



## CARING FOR THE CAREGIVER

### Adaptation Guidebook

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# How to use this adaptation guide

In some contexts, adaptation of CFC may be required for feasibility, considering who is delivering it, what it is being integrated with, and what resources are available. Adaptation may also be needed for acceptability, given cultural and language variations across geographical regions.

Adaptation activities must balance feasibility and acceptability, while retaining the key aspects of CFC that make it successful. In this manual you will find guidance on how to achieve this.

This manual focuses on two areas of adaptation – training and content:

## CFC Training

- Training approach
- Training timelines
- Training and supervision resources

## CFC Content

- Translation
- Adaptation of content
- Adaptation of images and format

# CFC Training



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1

The CFC training approach

2

Training timelines



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Training and supervision resources



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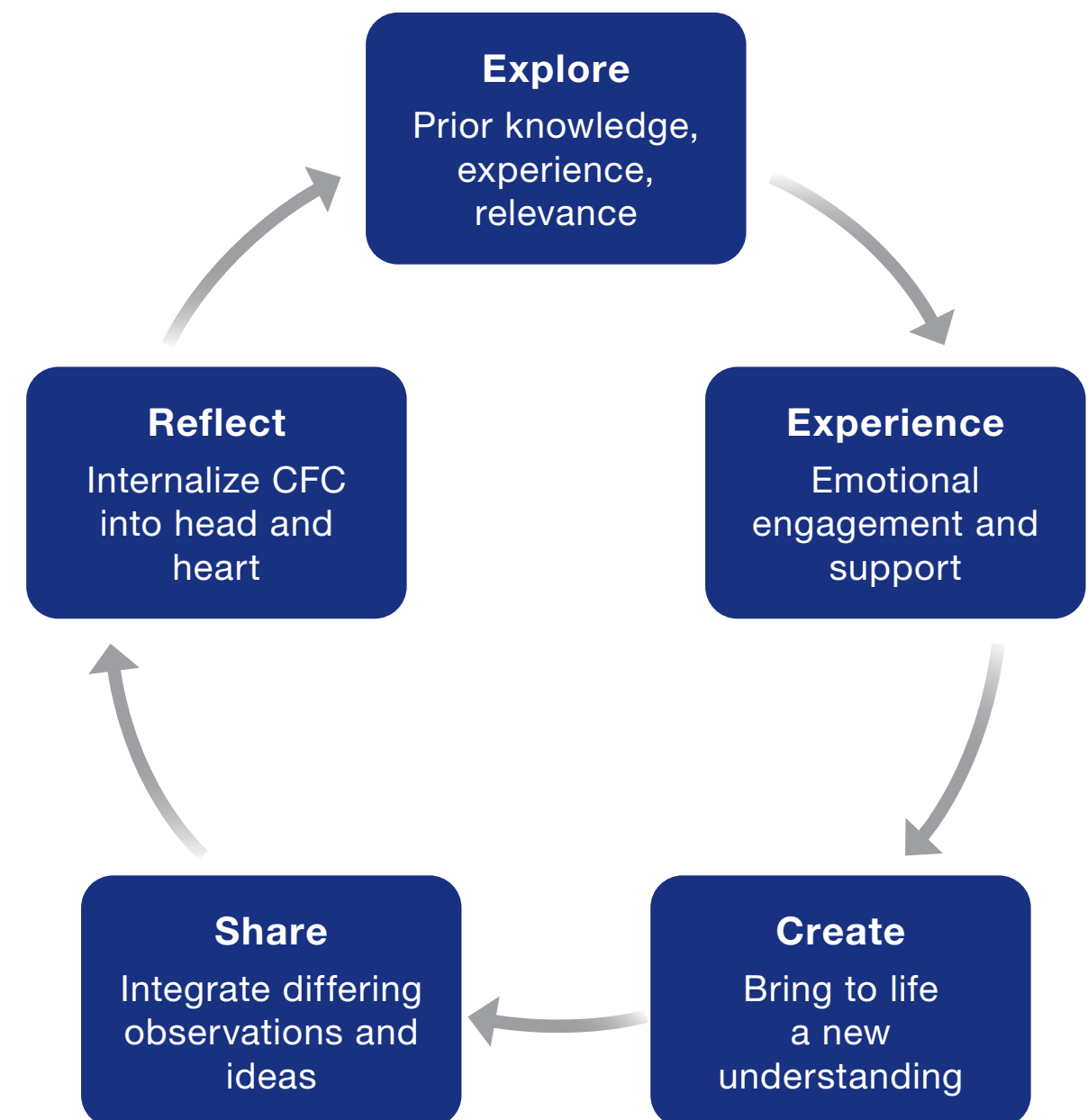
# Adapting the CFC training approach

## Adaptation of experiential training

When considering the process of experiential training and any potential adjustments to it, some key lessons from validation may provide helpful guidance:

- Be mindful of the power dynamics in the group. The CFC approach encourages diversity in groups because there is much to be learnt and shared with those who are different to you, but not to the extent that it will stifle or restrict participation.
- Be aware of the timing, order and flow of activities. The training schedule has been carefully developed so that each activity builds on the previous one. Changes to the order of activities or removing activities is not recommended. Where the number of hours and days for training need to be adapted, consideration should be given to the starting and closing activities for each day.
- Activities which require self-reflection should not be removed, as these are critical elements of the experiential training; however, adaptation is possible if needed, provided the purpose of the activity is not changed.
- It is important to establish a rhythm to each day – daily check-ins and check-outs at the start and end of each day are essential to this, as is the inclusion of well-spaced breaks.
- The use of icebreakers is an important part of the training approach. Some suggestions are provided, but these can be added to by the in-country trainers.

## Experiential learning process





## Adaptation of practical training

While the timing and approach to delivery of practical training can vary by context, the content of practical training must be completed in order to be competent in CFC.

There are six sessions in total, each taking approximately 1-2 hours to complete, depending on the level of knowledge, experience and literacy of the FLW.



The length of sessions will not all be the same due to a number of variables, but the following guidance should be noted:

- The first session may take longer than subsequent sessions, as FLWs need an opportunity to express their own experiences, strengths and concerns about CFC in their community;
- Some case scenario content may be more or less common in a local context, or may be more or less familiar to FLW trainee groups, depending on their prior training. Thus, some of the content will require either more or less time to learn and assimilate;
- As FLWs become more familiar with CFC content and more confident in how they approach it, the length of the sessions may become shorter.

