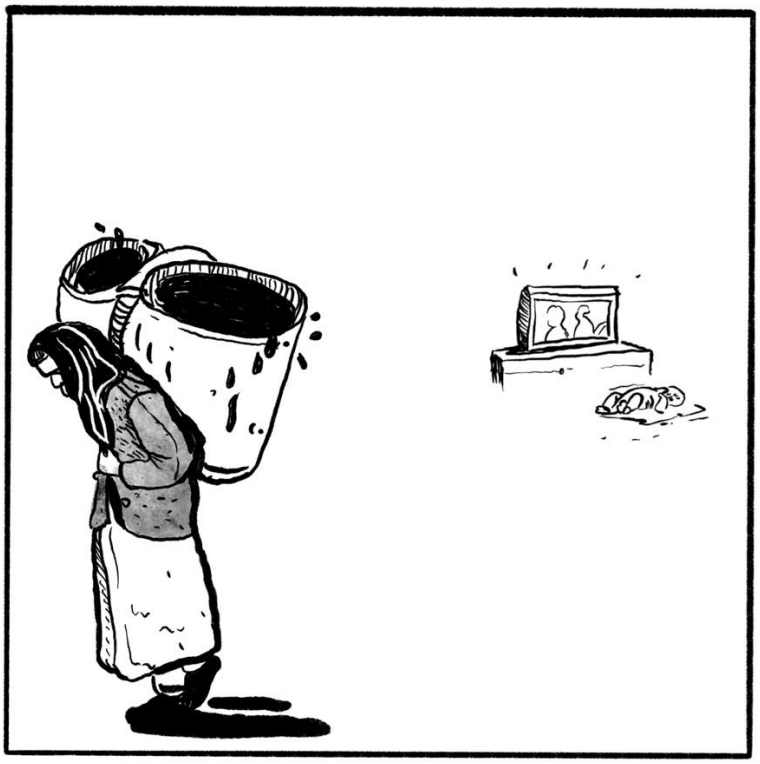
Circle: Pre-Test Post-Test

Please keep confidential

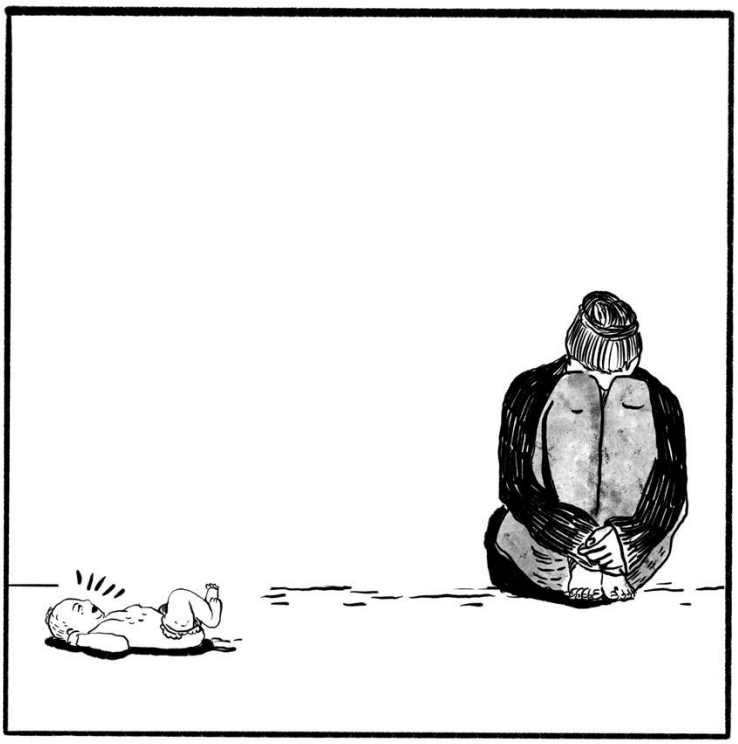
Part 4

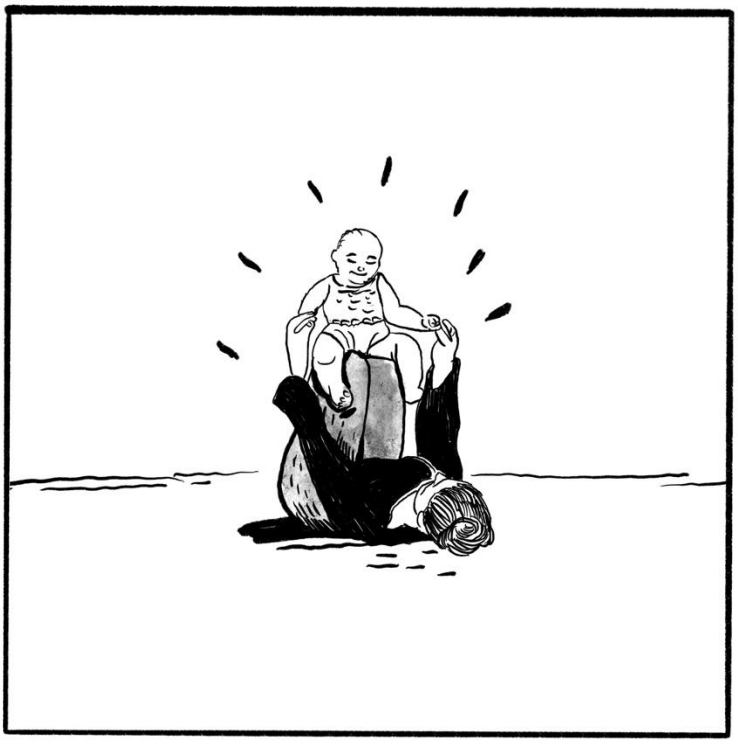
Thinking Healthy Images

Thinking Healthy Set A



Thinking Healthy Set B



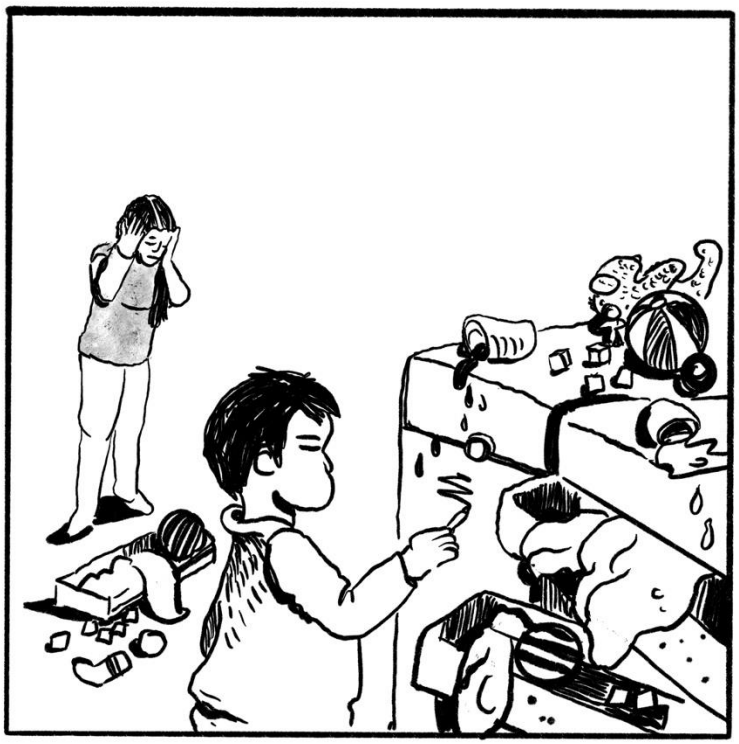


Thinking Healthy Set C

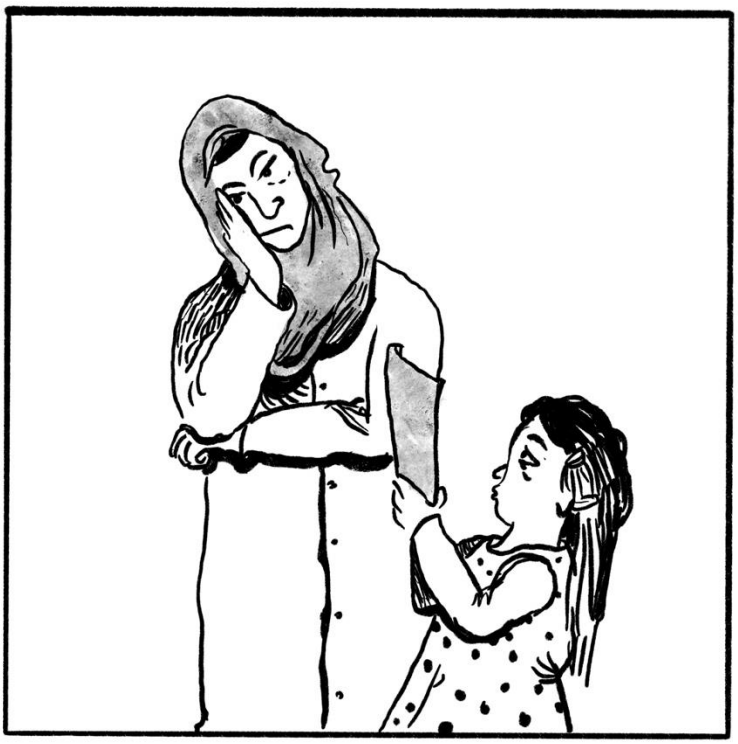
Thinking Healthy Set D

Thinking Healthy Set E

Thinking Healthy Set F



Thinking Healthy Set G



