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## Nurturing care: another look

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Nurturing care for the child's development and well-being consists of five interrelated and indivisible components (see **Fig.1**).

Health and nutrition services often focus on helping caregivers ensure good health and adequate nutrition for their children, related to two of the components. The opportunities for contributing to the three other essential and interrelated components – responsive caregiving, opportunities for early learning, and safety and security – are often not fully recognized. This section of the *Guide* looks at these three less visible components and their contribution to nurturing care.

Because caregivers are best placed to provide their children nurturing care, they carry a heavy burden of responsibility and often face multiple stressors. When they are supported, they are better able to care for their children. The last part of this section highlights the importance of supporting caregivers as a related component.

Because providers of maternal, newborn and child health and nutrition services see most caregivers frequently, even before conception and pregnancy, they are in a good position to reinforce and strengthen caregiving practices and help caregivers to care well for themselves. In subsequent sections this *Guide* will focus on *how* to reinforce and strengthen caregiving practices and help caregivers to care for themselves so they can better care for their children. This section focuses on the *what* and *why*.

## What are the nurturing care components?

### GOOD HEALTH



Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.

### ADEQUATE NUTRITION



Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

### SAFETY AND SECURITY



Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

### OPPORTUNITIES FOR EARLY LEARNING



Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

### RESPONSIVE CAREGIVING



Refers to the ability of the caregivers to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

## 1.1. Responsive caregiving: a capacity that contributes to all components of nurturing care

**Responsive caregiving** refers to the ability of caregivers to notice, understand and respond to a child's signals in a timely and appropriate manner. Responsive caregivers are better able to support the other four components of nurturing care.

Responsive caregiving is the basis for:

- protecting children against injury and the negative effects of adversity;
- recognizing and responding to illness;
- recognizing signs of hunger and fullness, and feeding based on a child's age and skills;
- enriching learning through enjoyable interactions; and
- building trust and social relationships.

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**Responsive caregivers appear to “dance” with their children. They are in tune with seeing, hearing, feeling and responding to their children.**

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From birth, children communicate their needs and wants verbally (e.g. cries, vocalizations) and non-verbally (e.g. facial expressions, body movements). Responsive caregivers recognize and understand the child's signals to indicate needs and wants (that is, they are sensitive), and they have the capacity to respond appropriately to a child's signals (that is, they are responsive).

Providers can recognize how caregivers respond to their children. When the child looks at the caregiver, the look is returned. If the child turns away and looks at something else, the caregiver might point at whatever captures the child's attention and name or describe it (12). To be responsive, caregivers of children with cognitive, motor and behavioural difficulties may need to recognize signals that are different from other children and learn how to interpret more subtle cues (see **Box 1** for an example of responsive caregiving when feeding).



These simple behaviours, which represent the capacity of caregivers to be sensitive and responsive, enable them to support the healthy development of their children. Responsive caregivers recognize, understand, and respond to signs of illness and pain; developmental delays and behavioural difficulties; hunger, choking, rejection of foods and satiation; and physical or emotional distress. They look for opportunities to interact with their children, watch for facial, motor and vocal expressions of interest in exploring and learning, and respond appropriately to the intended meaning of those signals.

The National Scientific Council on the Developing Child describes the importance of what it calls these “serve and return” interactions:

Children naturally reach out for interaction through babbling, facial expressions, gestures, and words [the serve], and adults respond with the same kind of vocalizing and gesturing back at them [the return] . . . If the responses are unreliable, inappropriate, or simply absent, the developing architecture of the brain may be disrupted, and later learning, behaviour, and health may be impaired (13).

Responsive caregiving significantly contributes to long-term benefits for children, including good health, nutrition and social development, and the well-being of their caregivers (14). Through close physical contact and touch, young children feel and incorporate the reactions of their caregivers, for example, to sudden sounds or stress, and the return to calm. Children learn from these caregiver responses how to interpret and regulate their own reactions to environmental stimuli (15). Children of responsive caregivers learn many skills, including language, attentiveness and problem-solving, earlier than those of less responsive caregivers (16).