The pace at which the trainer moves through the sessions is flexible, but the following guidelines should be noted:

- CFC is emotional work, so sessions need to be planned and delivered at a pace that does not overwhelm the participants;
- While each group is different, sessions delivered correctly should not take less than an hour, as this suggests that not enough reflection and practice has taken place;
- Similarly, sessions should never exceed two hours without a break because this can be emotionally overwhelming;
- Sessions can be repeated if the trainer or trainee groups believe this would be helpful.

Importantly, using case study methodology minimizes the prescriptiveness of the CFC content because case studies can be adapted to reflect local context. The interpretation of case studies also helps to elucidate community level challenges and concerns.

## Adaptation considerations for male FLWs

CFC training was designed to be used by both female and male FLWs. However, feedback to date suggests that in some contexts, extra steps may be needed to minimize resistance at a community level to male FLWs counseling female caregivers. It is during the adaptation discussions that country-specific nuances around this potential issue can best be discussed and planned for.

1. During adaptation, we recommend that consultations about feasibility include community level stakeholders, including male FLWs themselves. Often, assumptions about potential difficulties might not materialize at a community level;
2. Community sensitization activities aimed at familiarizing communities with the purpose and benefits of counseling for caregivers may help to reduce resistance to male FLWs counseling female caregivers;
3. Where needed, small group activities with caregivers can be initiated by male FLWs to establish the CFC counseling process, if this is preferable to the caregiver. Once trusting relationships are established, FLWs (be they male or female) should seek opportunities for one-on-one confidential counseling alongside this.

## Adaptation considerations for 'hard-to-reach' caregivers

Gender inequality, normative beliefs and cultural practices might make some caregivers 'harder-to-reach.' An example of a hard-to-reach caregiver might be an unwed pregnant woman who cannot be counselled individually, or who may have limits placed on them within their partnerships and families. Validation experience suggests that a collaborative approach that includes partners and families is best placed to encourage gender equality and access to confidential counseling for all caregivers.

Where reaching caregivers for confidential counseling is a challenge, some adaptation tips include:

1. Using the case studies within the practical training and supervision sessions to help FLWs explore and overcome any beliefs that they themselves may hold about these 'hard-to-reach' caregivers;
2. Exploring ways to increase support for these caregivers incrementally, such as starting with family counseling and then moving on to couples counseling or one-on-one counseling;
3. Counseling tools like 'Talking Together' or 'Caring Families' can help to soften the attitudes of family members and reduce resistance to confidential counseling for caregivers. When families or partners are helped to understand and develop empathy for the caregiver's needs, they may be less resistant to them receiving counseling.



## Training timelines

CFC is designed as an add-on package and is intended for FLWs working in a wide variety of settings. Depending on the context and the sector within which CFC is being integrated, FLWs could be:

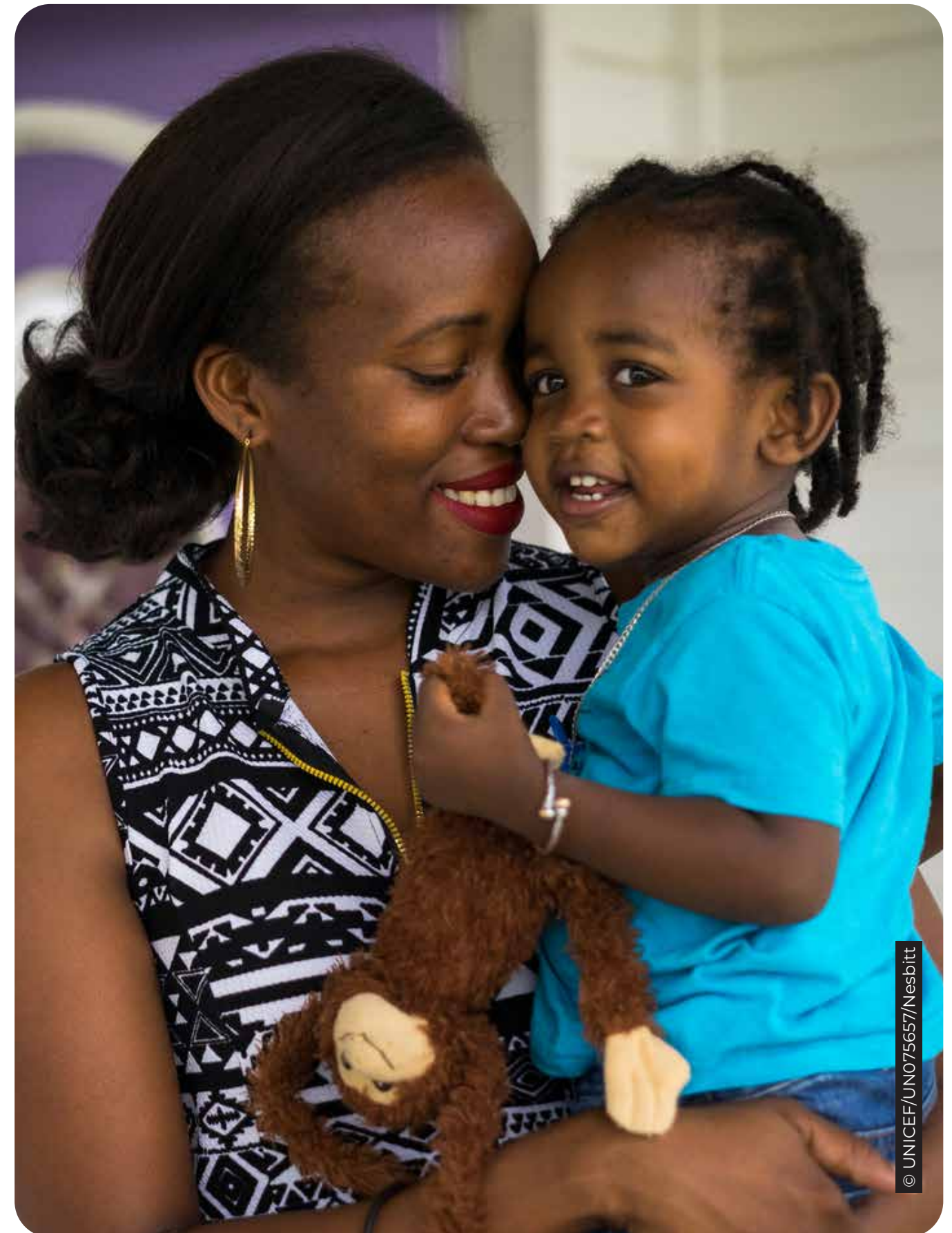
- ✓ Community members who support parents in their community on a voluntary basis (e.g. mothers' groups or community based organizations);
- ✓ Frontline workers providing health, ECD or nutrition services at a community level (e.g. ECD facilitators or breastfeeding counselors);
- ✓ Nurses and community healthcare workers (working at centralized and decentralized facilities, or in home visiting programs).

