

Let's Talk about Children
logbook for families of
children from 5 to 12 years of age

Tytti Solantaus
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Every family is different

Some families have a mum, dad, and children, while others have only one parent with children or have two mums or two dads. Children might also come from different backgrounds and live with grandparents, legal custodians or in out of home care.

In our logbooks, we use the word "caregiver" instead of "parent" to include all types of families. We have "the one caregiver" and "the other caregiver." Participants can of course choose what they want to be called during discussions. We use "N " as a placeholder name for the child being discussed, but we encourage using the actual name in the discussion and in the electronic logbook if possible.

Thank you

Thank you to all the families who trusted me with their life stories. What I learned from you is translated into Let's Talk about Children for helping other families.

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Dear Caregiver/s.

You have been invited to participate in Let's Talk about Children (LTC) discussion, welcome!

Children's age range for this discussion is from 5 years up to 12. This is an exciting age period! At school, children learn to make sense of letters and numbers, to read and write, to learn about the secrets of life and even gain a new identity as Student. Together with friends, they explore the world, build secret cabins, make up fantasy stories and whatever else. Their play and social life expand beyond home. Unfortunately, the world includes many temptations that might cause worries for caregivers. LTC discussion is for talking about both delights and worries. Here is a brief overview of the LTC approach, hopefully answering some of your questions about what is ahead.

What is LTC for?

LTC was developed to help caregiver/s and other important people in the child's life to support children's wellbeing and development. The aim is to contribute to the child's a day-to day life that supports their wellbeing, learning and development.

How does this happen?

The practical part first. LTC consists of two discussion sessions with a plan on what to do next and, if needed to carry out the plan, LTC Network Meeting. Network Meeting includes a gathering of the individuals that are identified by the caregiver/s to explore opportunities to support the child.

LTC discussion focuses on the child's day-to-day life as everyday interactions, encounters and routines are important to children and their wellbeing. However, life is not always easy. Every family has times of stress. Sometimes they are short-lived, sometimes they come to stay longer. Hardships take their toll and erode caregiver/s' energy and mental health resources. Caregiver/s might become impatient and irritable, maybe silent and withdrawn. Children react in their particular ways and parenting becomes more challenging. Everyday routines fall on the wayside, and when it happens, caregivers feel even worse.

Every family has unique strengths, which family members may not always recognize or give themselves credit for. Let's Talk About Children is a resource that helps families identify and nurture their strengths in the everyday life, and find solutions to difficult issues. The program is designed to support families and provide them with the tools they need to thrive.

It is time to start! I hope you have an interesting and inspiring discussion.

Kind regards,



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FIRST LTC SESSION

Getting started

1. Welcome and introduce participants
2. A brief overview of the aims and what to expect during the discussion.
3. Confidentiality and how the discussion is documented in the family member's records, as needed
4. Before going on: How did you feel about coming here today? (caregiver/s and the worker)
5. A closer look at strengths and vulnerabilities:

Strength: An area of the family life and of child's life outside home (day care, school and leisure environment) that is progressing well, including everyday routines, time spent together and activities with friends and the community.

Vulnerability: An area of the family life and of child's life outside home (day care, school, leisure environment) that might cause problems if nothing is done, or is already a concern which would benefit from further attention and support.

Caregivers often have different experiences and points of view. Do not worry, it is fine. If you disagree about strengths and vulnerabilities, mark them both.

The child at home

1. **What would you like to share about your family and yourselves?** To the practitioner: Would you like to tell something about yourself?
2. **How would you describe N? What is N like?** Also: What does N enjoy? What does N like to play? What makes N laugh?
3. **Is N curious about new things, eager to try them out and know more?** Also: Does N have a special interest to focus on? Strength Vulnerability
4. **How would you describe N's wellbeing and health? Mood and energy?** Strength Vulnerability

5. **Have you been concerned about N?** What kind of concern? How about other children?
Have you searched for help, where? Strength Vulnerability

6. **Does N enjoy the company of sisters and brothers?** (When appropriate)
Also: What do they do? Is there something they enjoy particularly?
Strength Vulnerability