Part 5

Facilitator's Resources

Facilitator Resource 1: Caregiver session attendance form

Date: **Session number:**

Facilitator/s: **Locations:**

	First name	Last name	Did a child join you today?	Signature
1				
2				
3				
4				
5				
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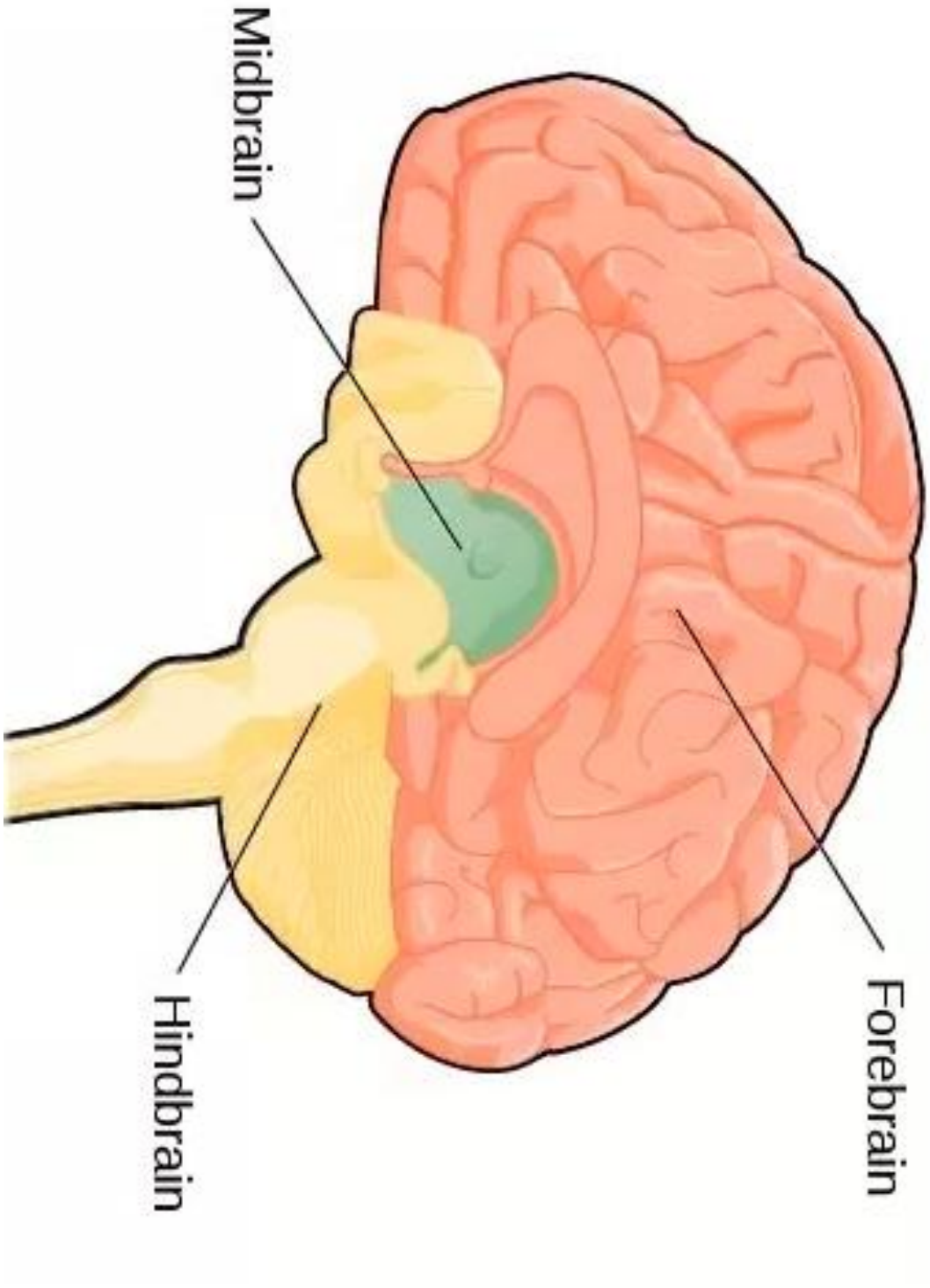
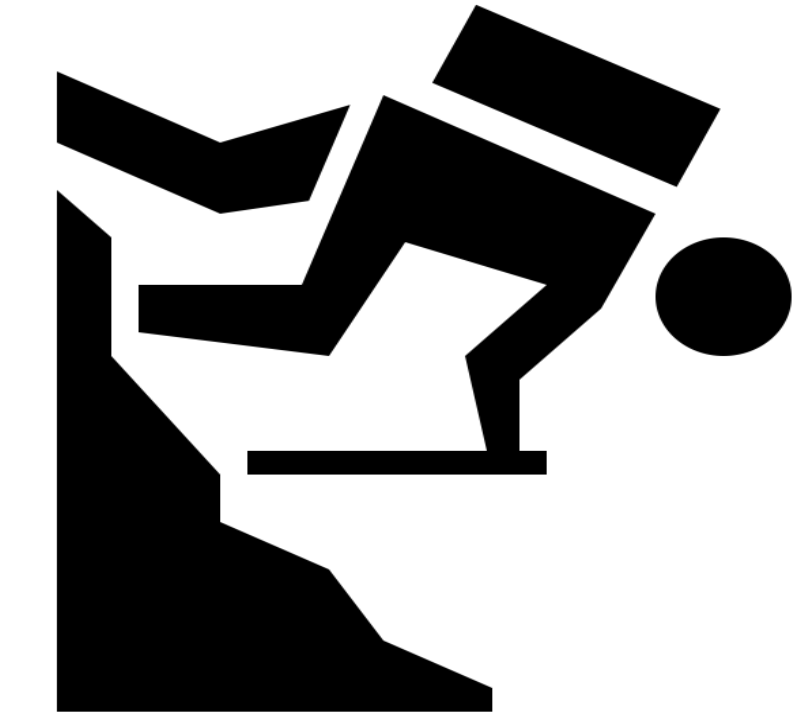
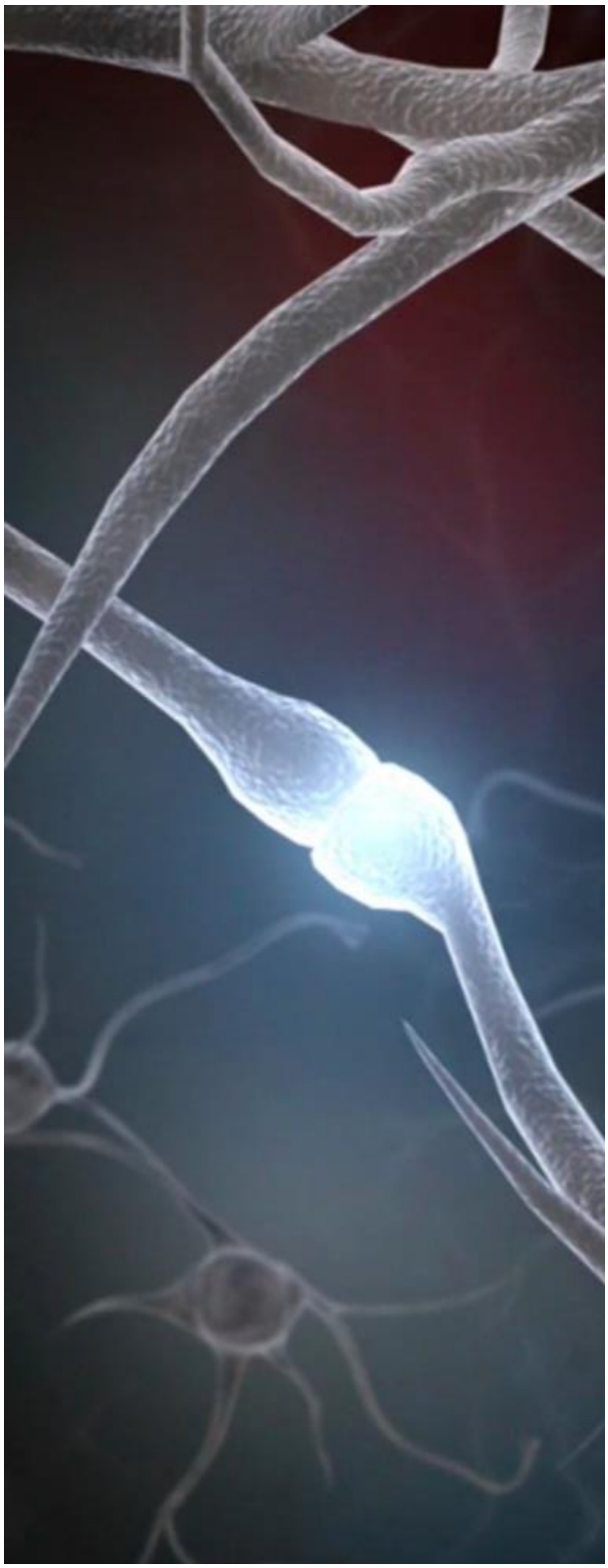
Facilitator Resource 2: Image of a brain



