

Let's Talk about Children
Logbook
for working with families of
children from 1 to 5 years of age

Tytti Solantaus
2023



Funded by
the European Union

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.

Thank you to Emmi Riihiranta-Laine and Miia Äänismaa in Turku University for sharing their experiences in the everyday practice of LTC and the logbooks.

Thank you to Brad Morgan from Emerging Minds in Australia for sharing his experience of LTC in the Australian context, correcting my English, and adapting the logbook to international use. As further changes and additions have been made, the author takes full responsibility for any possible grammatical and other errors in the English language.

Thank you to all colleagues and collaborators and who contributed to the development of the current edition of the logbook with their wise comments and challenging feedback. Further feedback and comments can be forwarded to Tytti Solantaus (firstname.lastname@gmail.com).

Thank you to the Finnish Cultural Foundation for the Eminentia Scholarship that was awarded to Tytti Solantaus.

The Let's Talk about Children Logbook © Tytti Solantaus

Logbook Let's Talk about Children Network Meeting © Mika Niemelä and Tytti Solantaus

The logbook should be referenced as: Solantaus T. (2023) Let's Talk about Children logbook for families of children from 1 to 5 years of age. University of Turku /INVEST

Let's Talk about Children Logbook for working with families of children from 1 to 5 years of age © 2023 by Tytti Solantaus (the logbook) and Mika Niemelä (Network meeting) is licensed under [CC BY-NC-ND 4.0](https://creativecommons.org/licenses/by-nc-nd/4.0/)



Dear Caregiver/s,

Congratulations, you have a conqueror of the world in the family! The curiosity of small children is endless and they want to be part of everything that is going on. They go to where-ever-they-want and believe they are invincible and invulnerable. One moment they are superheroes and another they sit cozying in the warmth and comfort of your lap.

In the middle of all this, you have been invited to discuss your child's wellbeing along the lines of the Let's Talk about Children (LTC) approach. **Welcome to the discussion!** Here is a brief overview of the 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,



Tytti Solantaus

Child psychiatrist, Emeritus Professor, Turku University/INVEST
tytti.solantaus@utu.fi; tytti.solantaus@gmail.com

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.

Two examples to be discussed with the caregivers

-

A shy child in a lively and loud class room (or some other example)

The child is very lonely, left alone. The shyness is a vulnerability in this context. Action plan: to help the child integrate (caregivers and teacher), and to help the school mates learn to accept someone who is different in their group (teacher). Shyness could be a strength in another kind of environment.

A mother with alcohol problems takes the child to day care (or some other example).

The mother brings her child to the day care center with a hangover and the staff looks down on her. Overall, the child is doing well. Strength: The mother brings the child does this risking her own reputation, because she is sure that it is better for the child to play with other children in day care than stay at home with an ill mother.

The child

1. Would you like to share a little bit about yourself and your role as a caregiver, as well as tell us about your family? Would you (the worker) like to share something about yourself?
2. How would you describe N? What is N like? What does N like to do? What makes N laugh?

3. Has N brought you any special moments or feelings of joy and delight? What might they be?

The one caregiver

Strength ☐ Vulnerability ☐

The other caregiver

Strength ☐ Vulnerability ☐

4. How would you describe N's health and wellbeing?

Strength ☐ Vulnerability ☐

Examples of strengths: a child has passing infections, no chronic problems; is mostly satisfied, happy; interested in what is happening; enjoys spending time with family members; playing and doing things with other children; temper tantrums occur, but situations can be solved; treatment services are helpful

Possible vulnerabilities: a child is often in low spirits, looks sad, cries often; is often withdrawn and difficult to reach; a child is very demanding, needing a caregiver almost constantly; has difficulties in sleeping; has frequent temper tantrums; caregiver/s are helpless, anxious, worn out; treatment services are of no help, do not involve the family

5. Do you have concerns or worries about N?

Strength ☐ Vulnerability ☐

Have you searched for help? Where? _____

6. Do you have concerns about other children?

Strength ☐ Vulnerability ☐

Have you searched for help? Where? _____

At home

1. **Does N enjoy the company of their sister/s or brother/s?** (When appropriate)
How do they get along? What do they like to do? Strength ☐ Vulnerability ☐
2. **Does N have a friend/s in the neighbourhood to play with?**
What do they like to do? Strength ☐ Vulnerability ☐
3. **How does feeding & eating go with N?** Are mealtimes mostly pleasurable for both you and N, or are they often a struggle? Strength ☐ Vulnerability ☐
4. **How does the family sleep?** Do you get enough rest?

