

PROFESSIONAL RESOURCE KIT

Family Support Conversations

For people sharing family resources in a library, community program or other educational setting. Start with a family's stated need, choose one useful resource and agree on a next step together.

In this kit

1. [Make a postpartum support plan](#)
2. [Caregiver stress and support](#)
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Using the materials

Choose the pages that fit your conversation. Keep blank worksheets for individual use, and distinguish fictional practice examples from a family's own circumstances. Families do not need to return completed worksheets to NPF.

[View NPF professional resource kits](#) · [Reuse and permissions](#)

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Make a postpartum support plan

[Read Make a postpartum support plan online](#)

“Let me know what you need” is a generous offer, but it can leave a tired parent with another decision to make. A support plan turns an offer into an arrangement: a person, a task and a time.

You can make the plan before a baby arrives or start with the needs you have today. It can be a short note on paper rather than a detailed schedule.

Start with the next few days

List what is taking the most effort. Separate tasks that must happen from things that can wait or be simplified. Think about meals, laundry, transportation, other children, appointments and time for the parent to attend to their own needs.

Choose one or two priorities first. Trying to coordinate every possible task can make the plan harder to use.

Match a person to a specific request

Ask what the person can realistically do. A friend who cannot visit might arrange a meal delivery or help look up a public service. A relative who wants to hold the baby may also be willing to handle dishes or an errand if you name the need clearly.

For example: “A visit would be helpful if you could bring lunch and do the dishes while we settle in.” Or: “We are keeping visits short, but a grocery pickup would make a difference.” You can accept help while keeping visits brief or choosing not to have visitors.

The request can include the planning that goes with a task. Someone offering to organize meals might also confirm delivery times and let other helpers know what is needed. Agree on how information will be shared so the parent does not have to coordinate every detail.

Keep health care connected to the plan

Follow your care team's instructions for recovery and follow-up. Ask whom to contact with physical or emotional health concerns. ACOG's [after-pregnancy resources](#) offer information about postpartum care and support.

A practical plan does not replace health care. If you need an appointment, add the logistics to the plan: getting there, arranging care for other children and making space for a private conversation.

Decide what privacy and visits should look like

Tell helpers what feels manageable. You can ask visitors to check first, leave food at the door or avoid sharing photographs. If several adults are coordinating help, agree on what information they may pass on.

You do not have to make your household available to everyone who offers assistance. Accepting help does not require agreeing to advice, photographs or updates you do not want to share.

Add a backup route

Ask what happens if a helper is ill, a work shift changes or an appointment takes longer than expected. A backup might be another person, a different day or a simpler version of the task.

If your personal network is limited, bring that up with your care team or a community organization. Ask what local services might fit and how to check eligibility. The [support directory](#) provides official starting points for several needs.

Review what is actually helping

After a few days, ask which arrangement made life easier and which created more coordination. Keep useful parts, change the rest and thank people specifically for the help they provided.

An example of a short support plan

This is an illustrative one-week arrangement, not a family's story or a recommended recovery schedule. Imagine a parent who wants fewer interruptions and needs help with lunch and an appointment. With permission, one friend coordinates the accepted offers and confirms changes directly with each helper.

Need	Agreed arrangement	If plans change
Lunch on Tuesday and Thursday	A friend confirms the food and delivery time the evening before; no visit is expected.	The friend sends a message early enough for the household to arrange a simpler meal.
A ride to Wednesday's appointment	A relative confirms pickup and return arrangements and asks whether another child needs care.	The parent contacts the practice about transport options; no one assumes the appointment can be postponed.
Fewer messages to answer	One trusted person shares only the update the parent has approved.	Questions that require the parent's decision are kept for a single agreed check-in.

On Sunday, the parent and coordinator review what helped and which arrangements to carry into the following week. They do not add a visit or task without checking that it is wanted.

Notice what this plan leaves out. The helpers do not decide the parent's medical care, feeding choices or visitor preferences. Each person knows the task they have accepted; being on a group message does not count as agreement.

When offers of help create more work

An offer can be kind and still miss the need. If someone brings an unplanned visitor, needs a long explanation or leaves a task unfinished, you can change the arrangement without rejecting the relationship. Try: “The meal was helpful. Next time, could you leave it at the door? We are not ready to host.”