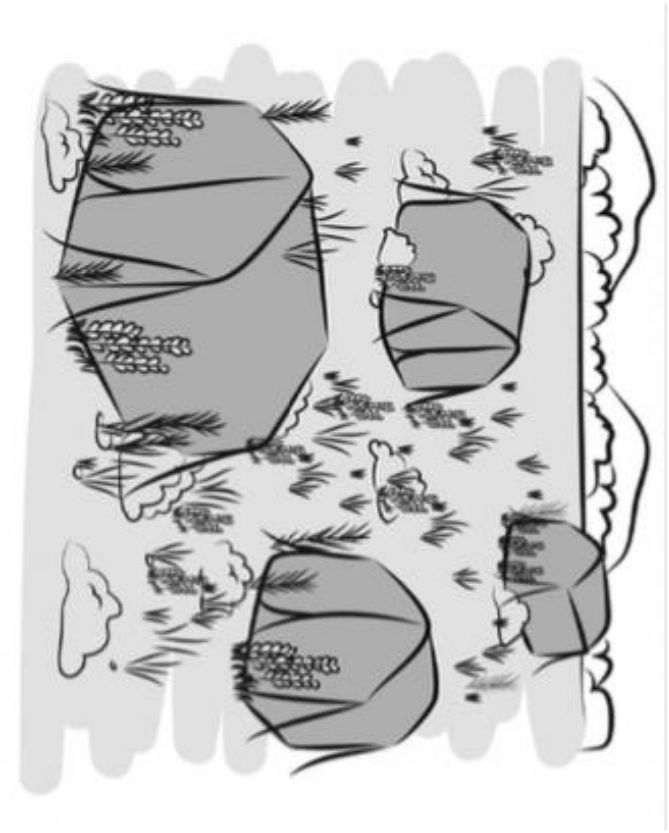
Facilitator Resource 3: The story of two mountains

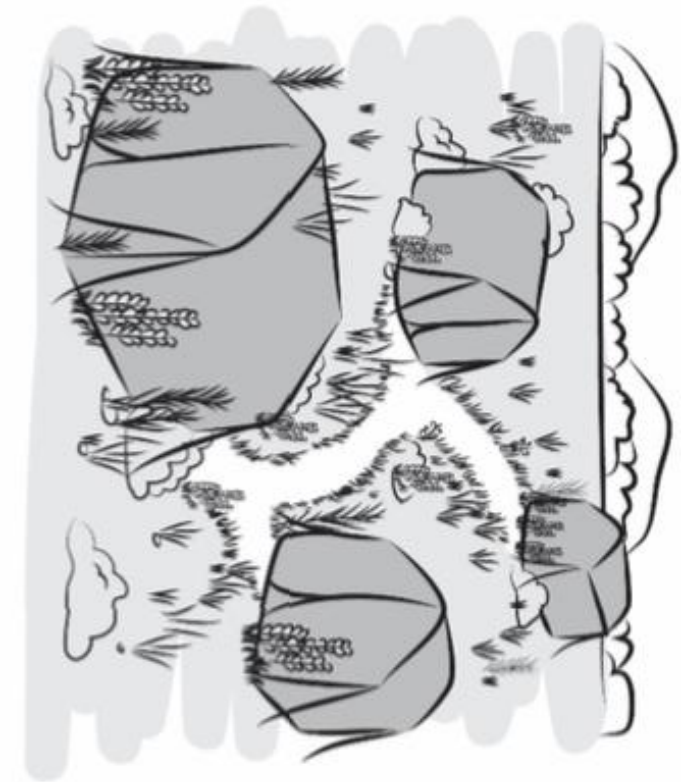


Facilitator Resource 4: A neuron



Facilitator Resource 5: The village pathways





Facilitator Resource 6: Flip Book – Brain Architecture

If you have access to video, you can download the video on Brain Architecture here:
https://rescue.box.com/s/i8hf2wyzug19xgrmbpp79yy0h8ktdqp6

See next page for printing

Printing guidance: Print each page (136 to 151) on a separate sheet. Bind each picture with its script with the top on the side of the binder. (Fig 1). When you facilitate the session, fold the booklet (Fig 2) and read the script while you show the pictures to the participants.

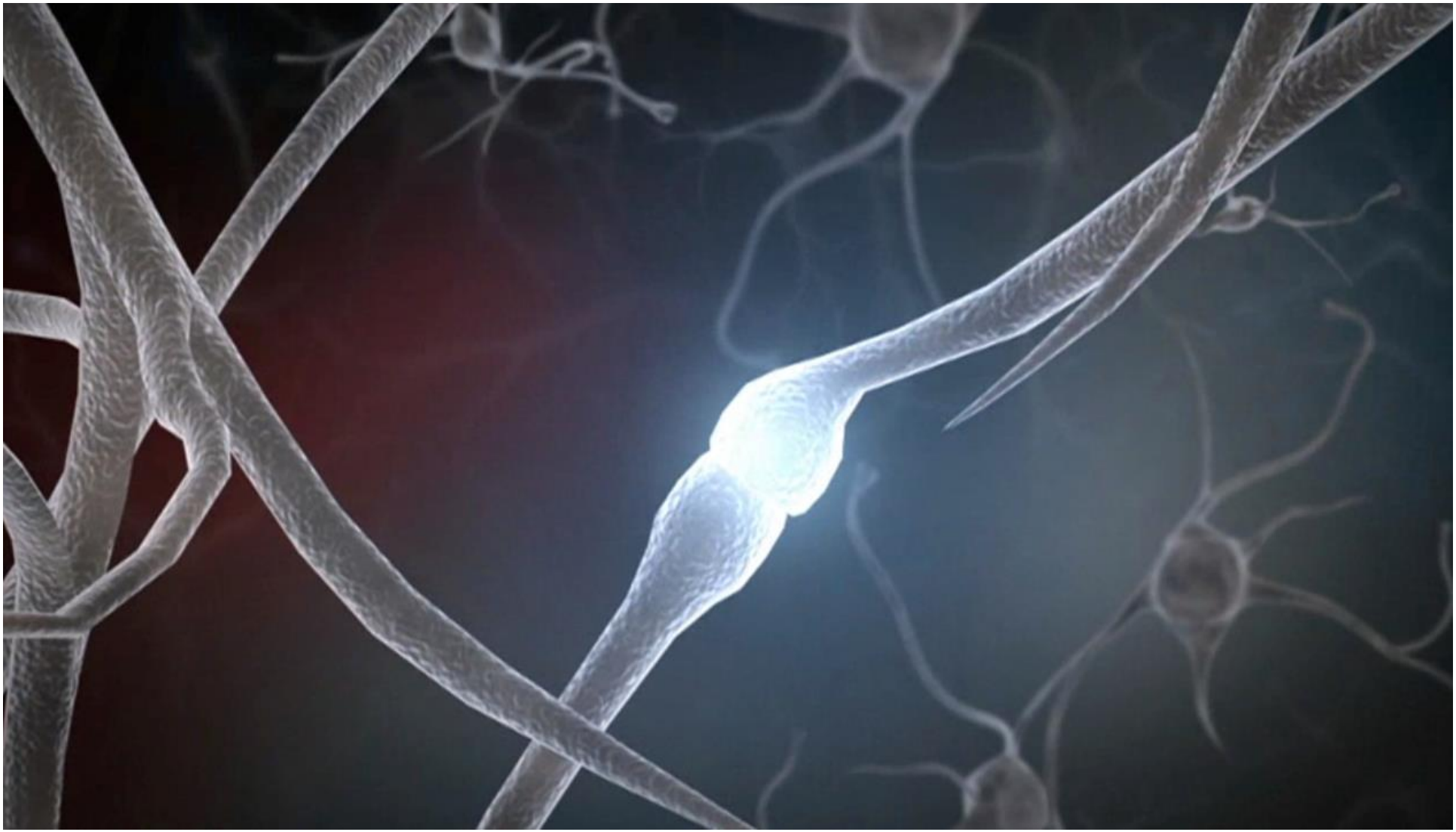
Fig 1.

