Let's Talk about Children Logbook for working with families of children from 12 to 18 years of age

Tytti Solantaus 2023







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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LETTER OF WELCOME TO CAREGIVERS

Dear Caregiver/s.

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

The age range of the discussion covers children from about 12 up to 18 years of age. This is an exciting time for young people and their caregivers. Young people enter this age period as children, six years go by and they emerge as adults! It is a time for intense development of the young person's mind and body. Joy and delight are felt deeply, and so are sadness and anxiety. These ups and downs are strongly felt also by caregivers and the rest of the family. - 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,

Tytti Solantaus

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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.

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 in bad 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.



Th

ne y	<u>young person at home</u>	
1.	What would you like to share about your family and yours something about themself and the work setting?	selves? Would the worker like to tell
2.	How would you describe N, what is N like? Also: What does N enjoy? What makes N laugh?	Strength Vulnerability
3.	How would you describe N's wellbeing and health? Mood	
		Strength Vulnerability
4.	Have you been concerned about N? What kind of concer	rn? How about other children?
		Strength Vulnerability
	Have you searched for help, where?	
5.	Does N enjoy the company of sisters and brothers? Also:	What do they like to do? Is something
	they enjoy particularly?	Strength Vulnerability
6.	How would you describe your own relationship with N? and N enjoy? Does N tell you about their delights and sor would like to be different?	
	The one caregiver	Strength Vulnerability
	The other caregiver	Strength Vulnerability
7.	Does the whole family share any activities or hobbies? F	Playing, reading, movies, baking,
	cooking, outdoor activities, going for walks,etc	Strength Vulnerability
		_ , * >



<u> At school. If N is not at school an</u>	<u>v more, but working, proceed to 7.</u>

1.	What would you say, does N like school? Also: What does N find good or not so good at school Strength Vulnerability
2.	Does N have friends at school? Also: Do you think N feels welcomed at work / at school in the mornings? Is there discrimination or bullying? Strength Vulnerability
3.	How do school routines go?
	Getting to school in time Eating during the day Attending lessons / doing the assigned work Doing homework strength vulnerability Strength Vulnerability Strength Vulnerability Strength Vulnerability Vulnerability
4.	How are N's studies progressing? Also: What would you say, is school easy for N or is it stressful? Do you think N's achievement is in line with N's capacities? Strength Vulnerability
	If school is stressful for a student, it could be due to many issues. It might be that teachers and the school system put too much pressure on students to succeed, or that students do not get the support they need e.g., due to being a different learner, being depressed, having things to worry about at home, a parent fallen ill, etc
5.	What would you say about N's relationship with the teacher/s? Also: Are teachers fair and are they available when N needs them? Strength Vulnerability
6.	How would you describe 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
<u>At</u>	<u>work</u>
1.	What would you say, does N like going to work? Also: What does N find good or not so good at work? Strength Vulnerability
2.	What do you think, does working mean for N? Also: What does it mean for you? Strength Vulnerability
3.	Does N have friends or acquaintances at work? Also: Do you think N feels welcomed at work in the mornings? Is there discrimination or bullying? Strength Vulnerability



			Logbook for a specialist
	4.	Is there anyone N can turn to when there is a need?	Strength Vulnerability
	5.	How do work related routines go? Getting to work in time Eating during the day Doing the assigned work	Strength Vulnerability Strength Vulnerability Strength Vulnerability
	6.	What do you think, how is N managing work life? Also: W is it stressful? Do you think N's achievement / success at	·
		If work is very stressful for N, it could be due to many is work system put a lot of pressure on workers to succeed need e.g., due to having special needs at work, being de	, or that N does not get the support they
	7.	What would you say about N's relationship with the forer Are they available and supportive?	men/women at work? Strength Vulnerability
	8.	Does N have plans for the future, what do you think?	Strength Vulnerability
<u>S</u> p	<u>en</u>	ding time outside of school and work	
		Participating in different activities with others and doing people. At best, they are fun and build up young people's include worrisome aspects. These include substance use excessive time on the internet/ games with unhealthy co	s sense of self, but sometimes they e, bullying others or being bullied,
	1.	How does N like to spend free time?	Strength Vulnerability
	2.	Does N have a special interest or a hobby? Also: Are the such an activity or interest group? (Are they available, is commute etc?)	· -



Ī			Lo	gbook for a specialist
I	3.	Does N have friends or a group of friends to r	neet and share time with? Hov	v about a partner?
Ī		What do they like to do? How do you feel abou	ut it? Strength Vulne	erability
	4.	Does N spend time alone? A young person mand not wanted. Spending time alone can also below). How is it with N? What does N like to	so be the result of bullying and do when alone?	discrimination (see
Ī			Strength Vulne	erability 🔲
	5.	Has N has been bullied or discriminated during there been any efforts to support N and preventions.		
ı	6.	Does N have a part time job aside school? W	hat do you think, what is its me	eaning for N? Also:
Ī		How does N cope with working and school?	Strength Vulne	
	7.	Does N have a person outside of home whom friend, a parent of a friend, a partner, a traine		er activity
İ	<u>Parer</u>	nting and housework		
	1.	What is it to be a caregiver to a young persor	n? To N?	
ı		The one caregiver		erability 🔲
		The other caregiver	Strength Vulne	erability
	2.	How are the daily routines with N?		
Ī		Morning routines	Strength Vulne	erability
Ī		Issues concerning hygiene and washing up	Strength Vulne	erability
İ		Issues concerning clothing	Strength Vulne	erability
ı		Eating	Strength Vulne	erability
Ī		Physical and outdoor activities	Strength Vulne	erability
ı		Issues of money	Strength Vulne	erability
Ī		Screen time, social media, etc	Strength Vulne	erability
ı		Curfews	Strength Vulne	erability
		Going to bed, sleeping	Strength Vulne	erability
	3.	Does N have household responsibilities? Wh	· · · · · · · · · · · · · · · · · · ·	
			Strength Vulne	erability
	4.	Possible disagreements and conflicts with N Adolescence is a time when parent-child rela common and conflicts may arise. They are oft persistent and hard to solve. Sometimes eithe	en be passing, but they can al	so be quite
Ī		How do you and N deal with conflicts? Has ar	yone lost their temper? What	happened
		The one caregiver	_	erability let's talk