7. **How would you describe your own relationship with N?**
Also: Are there activities that you and N enjoy together? Strength Vulnerability
Does N talk to you about delights? Does N turn to you when upset?
The one caregiver Strength Vulnerability
The other caregiver Strength Vulnerability

8. **Does the whole family share any activities or hobbies?** Strength Vulnerability
Baking, cooking, playing games, movies, outdoor activities ...etc

The child at school and preschool

1. Five- and six-year-old children have only a certain number of lessons per week. This is called here preschool. **How has starting pre/school been for N?** Also: How does N feel about the lessons by the teacher? How about the tasks that the teacher asks to do?
Strength Vulnerability

2. **What would you say, does N enjoy pre/school?** What does N enjoy – and maybe not enjoy?
Strength Vulnerability

3. **What do you think, is there enough time for N to play and relax during the day?**
Strength Vulnerability

4. **How does N get along with other children at pre/school?** Do you think N feels welcomed at pre/school in the mornings?
Strength Vulnerability

5. **Does N have friends at pre/school?** Strength Vulnerability

6. **Is there discrimination or bullying at pre/school?** Is N a target and how? Or somebody else in the group? In both cases, it is a problem that should be attended to.
Strength Vulnerability

7. **How do pre/school routines go?** (When appropriate)

Being at school in time

Strength Vulnerability

Eating during the day

Strength Vulnerability

Attending lessons

Strength Vulnerability

Using the toilet

Strength Vulnerability

Playtime

Strength Vulnerability

Doing homework

Strength Vulnerability

8. **How are N's learning and studies progressing?** Do you think N's achievement is in line with N's capacities? Also: What do you think, is school stressful for N?

Strength Vulnerability

9. **What would you say about N's relationship with the teacher/s and other staff members?** Also:

Are teachers or other staff members available, when N needs them? Is there somebody N can turn to for comfort?

Strength Vulnerability

10. **How would you describe home-school co-operation and your relationship with N's teacher/s?**

Do you meet with N's teacher/s? Are they helpful and available?

Is there a system to help caregivers and teachers to communicate?

Strength Vulnerability

Spending time outside of school

11. **How does N like to spend free time?** Does N have a special interest or a hobby?

Strength Vulnerability

12. **Does N have friends in the neighbourhood to meet and spend time together?**

What do they like to do? Does the environment inspire play and explorations?

Strength Vulnerability

13. **Does N spend a lot of time alone?** Does N enjoy being alone? What does N like to do when alone?

Strength Vulnerability

14. **Has N been bullied or discriminated during free time and on internet?** If yes, what happened and how has it been taken care of? Are further measures needed? Make a note in the action plan page.

Strength Vulnerability

15. **Does N have a person outside of home whom N feels close to?** A grandparent, aunt/uncle, a parent of a friend, a partner, a trainer/ coach in some sport or other activity ...

Strength Vulnerability

Parenting and housework

1. What is it like to be a caregiver? A caregiver to N?

The one caregiver

Strength Vulnerability

The other caregiver

Strength Vulnerability

2. How do the daily routines go with N?

Morning routines and leaving home for pre/school

Strength Vulnerability

Hygiene and washing up

Strength Vulnerability

Issues concerning clothing

Strength Vulnerability

Eating strength vulnerability

Strength Vulnerability

Physical and outdoor activities

Strength Vulnerability

Curfews

Strength Vulnerability

Going to bed, sleeping

Strength Vulnerability

3. Does N have household responsibilities? What are they and how do they go? What do you think they mean for N? And for you?

Strength Vulnerability

4. Possible disagreements and conflicts with N

There are disagreements and conflicts with all children. They are often passing, but can also be quite persistent and hard to solve. Sometimes either party might lose their temper, especially if there are other pressures and tensions in the family. If this has happened, you are welcome to talk about it, and help and support can be searched for in the action plan.

How do you and N deal with conflicts? Has anyone lost their temper? What happened?