Fig. 2

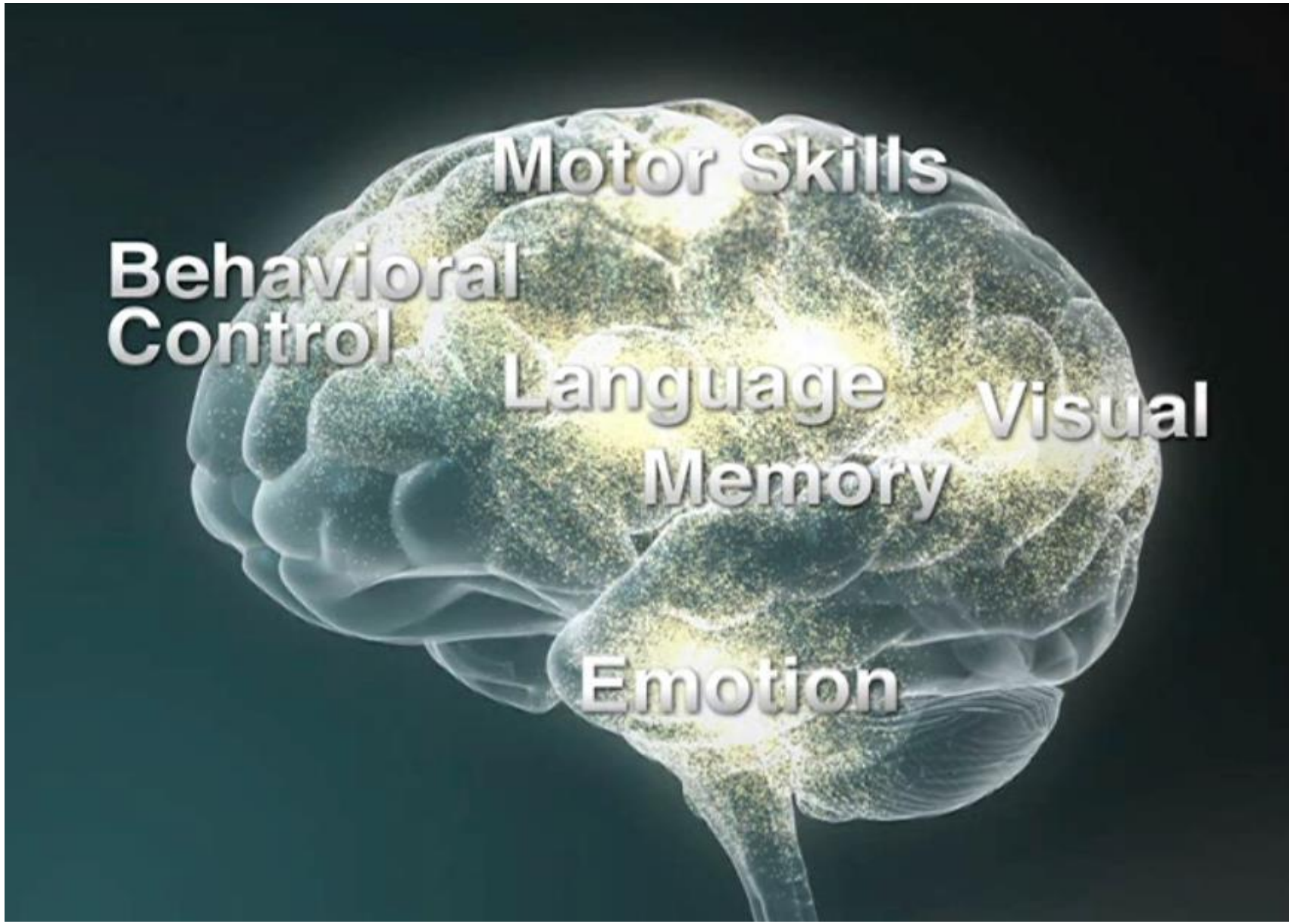
Brain architecture

بنية الدماغ

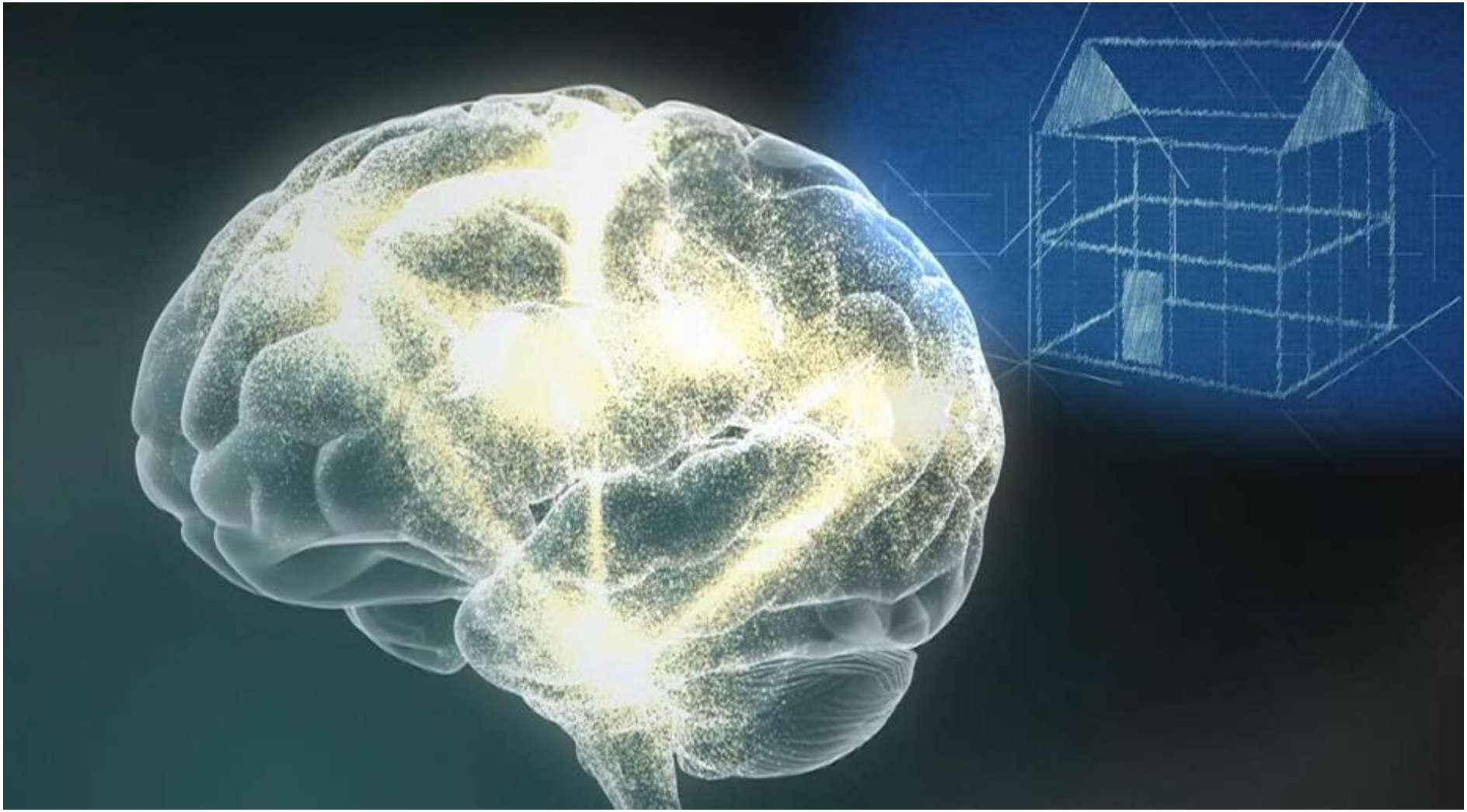
A child’s experiences during the earliest years of life have a lasting impact on the architecture of the developing brain. Genes provide the basic blueprint but experience shapes the process that determines whether the child’s brain will provide strong or weak foundation for all future learning, behaviour and health.



During this important period of brain development, billions of brain cells called neurons send electrical signals to communicate with each other, these connections form circuits that become the basic foundation of the brain. Circuits and connections proliferate a rapid pace and are reinforced through repeated use. Our experiences and environment dictate which circuits and connection get more use, connection that used more grow stronger and more permanent, meanwhile connection that are used less fade away throw a normal process called pruning .well used circuits create lighting fast path ways for neurons signals to travel across regions of the brain. Simple circuits form first, providing the foundation for more complex circuits to build on later.