Children form secure attachments to caregivers who respond to them. By frequent, consistent and dependable responsive interactions, the caregiver and child form an emotional bond. This bond is a protective buffer for the child, even in conflict, migration and other humanitarian crises. Through responsive care, the child gains confidence to explore the world and to learn about people,

relationships, language and emotions (17). The child's attachment to a caring adult is the central characteristic of childhood that affects development into adulthood. As an adult, the individual can form lasting relationships, be productive, contribute to the community, and be more responsive in caring for children in the next generation (18).

### BOX 1. RESPONSIVE FEEDING

In **responsive feeding** the caregiver recognizes when the child is hungry and feeds the child appropriately.

When feeding, the caregiver must be sensitive to, or aware of, the signs the child makes – looking forward or turning aside, opening the mouth wide or covering it, extending the tongue for food or pushing the food away.

It requires being aware of the child's position, sounds and involuntary movements. The caregiver must interpret these signs correctly. Is the child ready to accept the food, or communicating that she is full, or feeding is going too quickly or forcefully?

Effective feeding occurs when the caregiver's response is one that fits and is well-timed to the child's signal. Feeding a child with disabilities might require the caregiver to recognize different signs and respond appropriately.



Photo credit: © UNICEF/UN0205719/Njokiktjien

**To breastfeed her child on demand, the mother must recognize the child's signs of hunger and respond.**



Photo credit: Jane Lucas

**Introducing complementary foods requires a responsive interaction. The caregiver offers food. The child opens his mouth wide, tips up his head and extends his hand. He is ready. And the caregiver responds.**



## 1.2. Opportunities for early learning: the child's interactions with the environment

**Opportunities for early learning** refer to any opportunity for the baby, toddler or child to interact with a person, place or object in the environment, recognizing that every interaction (positive or negative, or absence of an interaction) is contributing to brain development and laying the foundation for later learning.

Early learning is often associated with what takes place in organized or formal spaces for children (i.e. childcare centres, crèches, nurseries and pre-schools), or as something formal or academic (e.g. learning to read and write). In reality, learning begins with the conditions experienced in the womb. The mother's stress or comfort, the status of her mental and physical health, and her diet and physical activity influence the hormonal responses, physical development and genetic make-up of the fetus. Critical capacities, for example, to hear, recognize and react to noise and voices, also begin before birth.

At birth, babies begin to acquire skills socially through their interactions with other people. Learning takes place with smiles, eye contact and talking, during play, bathing and other everyday routines. Small, at-risk infants benefit from their early interactions with caregivers, such as during kangaroo care. Early skin-to-skin contact facilitates affectionate interactions and bonding between babies and their parents, and strengthens neural connections important for physical, social, emotional and cognitive development.

When children are playing, they are learning. In the womb the fetus plays when moving and kicking. By responding with touch and voice, the mother and fetus learn to interact with each other. Fathers or other caregivers can also learn to feel these movements and respond to them. Infants are playing when they explore their hands and toes, and objects within their reach. These simple forms of play help children learn and refine what they can do with different parts of their bodies. As they age, household objects such as tin cups, empty containers and cooking pots may engage children in hours of enjoyment and learning. By playing with these objects, children learn about their different textures, the sounds they make when dropped and banged, and how they function.



Long before they can talk, children can understand language and communicate their needs. An infant turns her head when she hears her name. A toddler pushes food away when he is full. By making eye contact, copying a child's babbling sounds, and responding with expanded language and facial expressions, caregivers encourage infants to continue communicating their needs. The more caregivers communicate with their children, verbally and non-verbally, the more their children will learn about how language works, the patterns of speech in their culture, how to communicate and what to expect by communicating their needs.

Active play and responsive interactions may be infrequent or absent in some households or cultures. The wide dependence on television, phones and other screens to engage small children is a barrier to social interactions and active play. [WHO guidelines \(19\)](#) recommend no screen time at all for children less than 1 year, and no more than one hour for children 2 to 3 years old. At least 30 minutes of physical activity per day is recommended for children less than 1 year old, and at least 180 minutes for children 2 to 3 years old. Children with disabilities have fewer opportunities for active play with adults and less access to playthings than other children (20). A child with disabilities or other risk of developmental delays, including children born pre-term or small for gestational age, have great need for frequent, responsive interaction and play in order to reach their learning potential.