If you are coordinating support for someone else, ask permission before creating a schedule or inviting people into it. Keep dietary preferences, delivery instructions and private health details separate. Helpers usually need the practical information for their task, not the parent's entire care history.

Some needs will last beyond the first week. When a helper asks what to do next, look at the actual pressure on the household now. Help with an appointment a month later can be just as useful as an early gift.

If no nearby person can take on a task, describe that gap to your care team or a relevant community service. A distant friend can help find official contact details or coordinate an agreed delivery, but cannot be listed as the backup for hands-on care they cannot provide.

Related resources

[Open the Family Support Plan](#) · [Read about sharing care](#)

Caregiver stress and support

[Read Caregiver stress and support online](#)

When every task feels urgent, advice to “take time for yourself” can sound like another thing you have failed to fit in. It may be more useful to begin with the conditions making the day difficult.

Look at which responsibilities are hardest to manage and where more support would help.

Name one pressure point

Think about the part of the day that is hardest to manage. Is it getting everyone out of the door, arranging care during work, keeping track of appointments or having no one to call when a plan changes?

Write one concrete description. “I need a way to get to the appointment” gives you a different starting point from “I should be coping better.” The first points toward a need that can be discussed.

The U.S. Surgeon General's [parental well-being advisory](#) identifies pressures on parents and the need for support beyond individual effort. These pressures can involve work, finances, health and access to care.

Sort what you can change today

Consider three possibilities: a task someone else could take on, a task that could be simplified and a need that requires outside help. Start with one change that could make the day more manageable.

For example, a complicated evening meal might become a simpler one, while a transportation problem may need a conversation with a service provider. Different pressures need different responses.

Ask for specific help

Choose someone who may be able to help and ask for a specific contribution. State the task, the time and any information they need. Ask for a clear answer so you know whether to look elsewhere.

If you cannot rely on a personal network, ask a health care team, public agency or established community organization about available options. Explain practical barriers such as work hours, transportation or cost rather than assuming the service already understands them.

Reduce the work of coordinating help

When another adult takes on a task, agree on what they will manage without further reminders. For a ride to an appointment, that might include checking the route, confirming the pickup time and letting you know if they become unavailable. Decide what happens if plans change so the uncertainty does not fall back on you at the last moment.

Use a short shared note only if it makes life easier. A planning system should not become another project to maintain.

Pay attention to your health

If distress is persistent, affects sleep or daily functioning, or leaves you feeling unable to cope, speak with a health professional. Describe what has changed and what support you have. You do not need to decide whether stress is “serious enough” before raising a concern.

If you feel you may hurt yourself or someone else, seek immediate help through an appropriate crisis or emergency service. U.S. options are listed on [Find Support](#).

Check whether the help fits

After trying an arrangement, ask whether it reduced the pressure or only moved the work to another time. It is reasonable to ask for a different kind of help. Revise the plan as your needs change.

Separate a hard day from an arrangement that keeps failing

A difficult afternoon might call for a simpler dinner or a pause in nonessential tasks. A recurring gap in child care, unaffordable expense or lack of transport needs a different response. Relaxation alone cannot resolve a service that is closed during your work shift.

Try describing the repeated problem without making it a judgment about yourself: “Twice this week, my shift ended after pickup time.” Then identify the decision involved: a change at work, a different care arrangement, cost assistance or a backup person. The [community support guide](#) can help with the first contact.

Keep connection manageable when time is scarce

Feeling isolated does not mean you need to add a busy social schedule. Consider the kind of contact you want: a brief conversation with a trusted adult, time with someone who understands your circumstances or practical company while doing an errand. A walk together, a call at an agreed time or a local family activity may fit better than an open-ended commitment.

If you try a group, find out whether children can attend, whether there is a fee and what the format involves. You can attend once before deciding whether it helps, subject to the group's rules. Connection should not require sharing a private family story you are uncomfortable discussing.

Reduce one demand without creating another

If making a list feels like more work, choose one sentence instead: “The hardest part of tomorrow is getting to the appointment.” Ask what could make that part possible. A helper might confirm a ride; the practice might explain transport options; another adult might take over a household task.

When the change has been tried, look at what actually happened. If the ride solved the transport problem but left you coordinating three people, ask whether one person can handle the whole arrangement next time. Support is useful when it reduces the pressure you named.