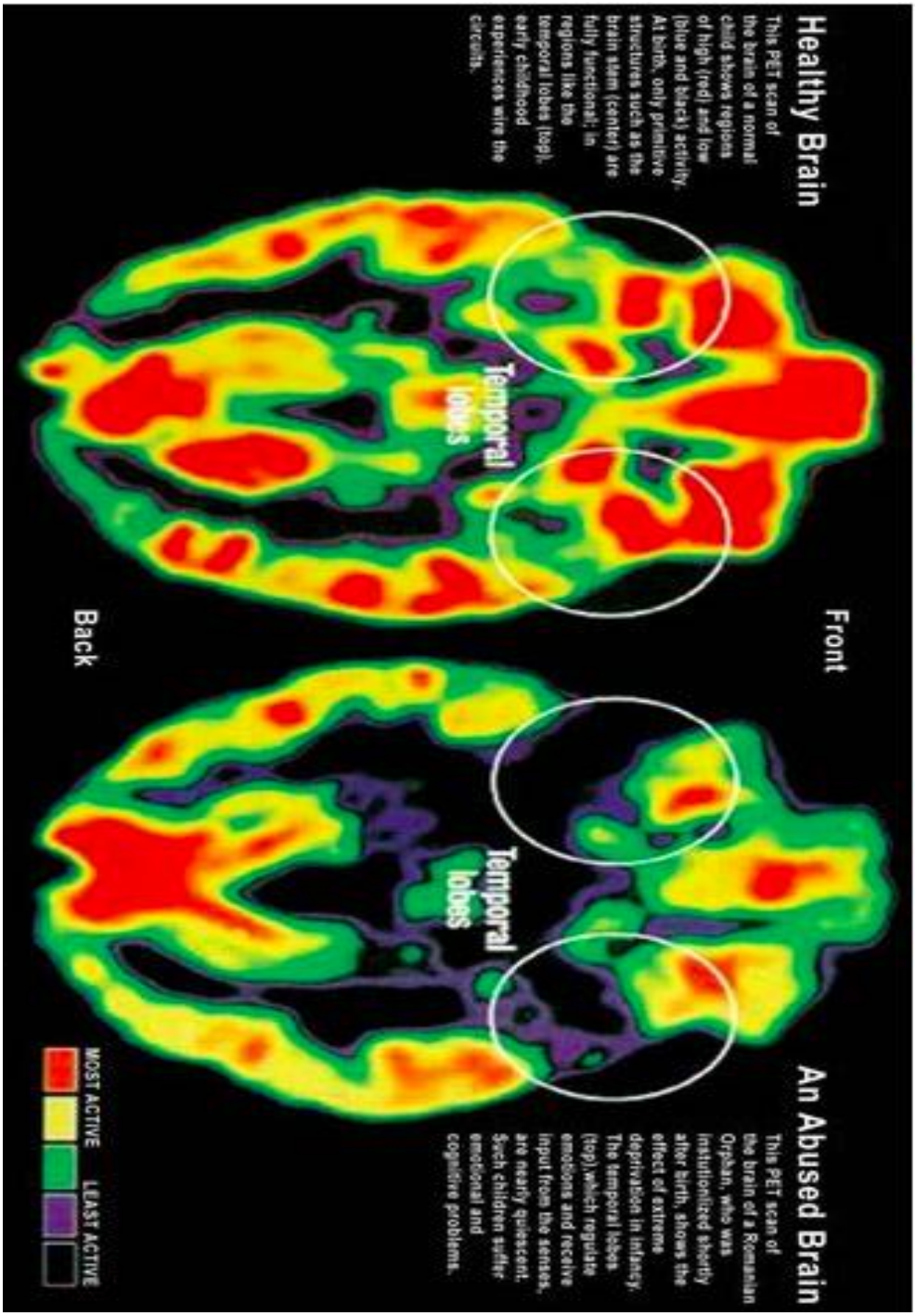

Motor Skills
Behavioral Control
Language
Visual
Memory
Emotion

Through this process neurons forms strong circuits and connections for emotions, motor skills, behavioural control, logic, language and memory during the early critical period of development. With repeated use this circuits become more efficient and connected to other areas of the brain more rapidly.

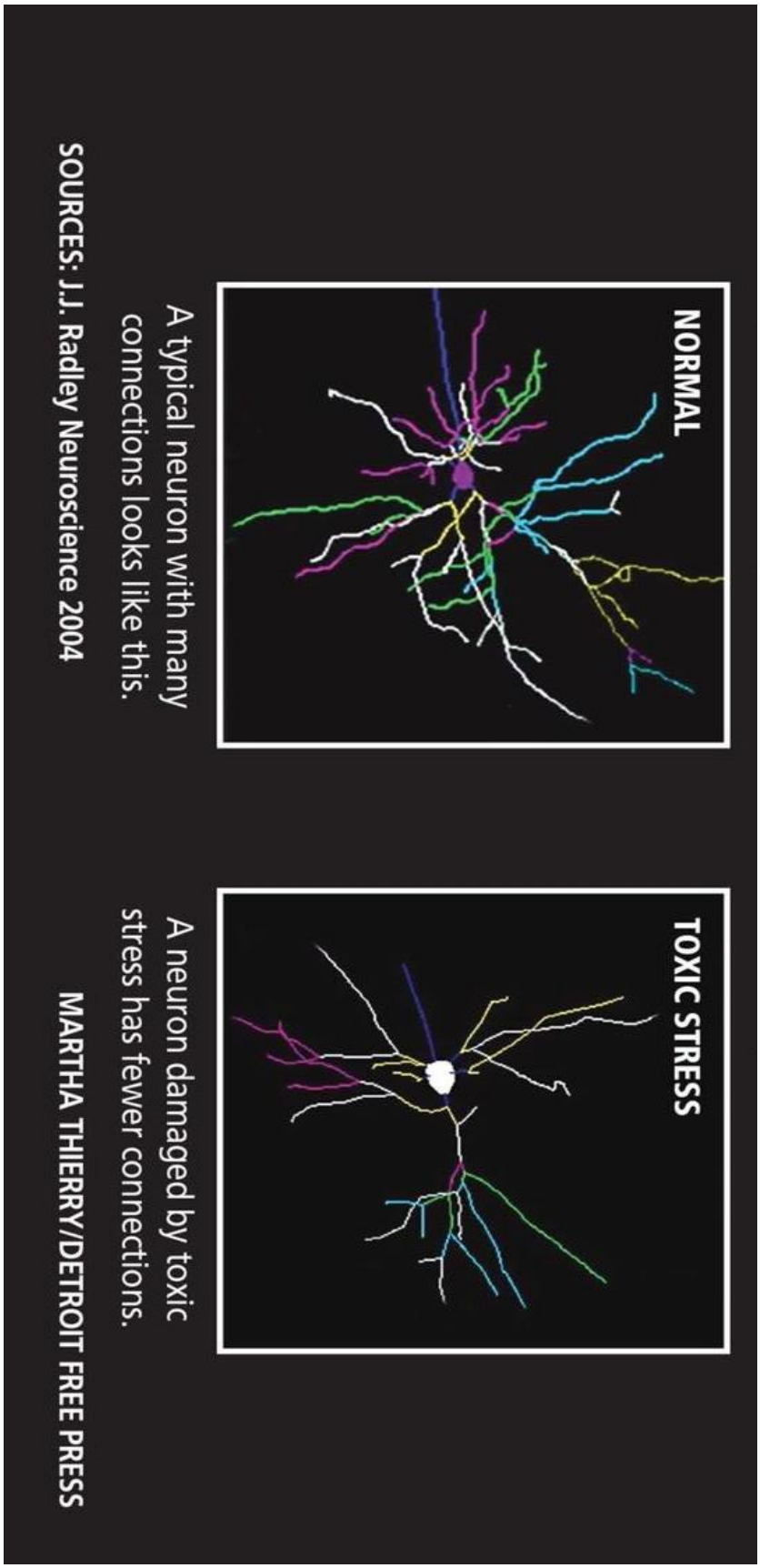


While they originate in specific areas of the brain, the circuits are interconnected. You can’t have one type of skill without have the others to support it. It is like building a house: everything is connected and what comes first forms a foundation for all that comes later.

Facilitator Resource 7: Two brains



Facilitator Resource 8: Two neurons



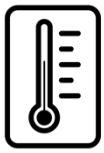
Part 6:

Caregiver Handouts

Caregiver Handout 1: Session Calendar

Session name	Scheduled Date
1. Introduction and welcome	
2. Introduction to Stress	
3. Introduction to Distress	
4. The Power of Relationships	
5. Physical Wellbeing: Exercise, Sleep and Routines	
6. Early Childhood Development: Look, Touch, Talk	
7. Early Childhood Development: Adversity & Empathy	
8. Early Childhood Development: Enriched Play	
9. Praise and Encouragement	
10. Problem Solving	
11. Reflection and Observation	
12. Celebration: Certificate Presentation	

Caregiver Handout 2: Mood Chart



- 1 I feel great!
- 2 I feel really good!