FLW training can be managed and adapted in a flexible way to suit country conditions, ranging from highly condensed or intense training to a more stepped, progressive training approach.

**Experiential training** takes 24 hours to complete and must be completed on consecutive days.

**Practical training** takes 16 hours (12 contact hours, excluding breaks) and its rollout is more adaptable.

Three illustrative examples for how this training time can be structured across different periods are provided on the following page.



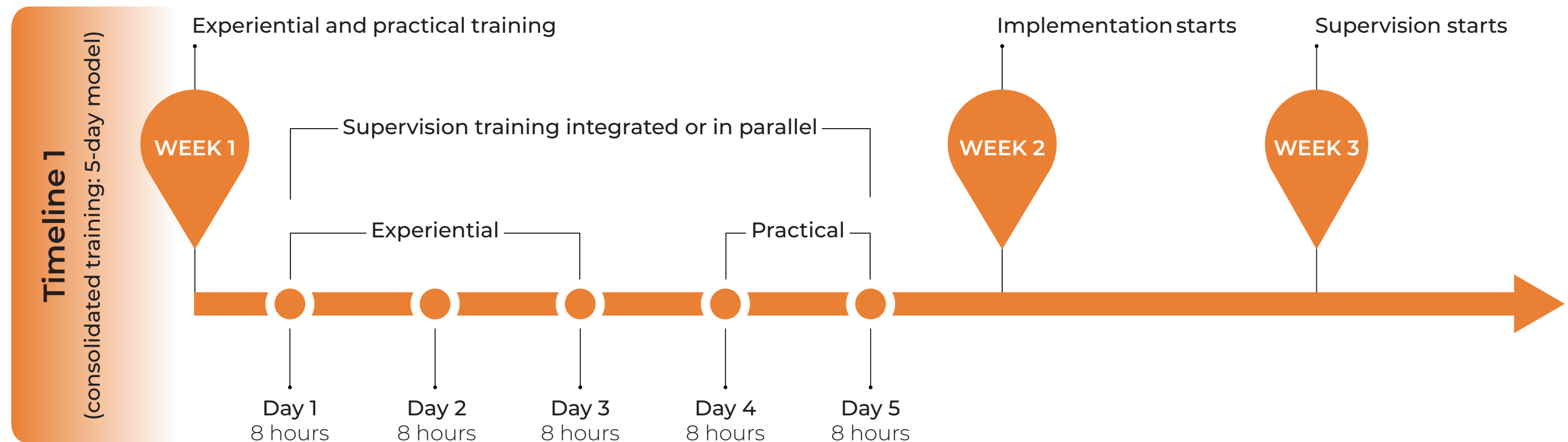
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## 1. Consolidated training

In this example, the three days (24 hours) of experiential training is immediately followed by two days (16 hours) of practical training, occurring within the same week. This consolidated training approach is suitable when:

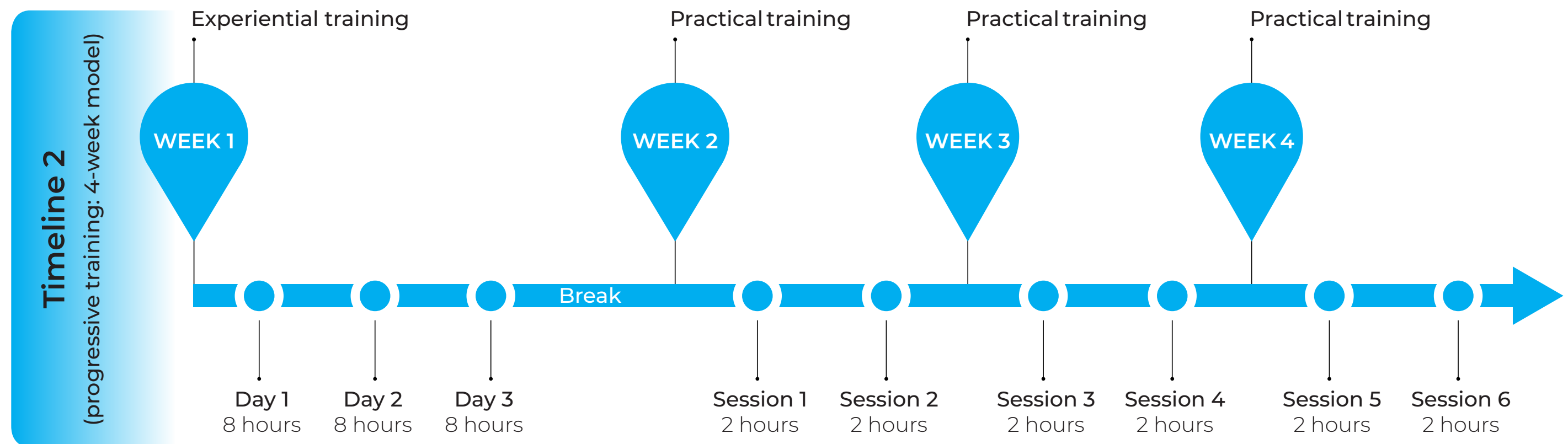
- The curriculum demands require centralized training (e.g. integrated into established FLW training blocks);
- It is used in contexts where geographical distances make extended contact difficult (e.g. a long travel distance to the training site);
- FLWs are working within a system where there is regular contact (e.g. a district health service).