The one caregiver

Strength Vulnerability

The other caregiver

Strength Vulnerability

5. Have you noticed something special in N, for instance?

Difficulties to depart with caregiver

Difficulties to go to pre/school

Persistent low mood, depression

Restlessness, inability to concentrate

Defiance, irritability, behavioral issues

Anxiety and fears

Eating problems

Isolation from others

Signs of substance use

Phobias, obsessive compulsive behaviors

Odd thoughts, talk or behavior

Comments and behavior around self-harm or dying

Caregiver/s' wellbeing and social support

1. How would you describe your own wellbeing and health?

Are you (both caregivers) experiencing any persistent worries and stress reactions or mental health issues? How would you describe them? What do you think, do they have an impact on children and parenting? If the other caregiver is not present, discuss how they are doing, do they have any such issues that interfere in family life and parenting? (e.g., excessive work; exhaustion & burnout; health and mental health issues, substance use, and others)

The one caregiver

Strength Vulnerability

The other caregiver

Strength Vulnerability

2. Other concerns. It's possible that you may have concerns related to your other children, the health of extended family members, work-related issues, family stress, or other matters.

Do you have any other concerns, and if so, how do you manage them? Is help needed from other services (e.g school, health and social services, income support services, etc)?

The one caregiver

Strength Vulnerability

The other caregiver

Strength Vulnerability

3. Communication and solving problematic issues

How do you feel about talking about your worries and potential signs of stress and mental health concerns with your partner/ support person? Have you explained the possible changes? of your behaviour to your child/ren?

Talking among the caregivers

Strength Vulnerability

Talking to the children

Strength Vulnerability

4. Household chores, child care and gainful employment

How do you manage all these different tasks? Are you satisfied with the division of labour? If you are alone, do you get help from friends, extended family or others?

Child care and parenting

Strength Vulnerability

Household chores

Strength Vulnerability

Gainful employment

Strength Vulnerability

5. **Couple relationship**

Do you find delight and joy in each other's company? Empathy and support?

The one caregiver

Strength Vulnerability

The other caregiver

Strength Vulnerability

6. **Social life, friends, relatives**

Joy and shared activities

Strength Vulnerability

Availability of practical support

Strength Vulnerability

7. **Is there anything else you would like to talk about?**

8. ***Home assignment**

9. **Ending the meeting**

a. How was this discussion for you, the caregivers? And for the practitioner?

b. Set up the next meeting

Thank you!



*Home assignment

It is time to close this discussion and to give you two tasks to focus on at home.

No.1 We would like to ask you to get acquainted with Annex 1 and Annex 2 or the booklet, How Can I Help My Children?

Annex 1, SHARED UNDERSTANDING AND CO-OPERATION IN THE FAMILY explains what shared understanding means. It describes how important it is for family members and their wellbeing to be able to make sense of what is happening in the family. As you will see, this is true also with children.

Annex 2, TALKING ABOUT DIFFICULT ISSUES WITH YOUR CHILDREN and booklet How can I help my children? give guidelines how to talk with children about issues that have an impact on their life but are difficult for everyone to talk about. These include anything from economic problems to a family member's mental health issues or a severe illness.

No 2. As to the action plan, we'll discuss ways you can nurture your strengths and address vulnerabilities. To prepare for this, we ask that you select the strengths you'd like to focus on and identify any vulnerabilities you'd like to find support and solutions for.

The list of ****Things to pay attention to when making an LTC action plan** is helpful in putting the plan together. Please take your logbook with you when you come next time.

You may involve your children in these discussions. They may have helpful insights related to their own experiences and situations. Furthermore, if you like, you can invite N to join us in the second session to discuss these issues.

Thank you!



**Things to pay attention to when making the LTC action plan

Here are some important things to consider when creating an action plan for Let's Talk about Children (LTC). They refer to both caregivers and children, including young people.

Note! It is not expected that families manage all these situations, probably no family does. The list helps you to identify the strengths that you have and select issues that you find important to focus on in the action plan and family life.