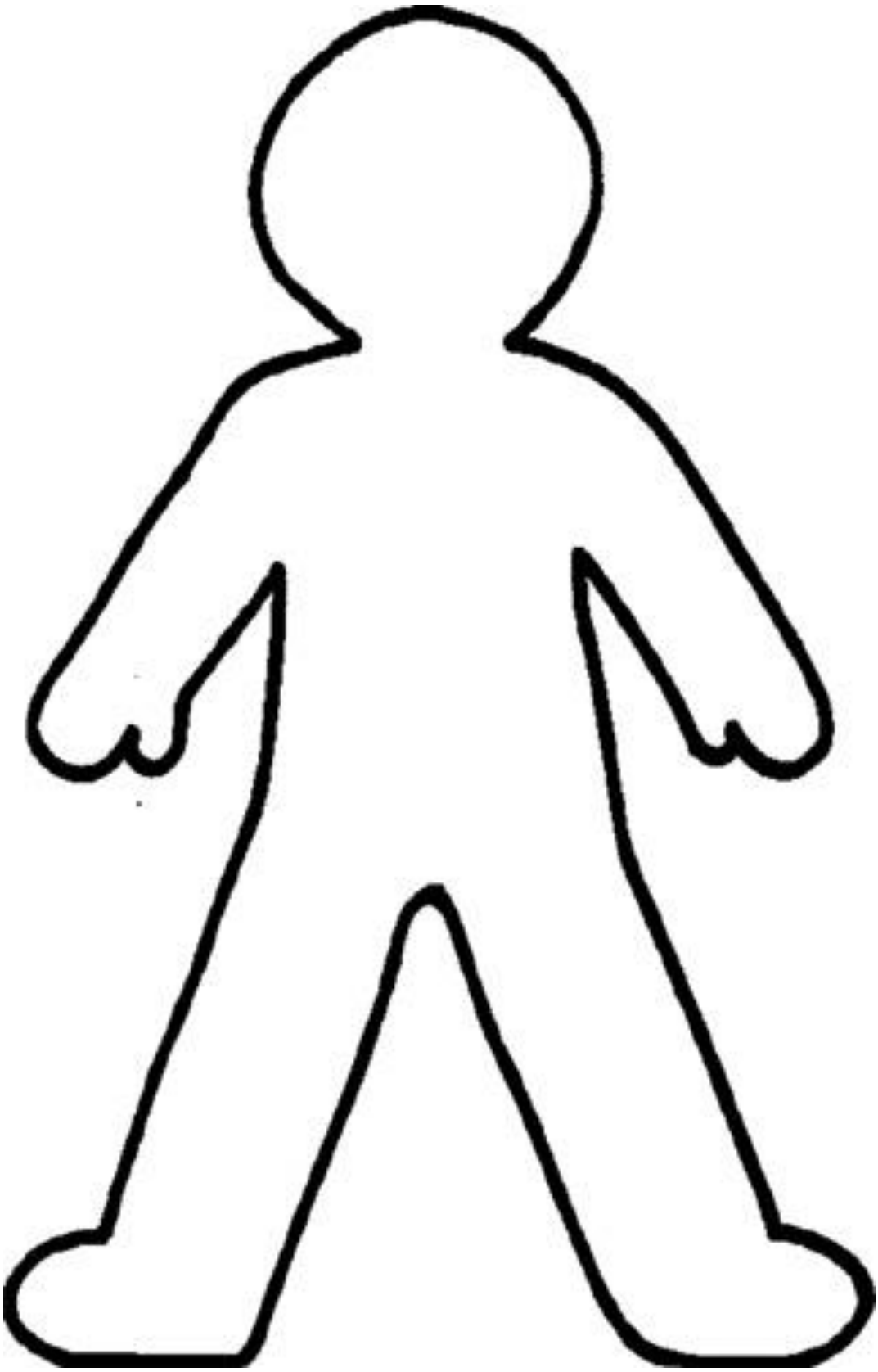
- 3 I feel good
- 4 I feel fine

- 5 I feel neutral/ok
- 6 I feel a little low

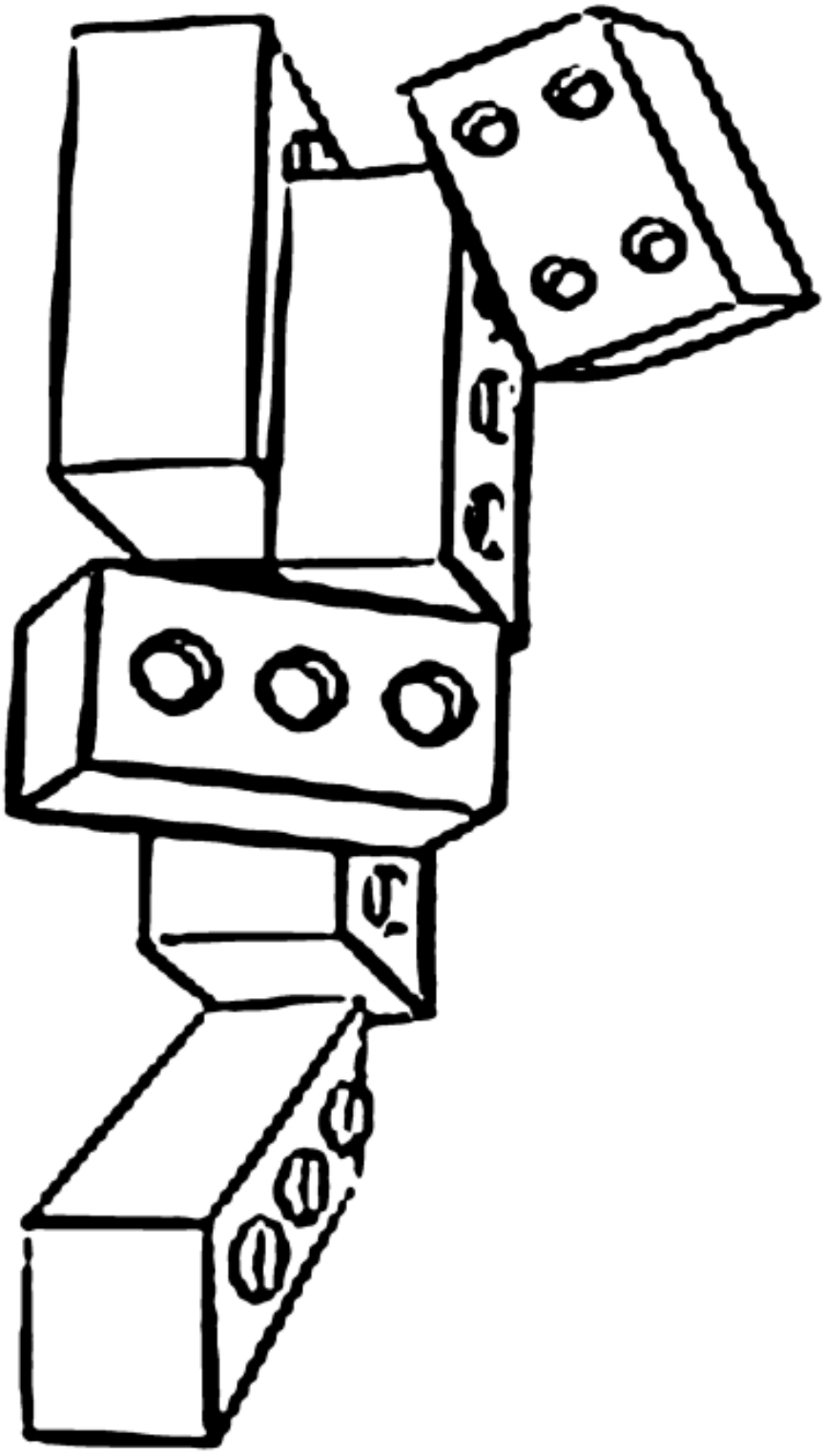
- 7 I feel bad
- 8 I feel really bad

- 9 I feel awful
- 10 I need some help.