## 2. Progressive training

In this second example, the three days of experiential training are done in week 1, with the 12 contact hours of practical training being done over three weeks in two- to four-hour blocks. This progressive training approach is suitable when:

- Training needs to be decentralized with fewer trainers (e.g. integrated into community-based training cycles);
- It is aimed at FLWs working within community support networks who cannot travel to a centralized location (e.g. CBO or NGO support system).

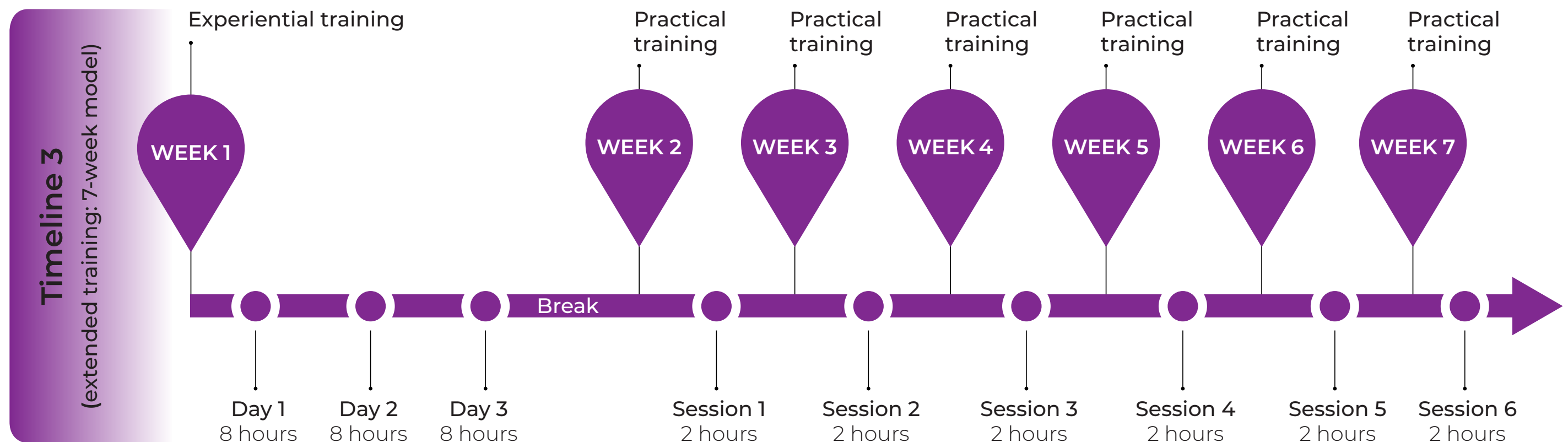




### 3. Extended training

In this final example, the three days of experiential training are done in week 1, with the 12 contact hours of practical training being done across six weeks in two-hour blocks. This extended training approach is suitable when:

- The training population would benefit from more time to practice and integrate into counseling (e.g. lower literacy);
- The training is being done with community volunteers who have regular contact with a consistent local trainer (e.g. intensity requires a centralized support system).



## Training and supervision resources

The full CFC package is vast, but not all materials will be needed in every context. Trainers can decide to use the higher or lower literacy versions of the materials as needed in their context.

<b>Training of Trainers (ToT) Manual</b>	This manual contains all of the CFC content for training in its most comprehensive format and is therefore the manual which the adaptation team should use as a starting point.
<b>Implementation pack</b>	This is the complete set of activity and information cards needed for implementation in a condensed, graphic version of the ToT Manual. It should therefore be easy to compile once adaptation of the ToT Manual is finalised. It can be used for self-study of the content in highly literate FLW teams, after the experiential training.
<b>Training posters</b>	Once the ToT Manual is translated and/or adapted, the various core concepts such as the CFC Process, CFC Puzzle and CFC Conceptual Framework contained within it can be provided to trainers as single pages in large format to be printed as posters and used during training sessions.
<b>Facilitator's Guide</b>	<p>This guide is used by the trainers in both the ToT and the FLW training and describes training processes and activities in detail. There are several folk tales, case studies and role play scenarios in this manual which may need to be adapted to align with local beliefs.</p> <p>It is advised that this is the last manual to be adapted to ensure that it aligns with the TOT Manual and FLW Participant Manual.</p>
<b>Supervisory Guidebook</b>	This guide is used by FLW supervisors and describes the supervision process in detail. It can be adapted to reflect any context-specific details around the supervision process.
<b>Supervision Workbook</b>	This is a more condensed version of the Supervisory Guidebook and should be amended to reflect any changes made in that guidebook during adaptation.

## Printing of materials

Printed materials and cards have been shown to be important to retaining fidelity, in particular in lower resource settings – which are often also lower literacy settings.

## CFC supervision resources

The CFC supervision model is a core part of CFC and has to be implemented. The content should not be modified, although it can be augmented with additional content as needed.

The supervision system is closely integrated with the Resource Toolkit – which should be utilized by supervisors in the preparation for CFC implementation.

## CFC supervisors

The CFC model proposes two types of supervisors – a local peer supervisor and a centralized systems-supervisor (see Supervisory Guidebook).

How supervision is implemented in-country should be determined by feasibility and acceptability considerations, as long as supervision is provided on a regular basis and minimum standards are met.

Who fulfils the role of peer or systems-supervisor, and whether the two functions of supervision reside within one or two different people can be locally determined, as long as the key functions are fulfilled in line with the minimum standards.

## Minimum standards for supervision

- Both peer and systems-supervisors need to be trained in CFC prior to supervision and FLWs should be linked to supervisors who have referral networks in place for red flags prior to starting CFC.
- Peer and system supervisor can be the same or different people, but they should be accessible to the FLW for regular contact and have good relationships within the in community where FLW are delivering CFC.
- System supervisor responsibilities require that the supervisor has authority over the FLW activities and responsibilities and also has authority to request changes in the activities and support provided to FLW.

Across sectors, a peer supervisor can be an experienced and confident FLW who supports a team of FLWs. Providing opportunities for FLWs who are excellent at CFC to become peer supervisors encourages more ownership of CFC in their local context.