Related resources

[Use the Family Support Plan](#) · [Explore support resources](#)

Family Support Plan

[Read Family Support Plan online](#)

Use this worksheet on your own or with someone you trust. Start with one need. Complete the sections that help you. Keep the finished plan for your own use.

Date you made or updated this plan:

When you would like to review it:

1. What would make the next few days easier?

Choose a specific need, such as a meal, a ride, help with another child, an appointment or someone to sit with you while you make a call.

The need I want to address:

Why it matters now:

What can wait or be simplified:

2. What is the whole task?

Think about planning, preparation and follow-up, as well as the visible activity. For example, responsibility for a meal can include deciding what to make, obtaining food and cleaning up.

The task:

Planning, preparation and follow-up included:

Information the helper needs:

3. Who can I ask?

Use roles or first names if that is enough. Keep private details out of a copy you intend to share widely.

Person or organization	Specific request	Day or time	Has the person agreed?

Example request: “Could you pick up groceries on Thursday afternoon? I can send a list in the morning. Please let me know if that time will work.”

4. What do we need to agree on?

Discuss these points with the person helping. For example, someone may agree to buy the groceries while you choose the items and budget.

- How will we confirm the arrangement?
- What choices remain mine or belong to another caregiver?
- What information may be shared with others?
- How will the helper let me know if plans change?

Our agreement:

5. What is the backup?

The backup may be another person, a different time, a simpler task or a call to a service provider. Do not assume someone is available without asking.

If the arrangement changes, we will:

Contact information for any service involved:

6. Did the help fit?

Return to this section after the arrangement has been tried. Note what to keep and what needs to change before asking for help again.

What made a difference:

What created extra work or needs to change:

The next arrangement to confirm:

Keep the plan useful and private

This is a personal planning tool, not a service application or emergency plan. Keep completed notes in a place you choose. The worksheet does not submit your answers to NPF. For urgent help, use [support services](#).

Completed example: help with a weekday meal

This fictional example shows how one task can be made specific. The details are for practice; they do not describe an NPF service or a family's record.

Need: Dinner on the day of a parent's appointment, without a visit to host.

Whole task: A friend checks food preferences, obtains the food and brings it at an agreed time. The household does not need to return a container immediately.

Request: "Would you bring dinner on Wednesday at six? Please leave it at the door and message when it arrives. We are keeping that evening quiet."

Agreement: The friend confirms by Tuesday evening. Only food preferences and delivery instructions are shared. The friend does not need appointment or medical details.

Backup: If the friend cannot do it, they say so by the agreed check-in. The household uses a simpler meal already available. If that backup is not possible, the need remains unresolved and another arrangement has to be discussed.

Afterward: The meal helped. The delivery time was too close to another task, so next time the household asks for an earlier drop-off.

A small version for a busy day

If completing the whole worksheet is too much, use these five lines:

Today I need:

I will ask:

They have agreed to:

If that changes:

We will check again:

Leave a line blank when there is no agreement yet. That makes the remaining need visible. A hope that someone might help should not look like a confirmed arrangement.

Use the [shared care guide](#) if you want to discuss ongoing responsibilities rather than a single task.

Related resources

[Read about postpartum support planning](#) · [Save this worksheet as text](#)

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Family Conversation Guide for Practitioners

[Read Family Conversation Guide for Practitioners online](#)

Use this guide within your professional role and your organization's procedures. It supports a conversation; it is not a diagnostic tool, screening instrument or script that must be completed in order.

1. Explain the purpose and invite a priority

Briefly explain your role and the time available. Ask what the caregiver would like to discuss.

Possible opening: “What would make this conversation useful for you today?”

Explain any required topics at the start. Ask how to make room for the caregiver's concern alongside those requirements.

2. Listen for the situation

Invite a specific example. Ask what happens, when it happens and what the family has already tried. Avoid starting with an assumption about the cause.

Possible prompt: “Could you tell me about a recent time when that happened?”

Reflect back what you heard and invite correction. Acknowledge practical conditions such as work, transportation, communication and care responsibilities.

3. Ask permission to discuss options

Possible transition: “Would it help to look at a couple of options?”

Describe only options within your role and knowledge. Distinguish what you can provide from what another service would need to assess. Explain uncertainty rather than promising acceptance or a result.