### 1.3. Safety and security: environmental conditions for the child's development

In the context of nurturing care, **safety and security** means that children and their families live in environments without physical dangers, emotional stress or environmental risks, and with access to adequate nutritious food, safe water and sanitation, and clean air. The child needs to experience a safe and secure environment to encourage exploration, trust and promote healthy growth and development.

Young children cannot protect themselves. Caregivers must protect them from physical and psychological dangers including neglect, abuse, violence and injuries. When caregivers protect their children against threats to their safety and security, their close and responsive relationships with their children act as buffers against the psychological effects of adverse conditions they cannot control (2).

Extreme poverty poses serious risks for access to health services, food security, adequate housing and family education. Financial assistance, including cash transfers and other social protection services, may give economic and food security for low-income families. Disruptions to family relationships and earnings resulting from the COVID-19 pandemic and humanitarian crises require a greater response from social and child protection services for affected families and whole communities when services are restricted (21).

Pregnant women and young children are particularly vulnerable to environmental risks, including air pollution and exposure to chemicals (such as lead and mercury) that affect brain development and health. These should be addressed by actions with the engagement of multiple sectors.

In the home, caregivers need to protect children from physical dangers: sharp, dirty, or very small, swallowable objects; unsafe drinking water, medicines, poisons and household cleaning chemicals; bath and wash tubs, fire, boiling water and hot stoves. Indoor toxins include lead, smoke from unvented stoves, and second-hand smoke from tobacco and other products.

Near the home may be streets with cars and bicycles, waterholes and untamed animals, such as poultry, who leave their faeces in areas where children play. Ingesting traces of faeces may cause diarrhoea, poor appetite and inflammation of the intestines; these conditions are related to undernutrition, including stunting, and poor development (22). These dangers increase as the baby becomes a toddler, and the toddler becomes a more independent, curious and mobile child.



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**Risks in the wider environment include extreme poverty, air pollution, exposure to chemicals, conflict and humanitarian crises, food insecurity, unsafe water or sanitation, and lack of safe spaces to play.**

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Photo credit: © UNICEF/UNI114899/Holt

Young children can suffer emotional stress. They may experience extreme fear when people punish or abandon them – or threaten to abandon them. Many children also suffer from neglect and rejection. Surveys show that harsh punishment, physical and verbal, is the norm in many settings. Across the world, toddlers are the group most often punished by being beaten painfully with sticks, belts and other objects (23).

Uncontrollable fear and stress, extended over time, can programme the young child's response systems in ways that can lead to emotional, mental and social maladjustment, as well as poor physical health. Children may withdraw socially, mistrust adults or act out their fear as aggression towards other children. These children are at high risk of being unable to take advantage of schooling, social relationships and other opportunities for learning and advancement.

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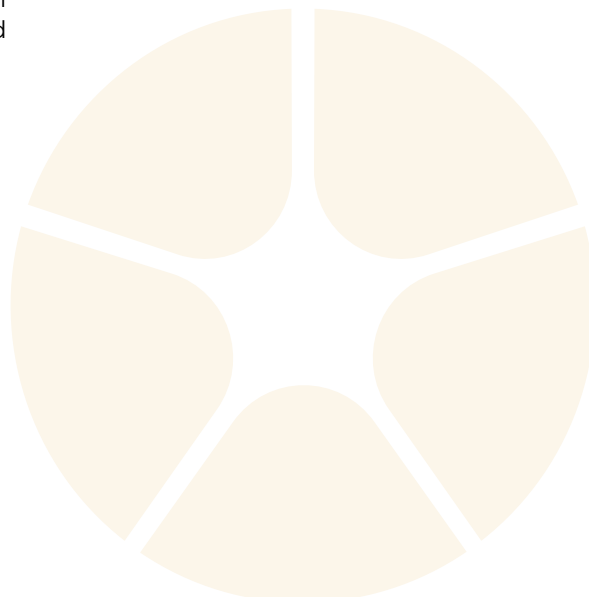
**Having a safe, supportive and nurturing environment, with affectionate and responsive caregivers, helps children build resilience to adversity, trauma, threats and significant life stressors.**