**Health sector:** A health assistant, primary health care coordinator, nurse or midwife at a local clinic.

**Education sector:** An ECD facilitator, or a teacher at a local school.

**Social welfare sector:** Social protection officers, ‘friends of the family’, child protection workers.



# CFC Content



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1

Translation

2

Adaptation  
of content  
and format



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3

Adaptation  
of images



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# 1 Translation

## Before translating CFC materials

1. Check with your UNICEF HQ and regional offices whether there has already been translation of CFC materials into the language you will be using;
2. Decide on who will be doing the translation and ensure that they are well oriented to the purpose of CFC and the materials;
3. Decide which CFC materials will be translated – for example, in some regions TOT materials are kept in English and only FLW and caregiver materials are translated. This is dependent on your context and the teams you are working with.

## Considerations for translation

The translation of psychological terms – including those used in CFC – is complex because it requires an understanding of the culture and contextual understanding of phenomena such as ‘low mood’ or even ‘emotional awareness’. The practice of blind back translation is helpful in this regard, and we suggest the following steps are followed:

1. Translate the English materials into the local language using a person who is fluent in both English and the local language;
2. Have a different, independent person translate the translated version back into English without giving them access to the original English version (blind translation);
3. Correct errors against the original text and workshop concepts that are difficult to translate in your local context with the help of relevant experts in education, health or gender.



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## 2 Adaptation of content

Simple adaptations and additions across Essential Skills and counseling activities can be helpful in increasing the salience of the materials to the local context.

Some examples of this might include:

- Adding training content on context-specific stressors in the Stress Bucket;
- Adapting the content and the name of the Blanket of Support to climates which are hot and thus where blankets are not common;
- Adjusting content on Daily Routines to include specific religious practices which might be common to a specific time of day in a local culture.



### An example of a cultural adaptation to Essential Skills – building a relationship

CFC content proposes that the FLWs work closely and confidentially with individual caregivers. In some settings this may be problematic if:

- Local FLWs are males working with female caregivers – this might be unacceptable to partners and families;
- Permission to speak with a female caregiver separately from others (such as their husbands) is not allowed in the local culture;
- CFC is being delivered as part of a couples counseling intervention or a group intervention.

Adaptations to content may adjust the approach of being a confidante to ensure that the caregiver feels supported, without introducing or indirectly causing harm to caregiver-family relationships. In some settings, working with caregivers in women's groups may be preferred, but the principles of being a confidante should remain.



## Adaptation for delivery in groups

It is important to consider that CFC has been designed to be delivered in a one-on-one counseling format as part of integrated counseling for caregivers, partners and families, most often in home settings.

It is possible to adapt and augment the one-on-one counseling model in-country to include using CFC materials and activities in a

group format, but it is important to do so in a way that retains the fidelity of the package.



Importantly, while the Toolkit, Key Messages and Resources sections are more amenable to be used in a group format, some aspects of the Essential Skills training require adaptation. The tables and practical examples below offer some guidance on important considerations when adapting CFC Essential Skills to a group format.

### Adaptation of Essential Skills to group format


BUILD A RELATIONSHIP	MAKE AN ASSESSMENT	PLAN A COUNSELING RESPONSE
Confidante card	Stress Bucket	Care Plan
✓✓ Adaptability = Medium	✓✓✓ Adaptability = High	✓ Adaptability = Low
<div>1. Disclosure of personal information is not easy in a group;</div> <div>2. Rules are needed for group behavior, including confidentiality of the information shared in the group;</div> <div>3. The confidant card can be used as a talking tool to facilitate discussion of group rules;</div> <div>4. Encourage caregivers to report breaches of confidentiality so that they can be managed;</div> <div>5. If CFC is delivered in a group, we suggest additional one-on-one contacts with caregivers be planned for intake and management of risk.</div>	<div>1. The Stress Bucket can be used as an education tool in group work;</div> <div>2. Caregivers may feel uncomfortable to share for fear of judgement; using general examples and pair share discussions can help;</div> <div>3. Consider power dynamics amongst caregivers from the same community or neighborhoods;</div> <div>4. Be mindful of potential familial connections within the group;</div> <div>5. If CFC is delivered in a group, we suggest additional one-on-one contacts with caregivers if they need an opportunity to talk about a stressor privately.</div>	<div>1. Group sessions can educate caregivers on the importance of partner and family support;</div> <div>2. The Care Plan is designed for one-on-one planning and will not work well in a group;</div> <div>3. Implementing the Care Plan at home without the support of the FLW can be risky if caregivers have not disclosed potential risks;</div> <div>4. Guiding group members away from strategies which encourage harmful normative practices is important;</div> <div>5. Monitor to ensure caregivers are not intimidated into actions that could escalate risk.</div>

## Adaptation of Toolkit to group format


TOOLKIT	IMPORTANT CONSIDERATIONS
<b>CARE BLANKET</b> ✓✓✓ Adaptability = High	<ol style="list-style-type: none"> <li>1. Useful to raise awareness of the care needs of caregivers;</li> <li>2. Can help to demonstrate the care the group can offer each other through peer support;</li> <li>3. Encourage caregivers to understand their power to protect children with a blanket of nurturing care.</li> </ol>
<b>EMOTIONS BASKET</b> ✓✓✓ Adaptability = High	<ol style="list-style-type: none"> <li>1. Useful for increasing emotional awareness and naming of emotions to others.;</li> <li>2. Encourage sharing and discussion of emotions generally without having to 'own' them, which can be intimidating;</li> <li>3. Follow up with caregivers who talk about or share difficult emotions during the activity.</li> </ol>
<b>MOOD MONITORING</b> ✓✓ Adaptability = Medium	<ol style="list-style-type: none"> <li>1. Can raise awareness and reduce stigma about common moods and emotions;</li> <li>2. Ensure a safe group dynamic has been established before expecting caregivers to make personal reflections.;</li> <li>3. Follow up with caregivers who express difficulty coping or appear isolated during the activity.</li> </ol>
<b>COPING SKILLS</b> ✓✓✓ Adaptability = High	<ol style="list-style-type: none"> <li>1. Fun activity to do as a group to establish connections and trust in the group;</li> <li>2. Can be used to recenter after completing a group activity;</li> <li>3. Helps facilitators check in with caregivers at the end of a group session.</li> </ol>
<b>SUPPORT BLANKET</b> ✓✓✓ Adaptability = High	<ol style="list-style-type: none"> <li>1. Useful to raise awareness and challenge gendered perceptions of the caregiving burden;</li> <li>2. Group work on shared challenges can increase peer-to-peer support connections;</li> <li>3. Can be used as a way to increase awareness of community resources.</li> </ol>
<b>CARING FAMILIES</b> ✓ Adaptability = Low	<ol style="list-style-type: none"> <li>1. Low adaptability as it was designed for a family setting;</li> <li>2. Could be adapted into an icebreaker to encourage group connection and trust and to explain peer support;</li> <li>3. Could be adapted as a rule setting activity to establish roles and responsibilities of group members.</li> </ol>