1. Shared understanding and co-operation in the family
2. Caregivers discuss difficult things and make plans in a constructive manner
3. In case of problems affecting children, they are helped to make sense of what is happening and to cope with the situation
4. Parenting and housework are shared between the caregivers to their satisfaction.
5. Children have responsibilities in a way which is appropriate for their age and situation
6. Regular hours and sufficient rest for everyone in the family

7. Shared moments of joy between the spouses and with the whole family
8. Friends and relatives who bring joy and give practical help

9. Children feel loved and are cared for, and valued by the caregivers
10. Caregivers play and spend time with children
11. Children have interests and friends
12. Children are valued by teachers at day care/ kindergarten/school and by leaders/ coaches in activities /hobbies and appreciated in respective peer groups

13. Courage to ask for help even if it is difficult and feels shameful
14. Services that are available, understanding, get involved and provide help



The second LTC session

1. Greet the participants: How have you been?
2. How was the previous LTC discussion for you? For the practitioner?
Is there anything you would like to go back to?
3. Explain the aims and process of this session
4. How did you feel about the home assignment?
Did you have time for it? If not, that is fine. Let's look at them now.
5. **Annex 1 SHARED UNDERSTANDING AND CO-OPERATION IN THE FAMILY.**
What do you think about this? How does this sound to you, does it make sense?

Annex 2 TALKING ABOUT DIFFICULT ISSUES WITH YOUR CHILDREN and booklet **How can I help my children?**

What kind of thoughts do you have about talked with children about difficult issues?

Do you have any experiences? How did it go?

6. How was this discussion for you? And the practitioner?

Did you have a chance to look at the strengths and vulnerabilities identified in the first session?

If not, no problem. We can do it now and continue the discussion on that basis.

What kind of thoughts came up/ come up regarding your strengths and vulnerabilities?

Any surprises, any disappointments, any questions?

Drawing up the action plan

1. Which strengths did you choose to make a plan for? Brainstorm options of what to do, write down what is decided

2. Which vulnerabilities did you choose to make a plan for? Brainstorm options of what to do, write down what is decided.

- If no further activity is needed, proceed to 4. Ending the meeting
- If further help is needed, proceed to 3. Planning LTC Network Meeting
- If further help is needed, but Network Meeting is not an option, information is given about the needed services and how to reach them



3. Planning LTC Network Meeting

- a. Explain the purpose of meeting
- b. Explain how the meeting is set up
- c. Caregivers agree on the topics to be discussed and topics that family does not wish to discuss. Write down the strengths and vulnerabilities and possible other topics for the action plan:

- d. Who is to be invited and by whom?

It would be fruitful for the family to talk with children at home about strengths and vulnerabilities in situations which involve them. Children might have ideas that are important to be included in the action plan. You are also welcome to invite N to join the meeting.

- e. Set a date for the meeting _____

4. Ending this session and the LTC process

How was this session and the LTC process for you? For the practitioner?

Has it been helpful for you? In what way?

Was there something problematic that you would like to talk about?

If you continue to use the service, you are welcome to talk about the family situation and children whenever you like. The staff is delighted to hear good news and ready to provide support when needed. Agree on whether the practitioner may initiate a discussion about the children also later on.

If the caregiver/s continue to use the service, encourage them to talk about the family situation and children whenever they like. The staff is delighted to hear good news and ready to provide support when needed. Agree on whether the practitioner may initiate a discussion about the children also later on.

Thank you!

1. **Begin by warmly welcoming everyone making introductions** The leader of the meeting describes the outline of the meeting and how it has been prepared.
2. Caregiver/s or the practitioner, as agreed, describe the reasons for the meeting and areas of action, i.e. the strengths and vulnerabilities.
3. **Discussion among caregivers and invited participants**
 - a) Clarifying questions and points of view
 - b) Ideas on how to proceed on each item
 - c) Turn the ideas into concrete actions that family members agree on
4. **Write a memorandum*** stating the courses of action. Use a flip chart or project it on a wall. Practitioners are usually at the top of the list, followed by the family's social network and the family. This way, the family can plan their own actions based on the overall effort. If called for, the order can be changed.
All participants are given a copy of the memorandum at the end of the meeting, if family members agree.
5. **Set up the follow-up meeting** and agree on who will be there. **



Ending Network Meeting

How was this meeting for the participants?