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Compared to other children, those with developmental delays and functional disabilities experience three to four times more violence, physical and sexual abuse (23) and are twice as likely to be punished by harsh beatings (20). With inconsistent or an absence of caring responses, children may not trust their caregivers to meet their physical and emotional needs. This reality highlights the importance of attending to the mental health of caregivers to enable them to maintain safe and secure conditions for their children.



Photo credit: © UNICEF/UNI321519/Fazel





## 1.4. Supporting caregiver well-being: family assistance, self-care and special services

To be best placed to care for their children, caregivers need to be healthy, both physically and mentally, and have access to resources and support when problems arise. Supporting caregivers means addressing the difficulties that prevent them from caring for themselves and for their children.

The primary caregivers of very young children are usually their mothers. They carry the child during pregnancy, and many breastfeed the child from birth. However, fathers and other adults in the household who also care for the young child are important, not only for the child but also to support the primary caregiver. From conception, others can participate in caring for the fetus in the womb – touching, talking and gently responding to movements; and comforting the mother and making sure she has rest and a healthy diet. After birth, other adults can reduce the workload of the primary caregiver and assist with the child's caregiving needs. They can also ensure the primary caregiver has opportunities to rest and care for herself, and can provide emotional support. They can introduce her to community resources, including mothers' groups, to learn how to care for her infant and to share parenting concerns.

The anticipation of having a baby is a joyful experience for most new mothers. A partner may share in the excitement of adding the baby to their family. The mother should have good health, and have sufficient resources to feed, clothe and nurture the child. Nevertheless, many changes come with expecting and caring for a young child which may lead to women experiencing changes in their mental health. A new baby often creates disruptions in a mother's and family's life. Mothers may feel exhausted, experience a range of emotions or be uncomfortable physically. Dynamics in the household could change.



However, the physical and mental health of a child's caregiver will be key to effectiveness in meeting the child's many needs. Some new mothers may be in poor health, and anxious that they might not live through the birth or might lose the baby. Their partners may not be present or may be financially unable to support a family. The stress on young, adolescent mothers is particularly great. Under normal conditions, help will be available from extended family members and others to care for the baby, but the extended family may sometimes be a source of more stress than help.

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**Parents and other caregivers are best placed to provide nurturing care for their children. Give them adequate support to provide the care that their children need.**

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During the pregnancy, the added stress of a mother's poor health, an unwelcome child and expectations of a difficult future may harm the development of the fetus in the womb, resulting in a premature birth and other complications. Poor mental health may affect maternal health outcomes, and may also affect the health and well-being of a baby and family. (See **Box 2** for common symptoms of poor mental health.)





**BOX 2. COMMON SYMPTOMS OF POOR CAREGIVER MENTAL HEALTH**

- Feeling sad, crying easily or more than usual
- Having no pleasure in experiences or activities that were once enjoyed
- Lacking energy or motivation
- Worrying or ‘thinking too much’
- Sleeping more or less than usual
- Eating more or less than usual
- Reduced concentration
- Difficulty in making decisions
- Feelings of guilt or hopelessness
- Feeling worthless
- Thinking that something bad is about to happen or that the future is hopeless
- Thoughts of self-harm or suicide
- Non-specific body aches and pains
- Feeling traumatized by past negative experiences.

Source: (24)

Supportive and encouraging posters can be displayed in waiting areas in hospitals and other health facilities, as in the example below.