TOOLKIT	IMPORTANT CONSIDERATIONS
<b>DAILY ROUTINES</b>  Adaptability = High	<ol style="list-style-type: none"> <li>1. Useful to raise awareness about the role of routines for coping;</li> <li>2. Sharing personal reflections reduces stress and isolation;</li> <li>3. Peers sharing tips for managing daily routines can increase confidence and acceptability.</li> </ol>
<b>TALKING TOGETHER</b>  Adaptability = Low	<ol style="list-style-type: none"> <li>1. Low adaptability as it was designed for partner and family conflict resolution.</li> <li>2. Could be used in instances where conflict arises between group participants.</li> <li>3. Can be used for education on how to approach difficult conversations.</li> </ol>

### Practical example of adapting Essential Skills:

 Adapting CFC Essential Skills to a group setting might occur in a primary health care facility where a nurse practitioner may see a caregiver, use CFC to establish a confidential trusting relationship, or make an assessment to understand the caregiver's needs better. If the nurse practitioner identifies red flags, these can be managed individually, but if the nurse practitioner identifies common challenges and stressors, the caregiver may be invited to attend group sessions with the FLW. During group sessions, the focus is on building confidential peer-to-peer support, education on stressors and problem solving, while exercising caution and care in recommending specific actions for specific caregivers.

### Practical example of adapting Toolkit activities:

 Adapting CFC Toolkit activities may be helpful in an early childhood education (ECE) center where facilitators have less frequent contact with caregivers, but where parent contact points at the center may include providing parenting information and support. Facilitators may offer a monthly education session and use the Toolkit as a way to provide education on Connect and Support in a fun and engaging way. In this instance, the Toolkit serves as a parenting support curriculum for ECE facilitators. In these settings, encouraging attendance of male partners, couples and other primary caregivers can strengthen parent-child and family relationships at home.



## Adaptation of Key Messages

The Key Messages content of CFC has been carefully designed to include three types of content:

1. The more common **developmental challenges** linked to a specific age group,
2. A **Puzzle summary** of the key messages,
3. **Key message pages** with detailed information and activities that can be shared with caregivers, partners and families.

We recommend that the developmental challenges and the puzzle content not be adapted, as these are based on an established evidence base and have been validated in several countries. If changes are needed for the more detailed key message descriptive content, we advise that these should be limited to making them context specific, rather than changing or omitting information.

Care should be taken to maintain or include messages supporting gender equity in caregiving responsibilities and child rearing practices. This is a CFC focal area and therefore central to the CFC package.

When adapting, be mindful that each set of **key messages** has a fixed formula which repeats in each of the age groups. This structure should be retained.

- First, the Connect and Support content for **caregiver, partner and family** includes information on the more common emotions (always including both positive and negative emotions) and provides at least two suggestions for how to connect with – or support – a caregiver, partner or family.
- Second, the Connect and Support Key Messages for the **child** provides information on common emotional challenges that may be linked to caregiving or to children's developmental needs. Again, in Connect and Support for the child, at least two activities are suggested.



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## Adaptation of Resource Toolkit

The **Essential Skills, Toolkit** and **Key Messages** are the core of the CFC package as they support the pathway to the caregiver's emotional well-being and social support. They are designed to be generic and are considered to be the minimum content of CFC, and therefore **MUST** be included as part of CFC implementation.

The **Resource Toolkit** was added in response to the adverse environments and context-specific challenges that caregivers may be living in. These environments often raise specific challenges which the resource content addresses:

1. How to counsel families about child development and caregiving, using approaches that are likely to facilitate change and reduce resistance;
2. How to provide information about child development and caregiving that is not only knowledgeable, but encourages discussion and interaction in order to minimize misunderstanding and to increase retention;
3. How to ensure that caregivers and families are connected to services (be they emergency or routine services) and how to enhance community support for caregivers, either through support groups or through advocacy on caregiving barriers.

Since the Resource Toolkit contains more general content, it can readily be adapted, included or excluded, depending on the local context. If CFC is delivered in a context where these resource needs are not highly salient, the relevance of some or all of the Resource Toolkit may be reduced or surpassed by other content available in the integrated program. Importantly, when making a decision about the adaptation of Resource Toolkit content, it is essential to keep in mind that the focus of this section is on

strengthening FLW skills and capacity in integrated counseling, rather than direct support of caregivers – although caregivers do benefit from these indirectly. The decisions on the adaptation of this content should be based on whether FLWs could benefit from – and have a high likelihood of using – this additional content. This is usually the case where environmental or contextual factors prevent caregivers from engaging with or using Connect and Support tools in their daily lives.

### When considering adapting the Resource Toolkit, the following should be taken into consideration:

- The resource materials designed to be used **inside the home** (Counsel, Educate, Refer) are not meant to tackle the core CFC aims (emotional well-being and identifying social support needs), but rather focus on broader relationship and information needs;
- Counsel, Educate and Refer should never replace Connect and Support, the Toolkit or Key Messages as they are additional and are more informational than psychological;
- The resource materials designed to be used **outside the home** (Map, Build, Advocate) focus on building FLW capacity to deliver CFC with impact through provision of tips for tackling broader contextual and inter-sectoral issues that may water down the impact of CFC;
- Map, Build and Advocate, although focused on FLW capacity, have direct benefits for caregivers if they are included in CFC in environments where there are service, support and normative challenges to CFC.



### 3 Adaptation of practical training

The learning process is directly linked to the CFC process. The case study methodology is grounded on robust evidence, based in adult learning, so it is recommended that the approach to learning itself is not adapted.

Although the case studies have been developed to be generic, they can be adapted to suit the local environment. This may include changes to the characters, events and challenges included in the content.

There are two case studies presented per age group. When adapting these, it's important to note that one is more **Connect** focused and the other is more **Support** focused, so adaptors should be mindful to keep a balance between Connect and Support issues.