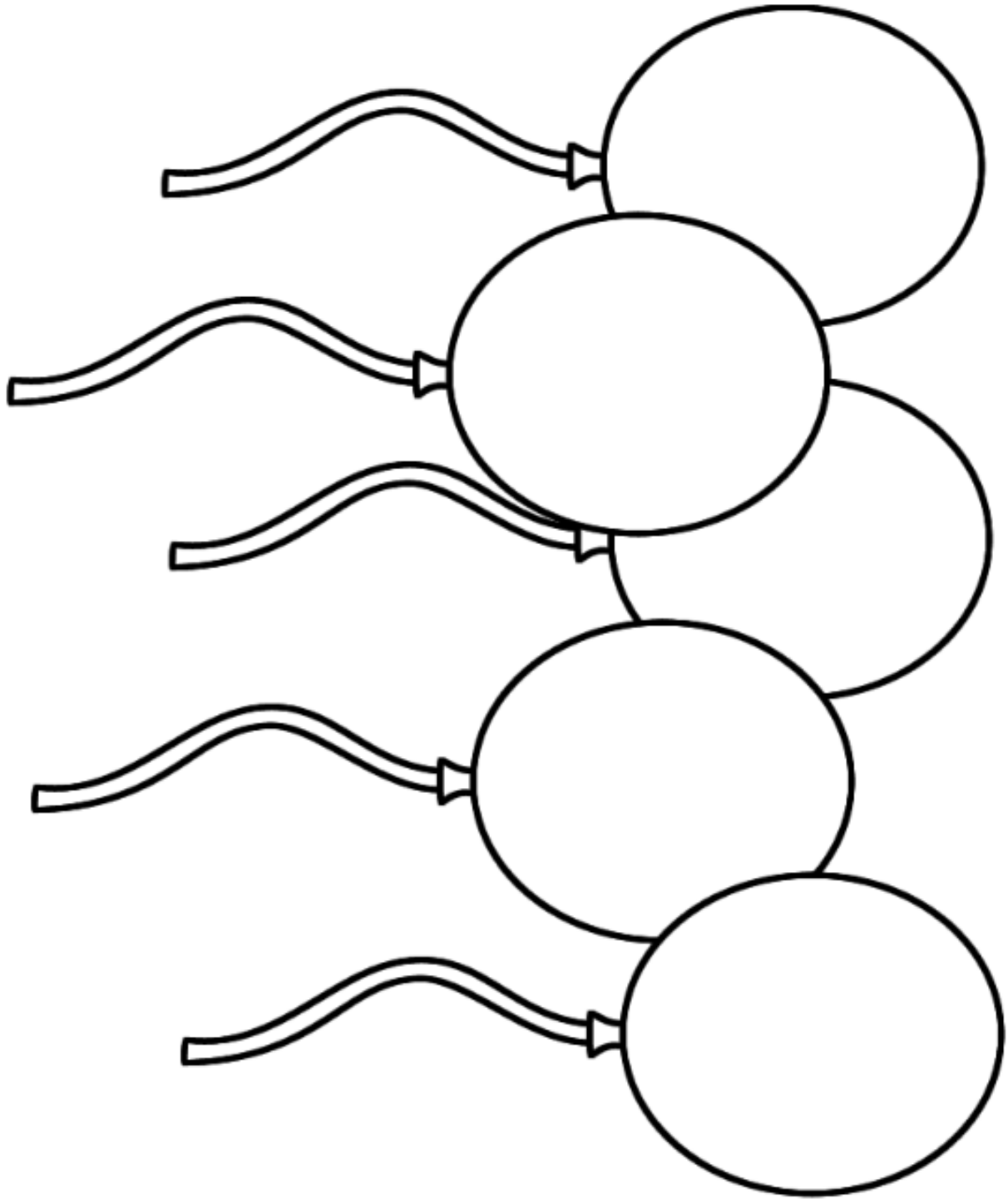
Caregiver Handout 3: Stress figure



Caregiver Handout 4a: Balloons and Bricks



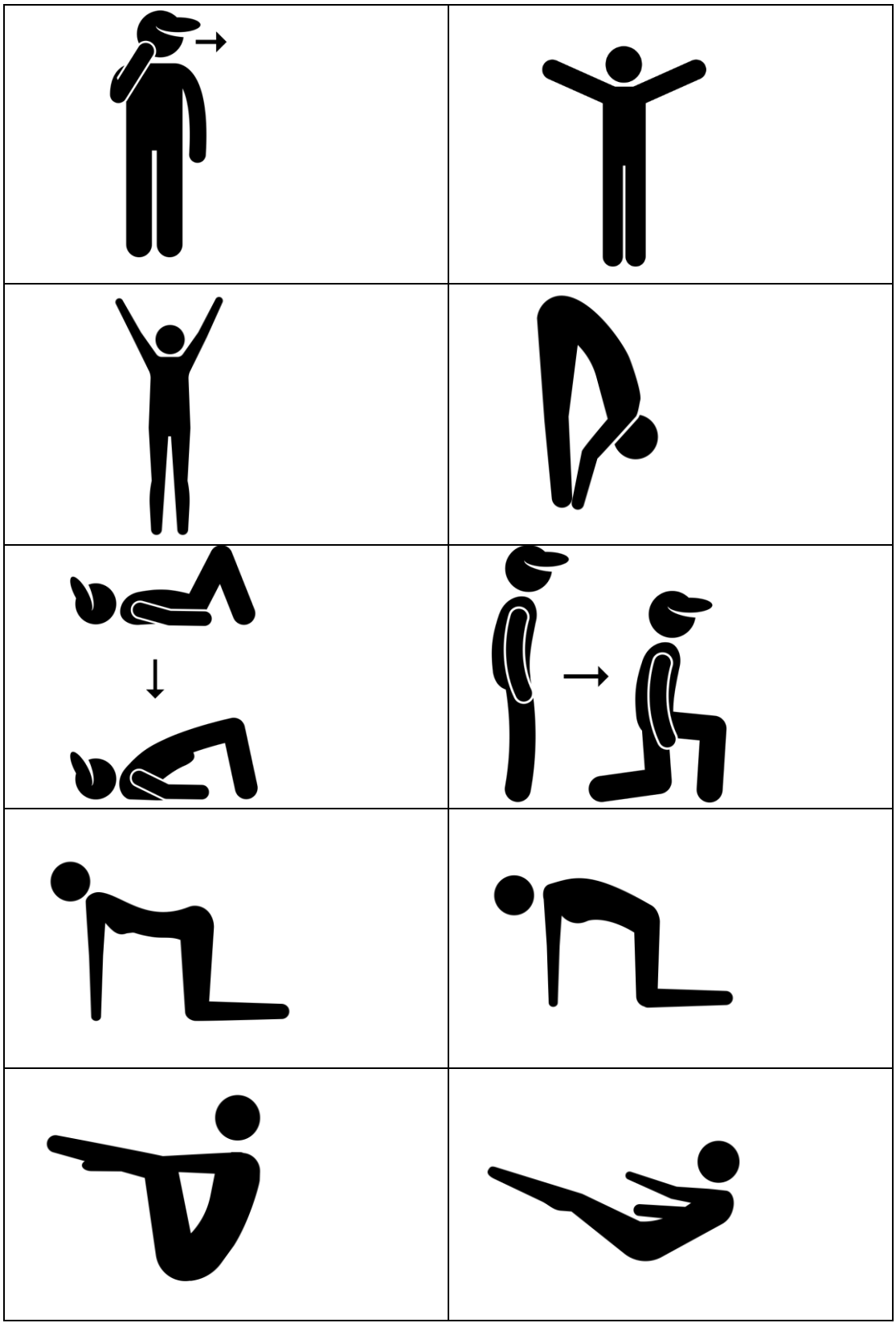
Caregiver Handout 4a: Balloons and Bricks



Caregiver Handout 5: Who is in your circle?

Caregiver Handout 6: Exercises

Cut out the exercises you wish to use and stick them to a page which you photocopy.