To family members: Did you feel that you were understood? Do you think you received the support you needed?

The leader of the meeting makes a summary, hands the memorandum to the participants as agreed, thanks the participants and declares the meeting closed.

** At least one follow-up meeting is recommended to let the involved parties note what has been achieved and whether a new meeting is called for. The time between meetings and their number depend on the overall situation. The follow-up meeting begins with family members giving a short outline of the current situation and whether the original plan was put into action. If a deed was not carried out, the responsible person describes why not and what was done instead. A discussion follows on what was learned for the future while implementing the plan. If further action is called for, a new memorandum is written stating what courses of action should continue and what else is needed.



***Format the memorandum**

Network meeting _____ (date)

Topics (For example, 3)	Topic 1: Topic 2: Topic 3:	
Participants	What specific action, when (For example, date, time of day)	Follow-up meeting date



Food for thought for family members -1

SHARED UNDERSTANDING AND CO-OPERATION IN THE FAMILY

In Let's Talk about Children approach, shared understanding in the family means that caregivers and children understand each other and have a similar conception of a family situation. **Parents understand their children's experiences and feelings and likewise, children understand their parents' behaviour and actions in the situation.** What happens in the family makes sense to both children and caretakers.

Understanding each other builds a feeling of connection and belonging in the family and lays the foundation for co-operation, for solving difficult issues and a smooth day-to-day life.

Having a shared understanding is important in any family, but especially important in families facing challenges that are difficult to talk about. Examples of this are parental exhaustion, tension caused by stress, disease, mental health and substance use issues, unemployment, financial problems, etc. They will affect the parents' behaviour and family life in a way that often makes children insecure, maybe even fearful, and unsure of how they should be. When faced with difficulties, a shared understanding and co-operation are essential for the family's resilience, ability to manage and go on.

Example. Parents have financial worries. They are under great pressure and argue a lot. Children become scared and lie awake at night, afraid that the family will split up. During the day, their tiredness and worries make them cranky. Parents haven't even considered breaking up, but the tension they feel makes them angry with their cranky children. This leads to a harmful spiral.

Talking about the situation and building a shared understanding is helpful for everyone and puts a stop to the spiralling tension and conflict. The parents learn to understand their children's fears and behaviour, promise to talk in a more constructive manner and assure that although things are difficult at the moment, everything will be all right.

The parents also decide to ask for children's help and ideas in making ends meet. The father says: "Jim you need a new jacket, but we do not have the money to buy the one you really liked in the store the other day. You were sorry and so was I. Do you have any ideas what we could do?" Jim is pleased to be asked but stays quiet for a while. His big sister Lena interferes: "I could take you to a second-hand store, I know one which has pretty good clothes. Many of my friends buy their clothes from that store. What do you think?" Jim nods, although a bit hesitantly.

The children received an explanation for the parents' arguments and tone of voice. They were reassured that the family is not splitting up and, on top of it all, they were invited to be a team with parents to help the family manage in the present situation. They started to sleep peacefully at night.

However, sometimes it is very difficult to initiate a discussion with children about problems which are usually thought of as "adults' problems". Annexes no 2 and 3 will help you begin.

Food for thought for family members and professionals -2

TALKING ABOUT DIFFICULT ISSUES WITH YOUR CHILDREN

Every family has hardships to deal with at times. Some hardships and their consequences are really difficult to talk about even among adults, let alone with children. Issues related to caregiver's psychological distress and mental health are among them. However, they have an impact on one's mood and behaviour and hence, on family life and interaction with others. **Family members, including children, are puzzled. The family member facing such problems is often as puzzled and as everyone else.** Everyone in the family needs to be able to make sense of what is happening and what to do. This means that **children need an explanation by caregivers to what they have seen, heard, felt, thought of and feared and a discussion on what to do in different situations.** An open and constructive discussion is needed.