When case studies are adapted for context, important questions need to be asked of the adjusted content:

1. Does the revised case study elevate the important role caregivers play in early child development?
2. Does the case study represent a scenario which endorses a strengths-based approach to how we view caregivers, regardless of who they are or what limitations they may have?
3. Are there special considerations for vulnerable populations like adolescents, and can this be highlighted in the case discussion?
4. Does the case study meet the requirement of being gender responsive and, where possible or appropriate, gender transformative?
5. Has the adjustment to the case study changed the extent to which the case study offers learning on Connect, Support and Resources?
6. Is there sufficient balance across the remaining case studies to ensure that participants practice all three aspects, and that neither Connect, Support nor Resources dominates the practice of CFC?

## 4 Adaptation of images

It is important for the success of CFC that it is sensitive to local culture and normative frameworks, as this increases its feasibility and acceptability in the field.

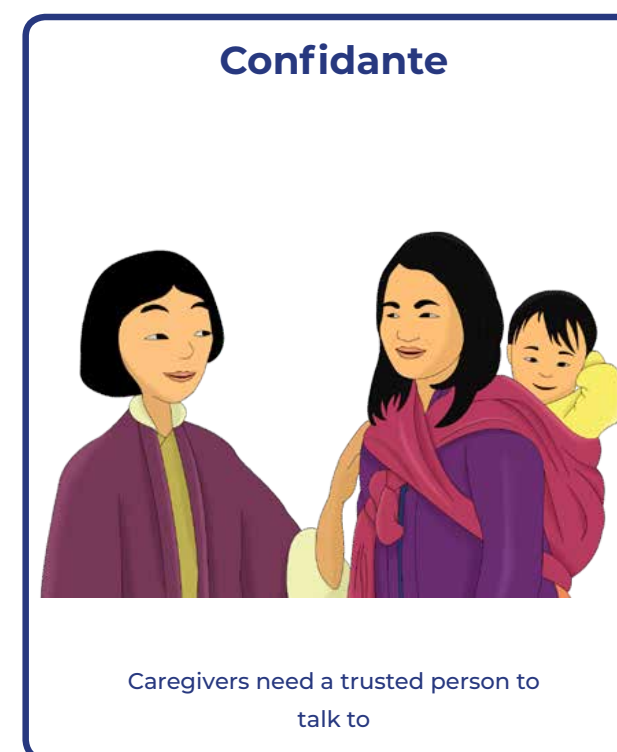
It is also important to control local adaptations of the content in order to ensure that these do not co-opt or indirectly support negative or harmful normative practices.

Changes in illustration to reflect a local culture enhance the salience, relatability and attractiveness for both the FLW and the caregiver receiving the intervention.

Other interventions that have been designed in a similar way to CFC have found that when an individual caregiver, partner, family or community member is more able to 'see' themselves and their own situation in the materials that accompany content, they are better able to relate to it.

The current Essential Skills and CFC Toolkit cards use illustrations which reflect African populations. This is because the original CFC package was designed for the West and Central African region, and was piloted in Sierra Leone and Mali. The illustrations in the Essential Skills and CFC Toolkit will therefore need to be adapted in most of the implementing countries.

During the validation period, the CFC Essential Skills and Toolkit were adapted for use in Brazil, Bhutan and Serbia. In Brazil and Bhutan, local artists were hired to recreate locally representative copies of the original images. The Serbian adaptation used photographs (some staged, others from the UNICEF repository) and software to convert photos to illustrations.



If you consider this option you might find this link useful:  
<https://www.spring-nutrition.org/publications/tools/photo-illustration-guide>

### Illustration adaptation considerations for CFC Connect and Support activity cards

The general principle to keep in mind with all illustrations is that they should:

- ✓ Be relevant and relatable to the typical caregiving context;
- ✓ Use characters and activities in which the caregiver can see themselves;
- ✓ Reinforce the positive messages from the activity;
- ✓ Avoid reinforcing gender stereotypes or unhealthy habits and behaviors.



Considerations for adaptation of the 'Being a Confidante' card:

This image should show a frontline worker and a typical caregiver who would be receiving support in conversation. The image should portray that the FLW is interested in what the caregiver is saying, that they are warm and friendly. This original image portrays a pregnant caregiver, but it could also be a woman or a man with a small child, depending on the context and types of caregivers FLWs are working with.



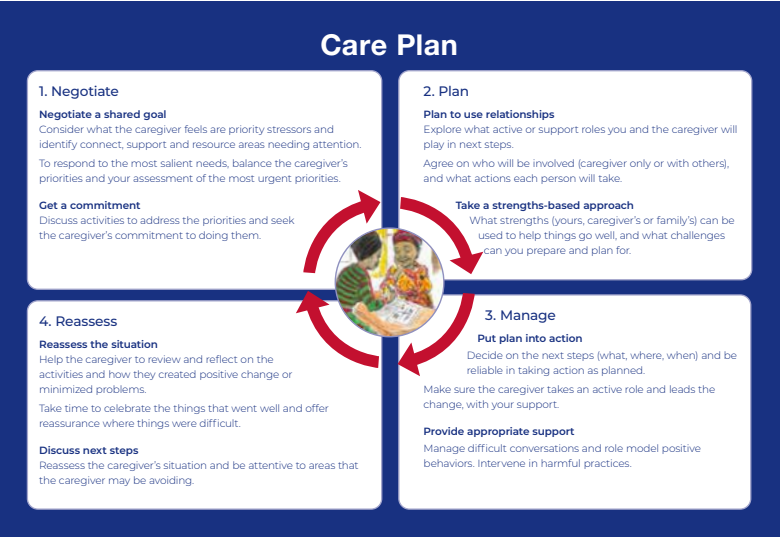
Considerations for adaptation of the 'Stress Bucket' card:

The images shown on this card are used to illustrate that caregivers might be facing emotional and/or practical problems, with an example of an appropriate solution for each scenario. The adapted images should portray typical stressors, coping strategies and supports. Images can be reused for the 'coping strategies card.'