N Strength ☐ Vulnerability ☐
The one caregiver Strength ☐ Vulnerability ☐
The other caregiver Strength ☐ Vulnerability ☐
Other children (when appropriate) Strength ☐ Vulnerability ☐
5. **Other daily routines and the mood around them**
Morning routines Strength ☐ Vulnerability ☐
Nappies, going to the potty, using toilet Strength ☐ Vulnerability ☐
Playing Strength ☐ Vulnerability ☐
Screen time Strength ☐ Vulnerability ☐
Going to bed Strength ☐ Vulnerability ☐

The child in kindergarten / substitute care

1. **How does N like day care/substitute care?** Strength ☐ Vulnerability ☐
2. **Does N play with and enjoy the company of other children?** Does N have a friend?
Strength ☐ Vulnerability ☐
3. **How do the everyday routines go?** Eating, sleeping, toileting, play, outdoor activities etc.
Strength ☐ Vulnerability ☐
4. **How do you see the relationships between N and the caregiver/s?** Is there someone N feels?
Strength ☐ Vulnerability ☐
5. **How is your collaboration with the staff member/s?** Strength ☐ Vulnerability ☐
6. **Anything else you would like to mention?**

Parenting and housework

1. What is it like to be a parent to N?

The one caregiver
The other caregiver

Strength ☐ Vulnerability ☐
Strength ☐ Vulnerability ☐

2. How do you spend time with N? What do you do? Is there something special that you enjoy together? Is there something that you would like to change?

The one caregiver
The other caregiver

Strength ☐ Vulnerability ☐
Strength ☐ Vulnerability ☐

Examples of strengths: Caregivers and the child enjoy spending time together; hide and seek, floor time e.g., with building blocks; drawing; taking trips to a playground/ parks/woods etc; the child wants to show achievements, caregivers admire them

Possible vulnerabilities: Caregivers do not often socialize and play with the child; they feel guilty about it; mutual joy is scarce; a child does not respond to the caregivers' efforts; the child spends quite a lot of time watching TV and alike; the caregiver's treatment and the child's (possible) day care services are not of help

3. How do you manage stressful situations?

There are stressful situations with every child, for instance, it is time to go somewhere urgently, but the child refuses to collaborate and exercises their will with all their might.

If these situations are difficult, it is good to mark it down in the action plan section to remind of needed support.

The one caregiver
The other caregiver

Strength ☐ Vulnerability ☐
Strength ☐ Vulnerability ☐

Examples of strengths: Caregiver/s have found ways to solve such situations; caregivers take turns to comfort the child, esp. at night; caregiver's treatment and the child's day care services are of support

Possible vulnerabilities: Caregiver/s find the child impossible to settle down; caregivers feel helpless, at times desperate; there is no support available; caregiver/s are afraid of losing their temper; they lose their temper and restrain the child by force; use other doubtful methods; the treatment and day care services are no of help

4-6 Concern household chores, child care and gainful employment

How do you manage all these different tasks?

Are you happy with how you divide the responsibilities between yourselves?

If you are alone, do you get help from friends, extended family or others?

4. Child care and parenting

The one caregiver
The other caregiver

Strength ☐ Vulnerability ☐
Strength ☐ Vulnerability ☐

5. **Household chores** shopping, cooking, doing the dishes, washing clothes, cleaning up etc.
construction work at home, fixing the car etc.

The one caregiver

The other caregiver

Strength ☐ Vulnerability ☐

Strength ☐ Vulnerability ☐

6. **Gainful employment**

The one caregiver

The other caregiver

Strength ☐ Vulnerability ☐

Strength ☐ Vulnerability ☐



Caregiver/s' wellbeing and social life

1. How would you describe your wellbeing and health?

Also: Are you experiencing any persistent stress reactions or mental health issues?

How is your physical health?

Do you think these issues 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)

Examples of strengths: Caregiver/s are feeling well in spite of times of stress; stress reactions and problems with mental health have increased, but the treatment services are supportive and offer support also for the family

Possible vulnerabilities: Caregiver/s' endurance and mental energy is under considerable strain; stress symptoms have aggravated; caregiver/s is/are often irritable and angry; it is difficult to enjoy the child; use of alcohol /drugs in the family has increased; the treatment service is of no help, does not involve the family

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 worries and potential signs of stress and mental health concerns with your partner/ support person? Have you discussed with N / other children such difficulties that also affect them, and explained possible changes in your behaviour? E.g sleeping a lot, staying at home and not going to work, being often angry, etc.