	The other caregiver	Logbook for a specialist Strength Vulnerability
	If there has been rough behaviour with physical contact (threats, abusive language, calling names etc.) by anyon note in the action plan section to remind of needed action	ne (adult or child), discuss it and make a
5.	Have you noticed something special in N, for instance:	
	Difficulty to go to school Persistent low mood, depression Isolation from others Restlessness, difficulties to concentrate Defiance, indifference, behavioral issues Anxiety, fears Eating problems Substance use Phobias, obsessive compulsive behaviors Odd thoughts, talk or behavior	
	Suicidal thoughts/ comments/ behavior	
are	giver/s' wellbeing and social support	
1.	How would you describe your own health and wellbeing Are you (both caregivers) experiencing any persistent is health issues? What are they? What do you think, do the parenting? If the other caregiver is not present, discuss how they of that interfere in family life and parenting? (e.g., excession and mental health issues, substance use, and others)	etress reactions or mental or physical ley have an impact on children and lare doing, do they have any such issues
	Examples of strengths: Caregiver/s are feeling well in s and problems with mental health have increased, but tr offer support also for the family;	•
	<u>Possible vulnerabilities:</u> Caregiver/s' endurance and m strain; stress symptoms have aggravated; caregiver/s i enjoy the child; use of alcohol /drugs has increased; the involve the family	is/are irritable and angry; it is difficult to
	The one caregiver The other caregiver	Strength Vulnerability Strength Vulnerability
2.	Other concerns. It's possible that you may have concern health of extended family members, work-related issues	•

	Do you have any other concerns, and if so, how do you m services (e.g school, health and social services, income s	·
	The one caregiver The other caregiver	Strength Vulnerability Strength Vulnerability
3.	Communication and solving problematic issues How do worries and potential signs of stress and mental health of person? Have you explained the possible changes of you	concerns with your partner/ support
	Talking among the caregivers Talking to N / the children	Strength Vulnerability Strength Vulnerability
	This concerns building up shared understanding among important in any family, but crucial when a family/ a cou and come back to it in the second session. (Supporting and co-operation in solving problems is one of the key is	ple faces difficulties. Introduce this now and building up shared understanding
	Examples of strengths: Caregivers share and discuss di problems concerning children are shared; solutions are supportive and involve also the family	
	Possible vulnerabilities: Issues of distress and their considiscuss among caregivers and with child/ren; discussing caregivers struggle alone; treatment services are not support included	g leads often to quarrels or withdrawal;
4.	Household chores, child care and gainful employment H tasks? Are you satisfied with the division of labour? Do y	· =
	Child care and parenting Household chores Gainful employment	Strength Vulnerability Strength Vulnerability Strength Vulnerability
5.	Couple relationship Do you find delight and joy in each a support?	other's company? Empathy and
	The one caregiver The other caregiver	Strength Vulnerability Strength Vulnerability
6.	Social life, friends, relatives	



	Joy and shared activities	Logbook for a specialise Strength Vulnerability
	Availability of practical support	Strength Vulnerability
7.	Is there anything else you would like to talk about?	
8.	Home assignment*	
9. 10	You can also welcome to invite N to join the meeting, if y the family to talk with children at home about strengths a involve them. Children might have ideas that are imported. Ending the session	and vulnerabilities in situations which
	How was this discussion for you, the caregivers? And fo	r 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.

Annex 3, TALKING ABOUT DIFFICULT ISSUES WITH ONE'S CHILDREN for worker 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



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.

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?

Annex 3 for practitioner and "How can I help my children?"

These include information about mental health issues in a family and serve as guidelines for you to discuss these issues with caregivers. With the child's developmental age in mind, proceed according to the Annex or the guidebook. Be sensitive to caregivers' responses, discuss the contents and examples from different angles, and add your own examples. If caregivers would like, you could also study the booklet together and, for instance, choose issues especially relevant for them.

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.

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

iich strengths di wn what is decid	o make a plaı	n for? Brainsto	rm options of w	vhat to do, writ
i ch vulnerabiliti wn what is decid	ose to make c	a plan for? Bra	instorm options	s of what to do
	ose to make o	a plan for? Bra	instorm options	s of what to do
	ose to make d	a plan for? Bra	instorm options	s of what to do
	ose to make o	a plan for? Bra	instorm options	s of what to do

- 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 about the needed services and how to reach them is given

Planning LTC Network Meeting

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



	Logbook for a specialist
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

e) Set a date for the meeting _____

Ending this session and the LTC process

the meeting.

How was this session and the LTC process for you? 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 caregiver/s 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 worker may initiate a discussion about the children also later on.

Thank you!



LTC Network Meeting

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- 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 a. action, i.e., the strengths and vulnerabilities
- 4. Discussion among caregivers and invited participants

Clarifying questions and points of view Ideas on how to proceed on each item Turn the ideas into concrete actions that family members agree on

5. 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.

6. 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 depends 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.



Logbook for a specialist

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



EU4Health

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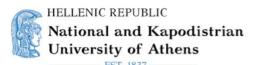




















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