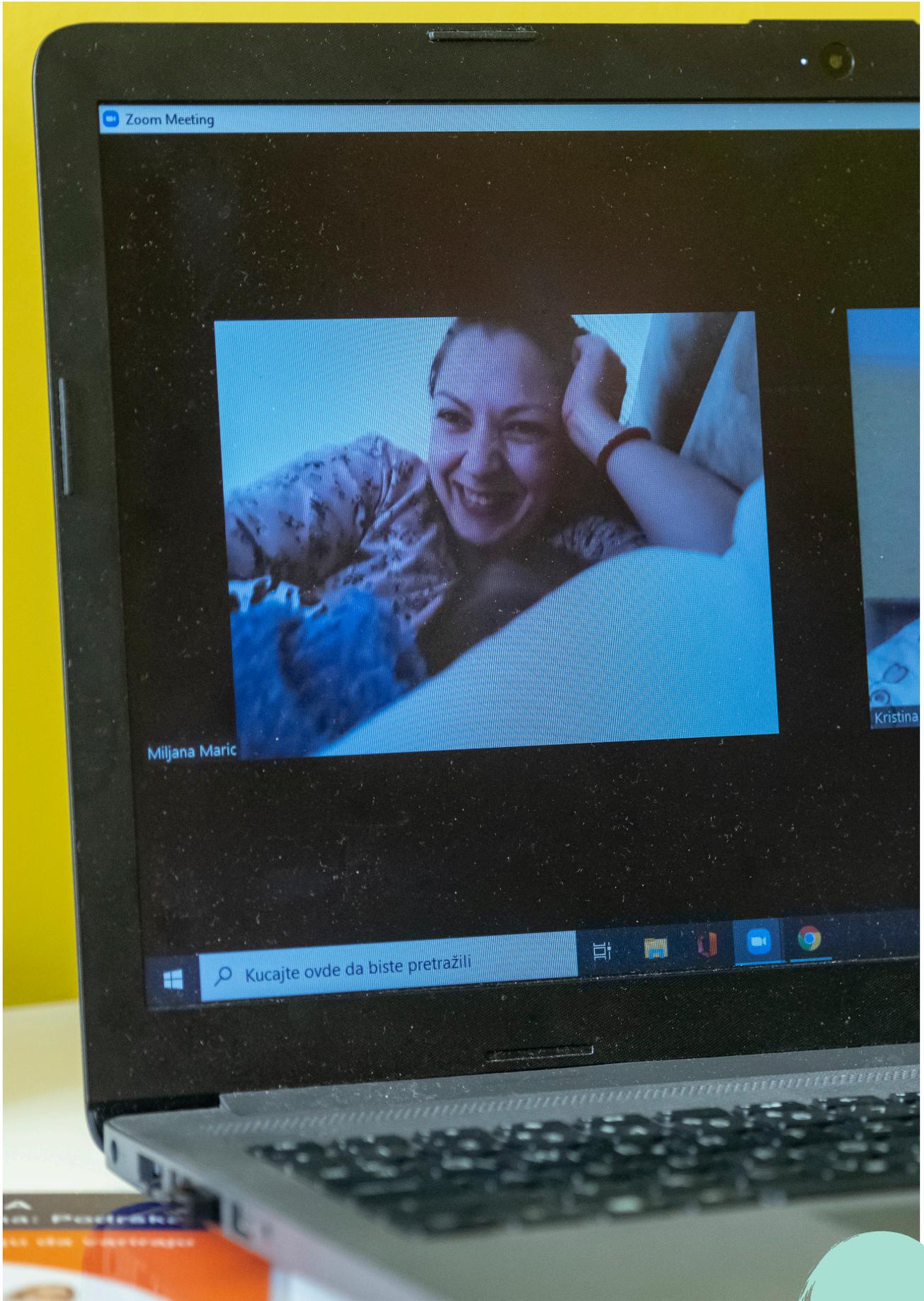


SUPPORTING
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**NURTURING
CARE**

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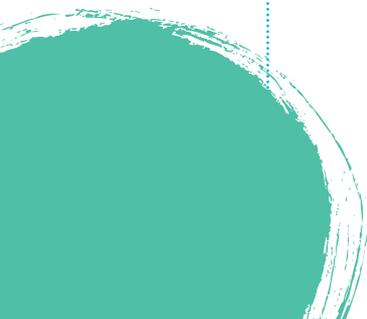
USING TELEHEALTH IN HOME VISITATION





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KEY MESSAGES - why is this topic important for you?

- As a result of modern lifestyle, families increasingly rely on the available online content for information and learning about child care, as well as on virtual parenting communities. When supporting a family, it is important to refer them to useful and proven sources of support and be there for them as they use them.
- Families need monitoring or more intensive support in developing child care skills. Telehealth resources enable support to be provided to them without going to home visits, regular or additional ones, or in a way that is less intrusive and more acceptable for family.
- Families may temporarily be in a situation where they cannot receive you in their home, due to an epidemic, illness of one of family members, renovation of the apartment, etc. Telehealth resources allow you not to delay the visit if family needs support and to send the family a message that you are with them, available in different ways that suit their current life circumstances.
- Some family members cannot be present during home visits: they may be absent because of work, because they live in another country or city or are currently there for work, because they are in hospital with their child or for treatment. This context of life may represent additional stress and risk for quality relationships with or around child. Telehealth resources such as video meetings, texting and messaging apps, social media and other apps as well as online platforms, allow you to “gather” family and support them in developing a caring and nurturing environment for their child.
- Families may live in a context that creates barriers for the implementation of home visits - they may live in remote, poorly accessible places, or they may have moved to another city. Telehealth resources enable you to achieve continuity of support for families and respond to specific support needs that may arise from experiences of isolation, separation, loneliness or changes in the availability of a usual support network.
- The biggest challenges regarding telehealth are related to building quality relationships with family, ensuring security and confidentiality of data, as well as difficulties in assessing the development and needs of children and parents.
- In your work, telehealth resources must not completely replace direct work with families in their homes. You will achieve the best results using a blended approach - combining resources and approaches.