Issues covered in this paper apply to different kinds of hardships in the family. When a family faces difficulties, like severe illness in a family member, unemployment, economic issues, relationship issues, being in exile, it all impinges on caregivers. Caregivers act like a buffer for children, but the situation can become overwhelming also for caregivers and they are likely to become irritable, impatient, depressed and anxious. They might anger easily at others, withdraw and sleep poorly. These symptoms have implications for children in all families, not only in those where caregivers suffer from diagnosable mental health disorders. Therefore, we are talking about us all. There is no "us and them".

It has to be pointed out, that we are not talking about a one-session discussion but a process of talking about difficult issues in the family. It proceeds one step at a time as understanding develops gradually in the flow of days and months. Situations change and children grow older. Caregivers' and children's understanding of mental health and psychological reactions and how to deal with them develop with experience. **It is hoped in LTC that talking about difficult issues, cherishing understanding between family members and searching for solutions together becomes at best a family tradition.**

Open and constructive discussion is needed and we will now ask Why?



An open and constructive discussion ...

1. **helps caregivers** understand their children, their experiences and behaviour, as well as their own behaviour and its meaning to children
 - a. Why is my child always so angry? Why so quiet and withdrawn? Why does the little one hang onto me all the time? Why is the adolescent never at home?
There can be many reasons for such behaviours, but these examples and many others can also stem from children's worries and uncertainty of what is happening at home
 - b. Caregivers learn to understand their own behaviour and how children's reactions make sense
2. **helps children** understand and make sense of the caregivers' behaviour and family situation, as well as their own reactions and behaviour
 - a. Why does mummy cry so much? Why is daddy so angry all the time?
 - b. Is it because of me? Children's self-blame is addressed
 - c. Children understand their own reactions, how they make sense in the situation at home: I am not a bad child
3. **helps children and caregivers** understand each other and look for solutions together for everyday encounters, which is needed especially in situations affecting children
 - a. **Being part of creating solutions makes children feel and understand that they are valued and important members of the family.** Children are initiative and often have good ideas!
 - b. Children learn to know what to do in different situations rather than remaining helpless
4. **gives children** an access to the caregiver: the difficult topic is open for discussion and children can ask questions and turn to caregivers when they want to.
5. **makes family relationships** easier, more relaxed, by making it unnecessary to hide things from others and to be ashamed and feel guilty

In short, three main aims of talking with children about difficult issues

1. **to help caregivers understand their children**, children's experiences, reactions and feelings and their meaning for children
2. **to help children understand their caregivers**, their behaviour and the family situation, and understand themselves, their own experiences and reactions in the family situation
3. **to help caregivers, and caregivers and children to support each other and to work out solutions to together**

What to talk about?

- **Children need to have a sense that caregivers are there for them** and help them understand what is going on. Children have also their own questions and experiences to bring into the discussion. The aim is for caregivers and children to have a dialogue, rather than an information session. On the other hand, do not put any pressures on children to talk. They might be very quiet to start out with, which is fine.
- **To understand what is happening and to relate to family members, children need an explanation to what they have seen, heard, felt, thought of and feared.** Children do not need an information package of mental disorders to begin with. Time for factual information comes later and depends also on the child's age.
- **Children have many thoughts and questions in their mind.** Children wonder what is going on, what is the matter? Will the caregiver get better, and how, and when? What happens to our family? Will I also get it? They wonder if they have done something to cause it and what they could do to help. They might also feel that they cannot have fun with friends when caregivers are not well.

Take up these issues in the course of your discussions even if children do not ask about them.

- **What not to talk about?** is the other important question that caregivers struggle with.

Children do not need to know details of caregivers' problems. Children, no matter what their age is, should **not** be made travel companions for caregivers, someone who is there for sharing the hardships in the caregiver's life. If a caregiver needs such a person for support and to talk to, they should be encouraged to ask for a friend's help or find a professional.