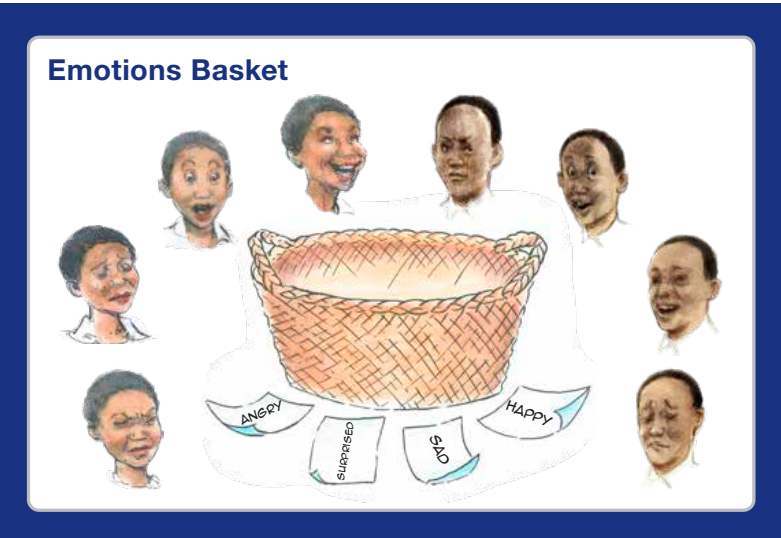
Considerations for adaptation of the 'Care Plan' card:

The image in the center of this card should show two or more people in discussion or engaged in the same task. This original image shows a FLW and female caregiver sitting at a table using pen and paper to document the problem solving steps of the Care Plan, but adapted images could portray this in a different way.



Considerations for adaptation of the 'Emotions Basket' card:

The illustrations should show a wide range of different emotions. The facial expressions must each be different and clearly expressive. Both male and female faces should be shown to avoid reinforcing harmful gender norms.





## Considerations for adaptation of 'The Care Blanket' card:

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

portray an emotionally supportive and caring relationship between the caregiver, their partner and/or family. Eye contact and positive facial expressions and body language are important in illustrating the emotional connection.

'Partners who share caregiving' should show the partner's willingness to share the caregiving responsibilities. Partner caregiving activities should not reinforce gender stereotypes.

'Ways to manage emotions' should show a caregiver experiencing a negative emotion, since these are the emotions which contribute to caregiver stress.

'Time to practice self-care' should show a culturally relevant self-care activity. This can be difficult in cultures where the importance of self-care is less recognized. Attention should be taken to ensure that the activity illustrated is related to self-care and not the care of others, and that it is a healthy self-care habit.



## Considerations for adaptation of 'The Support Blanket' card:

'Caregivers need relationships, family and community support' should portray a supportive relationship

between the caregiver and their community and family. Eye contact, positive facial expressions and body language are important in putting this message across. The same image used in the center of The Care Blanket can be used here.

'Trusted informants on caregiving', 'Someone to help assess difficult situations' and 'Advocates raising awareness of support' should show the FLW and caregiver as equal partners in the process. Images showing FLWs with stern expressions, or standing over a seated caregiver, or admonishing the caregiver, or pointing at information in a didactic manner should be avoided. The caregiver should always be holding or caring for their baby, if pictured.

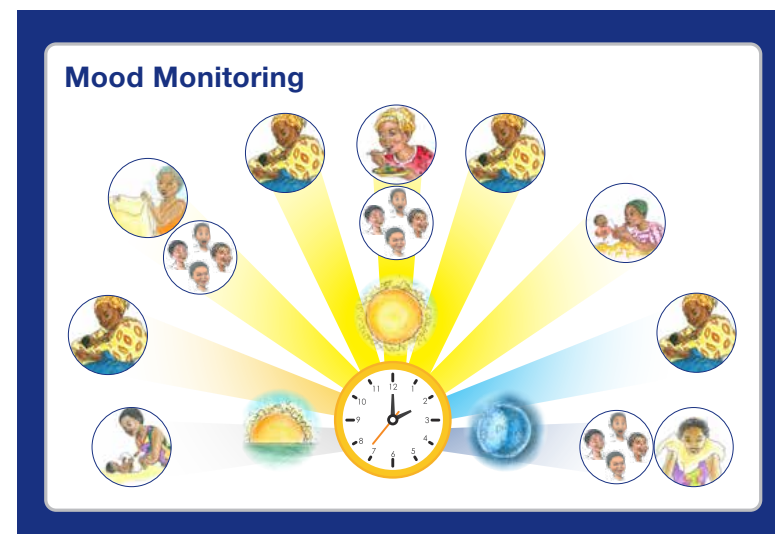
'Supportive family environments' should reflect the reality of family composition in the context and avoid reinforcing harmful gender norms.



### Considerations for adaptation of the 'Mood Monitoring' card:

The illustrations should focus on the caregiver and depict activities they might undertake during a typical day.

The idea of a daily rhythm should be clearly and simply communicated. Facial expressions for the caregiver should be neutral to avoid linking certain activities to certain moods and allow the caregiver to make their own assessment of their mood. Including the facial expression illustrations from the Emotions Basket card in this card creates a useful link between the two.



### Considerations for adaptation of the 'Daily Routines' card:

The illustrations should focus on the caregiver and depict activities they might undertake during a typical day. It is unlikely that all caregivers have the same daily routine so it is suggested that a generic day is portrayed, depending on your context – for example, in some countries religious activities, such as prayer time, might be included.



### Considerations for adaptation of the 'Coping Strategies' card:

The illustrations should show healthy coping strategies (see explanation and examples given on the back of the card) that are culturally relevant. The caregiver's facial expression and body language should indicate a lack of stress. Including an illustration of the breathing activity from the back of the card helps to reinforce the content.





**Considerations for adaptation of the ‘Caring Families’ card:**

Caregivers should be able to relate to the family composition and characters illustrated.

Facial expression and body language should be positive, and eye contact can be used to demonstrate connection and care between the family members.

Showing the family involved in the activity from the back of the card helps to reinforce the content.



**Considerations for adaptation of the ‘Talking Together’ card:**

The illustration should show the caregiver and partner in a typical setting.

The caregiver and partner should have facial expressions and body language which demonstrate listening and talking with one another – for example eye contact – even if one of the two partners is finding this difficult.

Body language and facial expression can also be used to indicate that this process is not always easy or comfortable; however, extreme examples like shouting or very angry facial expressions should be avoided.