Photo credit: © UNICEF/UN053033/Luthi

**Your loving care as a parent is what a child needs to be healthy, well-nourished and safe. If you feel sad and unable to respond joyfully to your child, seek help from your health care provider.**

While most caregivers experience strong emotions around the time of birth, with help, they can cope better with the demands of the new child. Maternal, newborn and child health and nutrition services provide a unique time to connect with women. They are places where women can receive support in a safe, friendly and caring environment. For most women, the support needed will be minimal, for example, information about how to manage stress and to make use of support from friends and family. A smaller number of women will experience multiple difficulties over a longer period. They will need additional support provided within health and nutrition services or referral for specialist mental health care.

Assessing the caregiver’s mental and physical health and conditions in the home, including potential violence, can direct better support to the caregiver. Parents of children born with disabilities may experience added stress. They may need extra help to care for their children, access special services, and have time to manage other household duties.

Supporting the mental health of caregivers is key to ensuring better health and development outcomes for their children, as well as improving the well-being and quality of life of caregivers (25). A provider who recognizes the difficulties of parenting can help caregivers find ways to relax and take breaks and can meet with family members to organize their assistance with caregiving and other household tasks. Referral to social groups for peer support and to social workers and specialized mental health services may help caregivers who have signs of depression or anxiety.






## 1.5. Care practices that make a difference


For caregivers to provide nurturing care they must master a number of caregiving practices. This *Guide* selects just a few that, with support, enable caregivers to be more responsive, better recognize daily opportunities to help their children learn, and maintain a safe environment that protects the growing child (see **Table 1.1.**) This *Guide* illustrates how maternal, newborn and child health and nutrition services can use their many scheduled and unscheduled interactions to introduce practices to strengthen the abilities of caregivers to care for their children. By incorporating a focus on these few examples, services demonstrate how to open the door for other sectors to join in the effort to enable families to meet the needs of their children.



**Table 1.1. Examples of caregiver practices related to nurturing care and provider support for caregivers**

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES
<p><b>Responsive caregiving</b></p> 	<ul style="list-style-type: none"> <li>• Spend one-to-one time with your full attention on the child.</li> <li>• Look closely at the child.</li> <li>• Be aware of the child’s signals (for example, hunger, discomfort, attempts to communicate, joy and need for affection).</li> <li>• Respond appropriately and in a timely way to the child’s signals and needs. These will differ when the child is well, sick or has special needs.</li> </ul>
<p><b>Opportunities for early learning</b></p> 	<ul style="list-style-type: none"> <li>• Talk with your child.</li> <li>• Play with your child.</li> <li>• Engage your child during your household routines and tasks.</li> <li>• Follow your child’s lead, and assist the child’s interest in exploring and learning.</li> </ul>
<p><b>Safety and security</b></p> 	<ul style="list-style-type: none"> <li>• Build your child’s trust through a warm, responsive presence.</li> <li>• Make a safe home environment for exploration and increasing independence.</li> <li>• Protect your child from harsh discipline, neglect and abuse.</li> <li>• Apply positive discipline methods.</li> <li>• Establish routines for eating and sleeping.</li> <li>• Protect the child from harmful substances.</li> </ul>

### SUPPORTING CAREGIVER WELL-BEING

<p><b>Supporting caregiver well-being</b></p> 	<ul style="list-style-type: none"> <li>• Identify your feelings about having a baby – joys and concerns.</li> <li>• Discuss your concerns and the help needed from your family.</li> <li>• Maintain daily relaxing routines.</li> <li>• Build the capacity to care for yourself.</li> <li>• Know where to find help to problem-solve and organize support.</li> <li>• Identify community services, support networks.</li> </ul>
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## 1.6. Conclusion

All children need nurturing care to survive and thrive, and reach their full potential. Providers in primary care settings and communities are uniquely able to support caregivers to improve the healthy growth and development of children during their frequent contacts with families, from pregnancy through early childhood. They can introduce and reinforce critical caregiving practices and provide psychosocial support to caregivers for their own mental health. Families with children in need of chronic care or living in humanitarian crises face additional challenges. They may need extra help to care for their children and themselves.

What follows in this *Guide* are ideas for how to use opportunities in maternal, newborn and child health and nutrition services to strengthen support to caregivers. The next section explores how managers can prepare services for this shift towards more family-centred support for nurturing care.