- Let's picture that a caregiver has been up for most of the night with horrible nightmares, and is still half asleep at breakfast table. Their mind is occupied by the nightmares, but instead of telling about them, the caregiver says: "I'm sorry about being somewhat out of it now, but I slept poorly. Don't worry, I will wake up soon!" The caregiver acknowledged the problem, gave an explanation and told how the situation will get solved. **The three key steps in these discussions with children, and why not also with adults.**

Caregivers are advised not to tell children issues that have no relevance in children's lives. For instance, telling children about the miseries of one's childhood and maybe of one's own parents might turn them into burdens also for children, especially if they have a caring relationship with the particular grandparents. If those issues bother the caregiver, they should be discussed among adults.

How to start talking about difficult issues

- **It would be helpful if caregivers, in advance, figured it out together**, what their message was going to be, and how it will be expressed. If this turns out to be difficult, ask help from professional collaborating with you in LTC.
- **Children react to caregivers' problems in many ways.** Be sensitive to their reactions and follow their lead. You can also try to anticipate how each child might react in order to be prepared to support and comfort them, no matter what their reactions are. The reactions can range from one end to another, from desperate crying to anger and blame, or not wanting to hear anything. **Overall, it is important to listen to children, encourage them to continue, comfort them and to try to understand even their hurtful reactions.** There is so much stigma around on psychological and psychiatric problems that especially older children might have been subjected to them.
- **To start out, you can choose a concrete and fairly simple situation** where the child was present and you behaved in a symptomatic way. You will learn by experience how it all goes and can deal with more complex situations later.
- For instance:
 - “Have you noticed that I have been very quiet lately, that I have been very much in bed?” ...
 - For older children “I have been feeling low for some time. Have you noticed?” The young person nods. “Have you heard of something called depression?” A nod again “What do you know about it?” That people are tired. “That is what I have ... it makes me very tired but often also angry. Have you noticed that?” ...
- **Use expressions familiar to children**
With small children, the caregiver might call the problem by the main symptom. They can have a sleeping sickness, a crying sickness, a crankiness or an anger sickness, or whatever is right for your situation and children.
Young people use the internet and might have read different kinds of information about mental health issues. Depending on the situation, it might be a good idea to go to the net together to see and discuss those contents.
- When the discussion has been started, it often continues spontaneously in situations like doing the dishes, baking, watching Tv, being on a walk, and so on. This is, indeed, the aim, to talk about family issues freely, when they come to mind.

Togetherness, hope and future

Hope and optimism about the future are often compromised, when a family faces severe problems. If difficulties are not shared, the silence creates a distance between family members. It strengthens the sense of hopelessness.

- **First of all, AND THIS IS A MUST: Always**, when you talk about something, that is difficult in the family, **tell children** what is being done and will be done to go forward: **there is a future**. For instance: tell children that the caregiver receives treatment (the caregiver is ill); we can make plans together how to get by with less money (economic problems); both of us, we love you and take care of you, even if we separate (relationship problems), and so on.
- **Furthermore, invite children to search for solutions together with you. It is about making family members into a team and building the road to the future.**

An example: A caregiver says to children: “As you know, I have difficulties getting up in the morning when you leave for school. Do you have any wishes or ideas how we could best arrange the mornings?” There is also **another example in Annex 1**, where a caregiver asks the child’s help to manage with less money. **A third example** could be a situation where one child has become responsible for too much house work and caring for younger siblings. The parents have the family members and also members of the extended family to make a plan together how those tasks could be carried out without burdening the child.

Children turn into team members and actors in such situations, rather than being passive objects – and they have good ideas! Children learn that they can make a difference and they feel needed and valued.

- **Make sure that children feel welcome to turn to you any time** they would like to, be it because of worries and questions or simply of getting support or having fun with you.
- **Indeed, talking about difficult issues need not be only sad, but also include fun and enjoyment.** When the child in the family of economic problems gets a new jacket, why not celebrate it with... ice cream? And when everyone gets a breakfast and goes to school in time, wouldn’t that be worth a celebration?

In conclusion

Discussing difficult issues within the family and searching for solutions for day-to-day encounters make caregivers and children feel closer. A sense of togetherness is fostered, as well as a trust and hope in the future. **Open and constructive discussion and solving difficult issues together contribute to resilience in hard time.**

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