4. Check the fit

Ask which option, if any, seems useful and what would make it difficult. Consider cost, timing, language, disability access, privacy and the amount of effort the next step requires.

Possible prompt: “What would need to be in place for that to work for your family?”

If the caregiver declines an option, listen to their reasons and ask whether they want to discuss alternatives.

5. Agree on one manageable action

State who will do what and when. Ask what support is needed to complete the action. If a referral is involved, identify the provider and use an appropriate permission process before sharing information.

Action:

Person responsible:

Timing:

How progress will be checked:

6. Check understanding respectfully

Explain that you want to know whether your explanation was clear.

Possible prompt: “Before we finish, what is your understanding of the next step? I want to make sure I explained it clearly.”

If the caregiver describes a different next step, explain your part again and check where the understanding diverged. For example, clarify whether you will make the first call or whether the caregiver will contact the provider. Offer the agreed details in a format they can use and confirm where further questions should go.

After the conversation

Record only what your role and procedures require. Keep sensitive information in your organization's approved record system. Review whether the agreed action was realistic and whether you left an unanswered question needing professional follow-up.

If an urgent safety issue emerges, stop the routine conversation and follow your organization's emergency or safeguarding procedures.

Practice conversation: a difficult pickup

This roleplay is fictional and intended for professional discussion. It does not describe an NPF client or an assessed case.

Caregiver: “He cries when I arrive, and everyone tells me he was fine all day.”

Practitioner: “You are seeing a difficult end to the day and want to understand it. Could you tell me about yesterday's pickup?”

Caregiver: “I arrived while they were putting toys away. He wanted to keep playing, and we were late for the bus.”

Practitioner: “The activity was ending and there was little time to leave. Would it help to discuss that transition with the caregiver?”

Caregiver: “Yes, but I cannot stay for a long meeting at pickup.”

Practitioner: “What time or contact method could work? We can identify the question you want answered without needing to discuss it at the door.”

Caregiver: “I could arrange a short call before my shift.”

Practitioner: “Then your first step is to request that call and ask what staff notice before pickup. What information would you like to have written down before you contact them?”

Discuss: The practitioner follows the caregiver's observation, asks permission and checks a practical barrier. The conversation does not assume the child's feelings have one cause or promise a result before the setting has been heard.

Practice conversation: a declined resource

This second roleplay is also fictional. The practitioner is providing general resource information within their role, not a clinical assessment.

Practitioner: “Would you like information about a parent discussion group?”

Caregiver: “No. I tried a group before, and I do not want to tell strangers about our family.”

Practitioner: “You do not want a group discussion. Is there another kind of help you want to consider, or would you prefer to leave it there today?”

Caregiver: “I mostly need to know where to ask about child care costs.”

Practitioner: “Then let's focus on the agency responsible for assistance. I can help you find the official contact information. The agency would need to explain eligibility and what documents it requires.”

Caregiver: “Will you send them my details?”

Practitioner: “Providing the public contact information does not involve sending your details. If you want help making contact later, we can discuss that separately and follow our permission process.”

Discuss: Declining the group is accepted. The next step addresses the actual need, and the practitioner explains what information will be shared instead of assuming consent.

One-page conversation reminder

Use this short sequence as a reference alongside the fuller guide, not as a form the caregiver must complete.

1. **Introduce your role.** Explain the purpose, available time and any required topics.
2. **Invite the priority.** Ask what the person wants to get from the conversation.
3. **Understand one example.** Listen for the situation and barriers before offering an explanation.
4. **Ask about options.** Get permission, describe realistic choices and distinguish what is unconfirmed.
5. **Agree on an action.** Name the responsible person, timing and any information sharing involved.
6. **Check your explanation.** Invite the person to describe the next step, and clarify anything you did not explain well.

AHRQ's [teach-back guidance](#) explains why checking understanding is a check on the explanation, rather than a test of the patient. Do not ask a caregiver to repeat a memorized script or imply that a misunderstanding is their fault.

Reflect after practice

Whose priority shaped the conversation? _____

Which question brought out useful information? _____

What did we assume before checking? _____

Was the agreed action possible within this person's circumstances?

What would we explain differently next time? _____

If a roleplay raises a real safeguarding or urgent health concern, discuss it through the organization's appropriate process rather than putting private information into a training example.

Related resources

[Open the referral sheet](#) · [Save this guide as text](#)

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