Among caregivers

Strength ☐ Vulnerability ☐

With N /children

Strength ☐ Vulnerability ☐

This concerns building up shared understanding among the caregivers and the family. It is very important in any family, but crucial when a family/ a couple faces difficulties. Introduce this now and come back to it in the second session. (Supporting and building up shared understanding is one of the key issues in LTC)

Examples of strengths: Caregivers share and discuss difficulties and issues causing distress; problems concerning children are discussed with them; shared solutions are found; treatment services are supportive and involve also the family

Possible vulnerabilities: Issues of distress and their consequences are hard/impossible to discuss among caregivers and with child/ren; discussing leads often to quarrels or withdrawal; caregivers struggle alone; atmosphere at home is sad, pessimistic, irritable; children might be restless with behavioural problems or withdraw; treatment services are not supportive enough, family members are not included

4. **Couple relationship**

You are now three, maybe more. N is at the age when children take a lot of space and demand almost constant attention. How has this been for you?

Delight and joy in each other's company? Empathy and support for each other?

The one caregiver

Strength ☐ Vulnerability ☐

The other caregiver

Strength ☐ Vulnerability ☐

5. **Social life, friends and relatives**

Joy and shared activities

Strength ☐ Vulnerability ☐

Availability of practical support

Strength ☐ Vulnerability ☐

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

7. **Home assignment***

8. **Ending the meeting**

How was this discussion for you? And for the worker?

Set up the next meeting _____

*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?**

If the family is dealing with mental health problems, recommend or give them a copy of the booklet **How Can I Help My Children**. It has a more thorough presentation of the family situation and talking with 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.

Even if N is too small to talk, it might still be useful for you to get acquainted with the Annex and especially if you have older children. The Annex might also elicit thoughts about how to discuss difficult issues among caregivers.

Annex 3, TALKING ABOUT DIFFICULT ISSUES WITH ONE'S CHILDREN for practitioners and **"How can I help my children?"** give more detailed information about talking with children and will help you to discuss these issues with caregivers. They can also be given to caregivers.

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 worker?
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?

Explain what shared understanding is about and use the example to clarify it. You can also use your own examples.

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

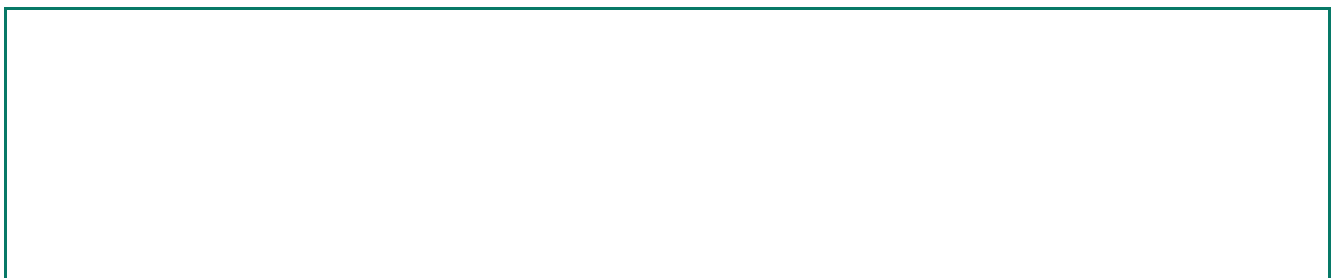
What kind of thoughts do you have about talking with children about difficult issues? Do you have any experiences? How did it go?

Remember never to put pressure on caregivers to talk about something they are ambivalent about or resist talking.

Be prepared to respond to questions concerning children's age, type of problem to be told (from low mood to suicide attempt), who tells, how the process continues from that, etc.

If the caregivers have difficulties discussing distress and mental health issues, consider suggesting a session in the action plan to talk about such issues with you and each other.

6. **How was this discussion for you?** And the practitioner?
The aim is to approach these issues from different angles. Remember that you are not the one who 'knows' and tells what family members should do. Let family members decide. At best, this is a learning period for both you and the family.



7. 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 (if there is no Network Meeting)

How was this session and the LTC process for you? And for the worker?

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 this 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 worker may initiate a discussion about the children also later on.

Thank you!

1. Begin by warmly welcoming everyone making introductions.
2. The leader of the meeting describes the outline of the meeting and how it has been prepared.
3. Caregiver/s or the worker, as agreed, describe the reasons for the meeting and areas of
4. action, i.e., the strengths and vulnerabilities
5. Discussion among caregivers and invited participants
6. Clarifying questions and points of view
7. Ideas on how to proceed on each item
8. Turn the ideas into concrete actions that family members agree on
9. **Write a memorandum*** stating the courses of action. Use a flip chart or project it on a wall.
Service workers 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.
10. **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 help 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



EU4Health

Project number: 101101249



Ospedale Niguarda



UNIVERSITY OF TURKU

CEIPES

CENTRO INTERNAZIONALE PER LA PROMOZIONE DELL'EDUCAZIONE E LO SVILUPPO



UNIVERSIDADE DE COIMBRA



Co-funded by the European Union

Funded by the European Union under the EU4Health Programme (EU4H)-Grant Agreement N°: 101101249. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.