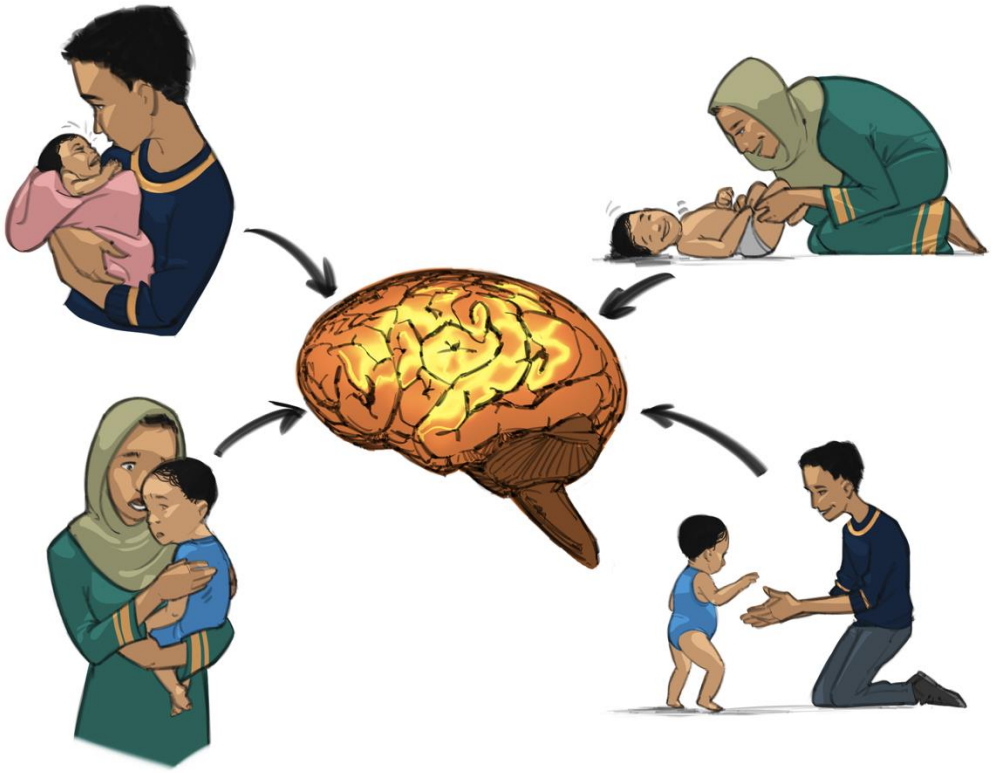


Caregiver Handout 7: Making a schedule at home

Caregiver Handout 8: Brain Development



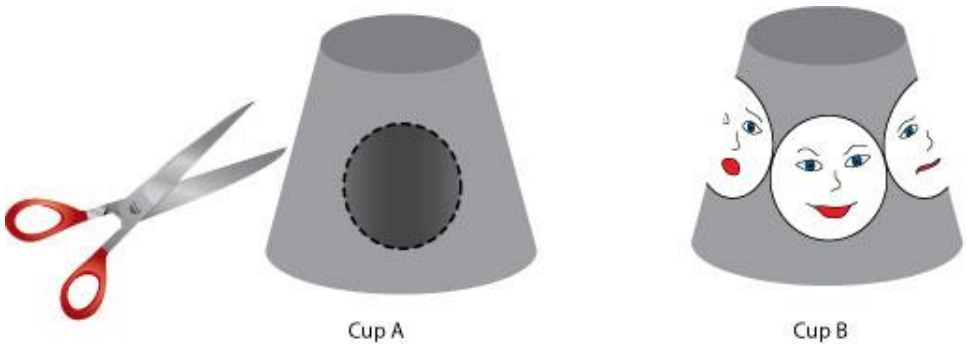
Caregiver Handout 9a: Making Toys I

Emotion Cups

MATERIALS

- 2 disposable cups, the same size with no design
- Scissors
- Coloured markers

1. Draw a circle/square on the first cup and cut it out. Draw a circle/square on the other side of the cup and cut it out too.
2. Put this cup on top of the second cup.
3. Using the hole you just cut in the first cup, mark a circle on the bottom cup.
4. Rotate the top cup until you can mark another circle.
   Continue doing this until you have no more room.
5. In each circle that you marked on the bottom cup, draw a face displaying a definite emotion, such as happy, sad, surprised, etc.



Cup A Cup B

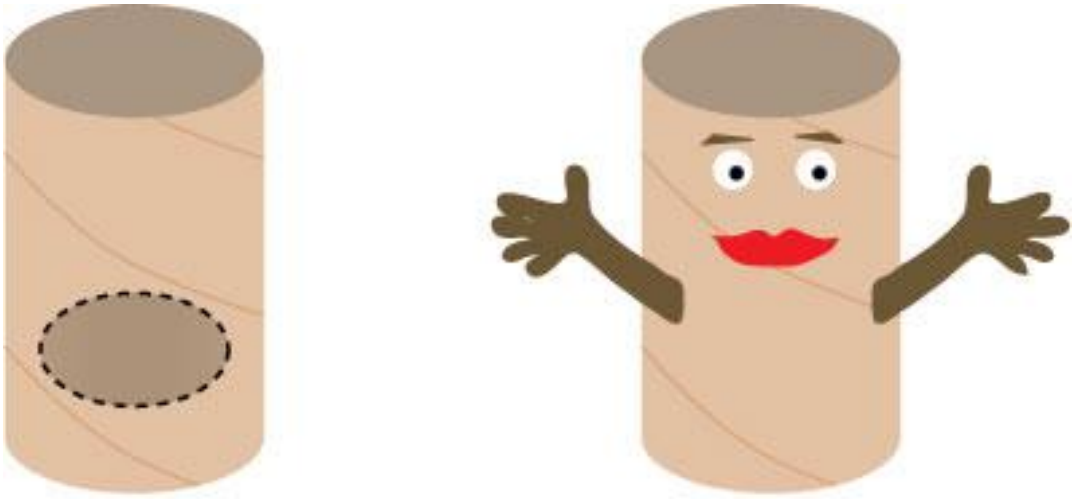
- Place the first cup on top of the second cup.
- Draw a boy and a girl around the holes on cup A; a boy might have a hat and the girl long hair or a hijab.
- Rotate the first cup on the second cup to show the boy and the girl having different emotions.

Caregiver Handout 9b: Making Toys I

Walking Puppets!

SAFETY TIP: Do this activity only for children who have stopped putting toys in their mouths.

Puppets can be a great way to talk to children about things they are worried about. You can ask the puppet if they are nervous about going to health clinic and have the child respond. “Yes, puppet says she’s very nervous about going to the clinic.” Then you can ask your child to explain to puppet that if she’s nervous, she can ask for someone to hold her hand so she feels better. Children like to feel competent and in control and ‘coaching’ a puppet can help those feelings.



Back Front

In the bottom back side of the cardboard toilet paper roll, cut an oval shape which is big enough for two fingers.

1. Decorate the front side with a puppet face, body and arms. You can use scraps of material to make hijabs and hats.
2. Put your index and middle fingers through the oval shape until they come out of the opening of the cardboard toilet paper roll. Your fingers now are the puppet's legs. Move them and make your puppet walk.

Caregiver Handout 10: Different styles of play for children at different stages

Play for children who cannot sit	
Language, Social, Cognitive	Talk to your child, especially when you are dressing, changing, feeding, or bathing them. They love to hear exactly what you are doing. Even if they are crying, your calm voice will tell them they are safe and cared for.
Sensory, Social	Touch your baby in different ways - strokes, pats, hugs, kisses, tickles. Always make sure the touch is welcome.
Language, Social	Smile and sing to your baby as often as you can. Babies think your voice is beautiful! They don't mind what you sound like!
Sensory	Let your baby feel different textures, like clothing fabric, grass, carpet, wood or big smooth rocks and explain what it is.
Gross motor	Let your baby kick things or hit thing to see how they move. They will learn that certain movements of legs and arms will make objects move.
Gross motor	Put your baby on their stomachs and let them work their neck, back and arm muscles. Some babies love this, some hate it. If your baby does not like it, encourage them to do it for a short amount of time. You can lie down do it too, or encourage a sibling to do it also. Praise every effort made by your child to do this difficult task.
Play for children who are starting to move intentionally and observing more around them	
Language, Cognitive, Social	Talk to your baby about your daily activities. They will be looking to you to understand your movements.
Language, Social	Respond with interest to their noises, babbles and shrieks - she's talking to you! Let her know her voice is important.
Physical	Help your baby sit up or begin to stand. You can put a toy or something they are interested just out of reach and see if they can move to it. If you see them get tired or frustrated, you can explain that feeling. "You're trying so hard, but you're getting frustrated. Here's the toy – you did so well. Let's do it again tomorrow."
Cognitive, Gross motor	Your baby is interested in learning about 'cause and effect'. Let them knock over some blocks or push a box.
Cognitive	Your baby is very interested in things that 'disappear'. You can hide a ball under a cushion or your face behind your hands. Remember to ask them where it is/you are!
Fine motor, Cognitive	Encourage your baby to explore objects like balls or cups. At this stage children may be more likely to put things in their mouths, so ensure that items are clean and too big to swallow.
Gross motor	Encourage coordination like clapping hands, puling themselves up to stand, crawling or scooting.
Play for children who can walk and are starting to talk	
Gross motor	Encourage your child to run, walk and dance!

Social, Cognitive, Language	Watch for signs of them imitating you - they love to do what you do! Offer them a spoon to pretend to stir with if you are cooking. Pass them a pretend 'telephone' so they can hold to their ear.
Language, Social, Cognitive	Sing songs and tell stories.
Gross motor, Social	Pass a ball back and forth. Babies love to pass things to people, acknowledge what they are giving you and give it back to them in a fun way (saying something funny, kissing/tickling them)
Cognitive, Gross motor	Try pouring from one container to another. Talk to your child about which is bigger.
Social, Gross motor	Children love to play hide and seek. They will often repeat the same hiding spots, until they understand the game further. Pretend to find them, then let them 'find' you.
Language, Cognitive	Encourage your child to describe things to you, such as the food they are eating. Is it tasty? Crunchy? Dry? Hot? Green?
Play for children who are confident movers and can understand games with rules	
Cognitive, Fine motor	Puzzles, matching or sorting games are fun for children at this stage. Let them sort rocks into big and small, or make patterns and shapes. You can ask them to match socks.
Cognitive, Social	Writing and drawing. You can cut a drawing up and make a jigsaw puzzle for the child to put back together.
Social, Language	Tells stories and encourage your child to make up stories of their own and tell you.
Gross motor, Social	Play outside games like hide and seek or football – make sure your child is safe or supervised if playing outside.
Gross motor, Cognitive	Make (safe) obstacle courses in the house – walk around a cushion, jump over a box, roll to the wall, crawl along the wall and under the table, etc. You can think of one activity, and ask your child to think of the next.
Social, Cognitive, Language	Pretend play - children love to learn by pretending! It is a way for them to experiment with how the world works. Encourage play that is kind and considerate. If your child has had traumatic experiences, they may 'relive' these through their play. This is healthy and normal.
	Add yours here!!

Caregiver Handout 11: Certificates

(See next page for clean printing)

Certificate of training

This is to certify that

_____

Has completed the "Caregivers Matter" program for caregivers of children with nutritional needs

International Rescue Committee

Facilitator _____ Date_____