LEARNING OUTCOMES

By the end of this module, you will be able to:

- Understand what telehealth resources you can use when working with families to enrich or intensify support for families, or to include families where visits are not possible for various reasons
- Understand the ways in which you can involve families in the work using these resources
- Understand the ways in which communication with families changes when you use telehealth resources and improve your skills
- Recognise the ways and resources available to you, as well as the techniques you can apply to work with family through these apps

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At the very beginning, try to answer the following questions, assessing whether the statement is true or false. At this point, your answers do not necessarily need to reflect your awareness or knowledge. They are more indicative of your expectations regarding the possibilities that various telehealth resources offer in working with families.

1. Telephone counselling is best used for short, instructive conversations - when a family needs to be provided with clear guidelines for handling a situation. (T/F)
2. Any exchange of videos or photos between a home visitor and a family is a telehealth resource that we can rely on when working with families. (T/F)
3. If they use video meetings in their work with families, home visitors can be available 24 hours a day for the families from their area. (T/F)
4. Video meeting is planned, announced and agreed with the family. That is why the key step in its implementation is the careful creation of a plan which includes information about when and with what purpose it is applied in the family. (T/F)
5. The principles of working with families during video meetings are the same as during regular home visits and include the unity of care and stimulation, work with both parents, recognition and prevention of risks. (T/F)
6. Video meetings with families include counselling, open conversation, getting to know the family, provision of information and modelling in order to build child care skills. (T/F)
7. Video meeting does not allow the presence of both parents and child, or the possibility to observe and monitor the quality of interaction between family members and with child. (T/F)
8. Video meetings and other telehealth resources can be used with all age groups, in a situation when it is not possible to enter family's home, and/or there is a need for additional support and more intensive monitoring of the environment in which the child grows up. (T/F)
9. Used as telehealth intervention resources, various apps online written or video content can improve parents' information and knowledge about child's development and needs. (T/F)
10. Video meetings or other telehealth resources, cannot completely replace regular visits to family's home, and therefore it is important to combine them with other forms of work (group health education work, visits to family's home). (T/F)

At the end of this publication, look at the same "knowledge test" again. Try to do it once more and then, after learning and through understanding correct answers, summarise your knowledge and additional dilemmas or your desires to learn about this topic.

INTRODUCTION

The aim of this module is to enable reflection on the ways in which telehealth resources can enrich current family support programs based on home visits, including the polyvalent home visiting services in working with families expecting children or providing care for young children.

The term telehealth intervention implies the use of electronic platforms or apps such as *telephone calls, video meetings and conferences, text messaging, the use of various online apps and social media tools or content presented on online platforms* as resources utilised to provide support to individuals or families.

The use of these resources can be *synchronous* - when both service provider and beneficiary are present and engaged at the same time, and there is a possibility of direct communication and exchange. This is, for example, the case with video meetings or conferences, exchange of text messages, etc. *Asynchronous* use of telehealth apps implies the exchange of previously recorded or written materials between support provider and beneficiary. In this way, videos or informative materials can be exchanged, for example.

These two methods of use can be combined. In this way, during a video call it is possible, for example, to analyse a previously recorded video of a family interaction, or to discuss written or video materials sent to them by you or your colleagues or that parents themselves found on a website.

In addition to these ways of use, modern technologies also enable access to online content (including interactive online platforms), or content in mobile phone apps dedicated to provision of information and education, containing texts or videos on specific topics, with the possibility of personalised use, notifications and reminders related to various topics that are the focus of support (for example, immunisation reminder, regular monitoring of growth and development at the paediatrician, etc.).

The COVID-19 pandemic has brought into focus the application of telehealth resources in working with families. These resources have been very useful in the context of many challenges faced by practitioners of various professions who work with families, especially families of the youngest. Home visits to families were often not possible, or there were a large number of obstacles to their continuous implementation, so the programs had to be adapted, in order to avoid interruptions in their implementation.

At the same time, the global health crisis has caused significant changes in the daily functioning of families, strong fears, experiences of uncertainty, anxiety and isolation, loss or intense changes in the functioning and availability of a support network for a vast number of families.

Research has consistently shown that this context of life has contributed to a significant increase in mental health difficulties (experienced stress, depression and anxiety) among parents, but also to the intensification of violence in families, the decline in the quality of care for children, including the increase in experiences of physical punishment, neglect or abuse of children. All of this has, undeniably, intensified families' needs for support and required a response and flexible changes in available professional support. As one of the ways to achieve this, a significant number of programs and services that you, as a home visitor, regularly implement, has used the resources of telehealth interventions and thus adapted to the circumstances and needs of families. With the help of these resources, support programmes for families in the field of mental health, early intervention, as well as support to quality care for children have been implemented (such as the programme Parents as Teachers <https://parentsasteachers.org/>).



Reflection and discussion

The publication [PARENTING HOME VISITOR PRACTICES ADAPTED TO THE PANDEMIC](#) presents the examples of good practice in the use of various telehealth resources in working with families during the COVID-19 pandemic, such as:

- The use of group chat apps, sending messages, photos, and videos, and having telephone conversations
- Creating a conversation group in a chat app,
- Creating video tutorials with different content and sharing with families (e.g., reading to children, music, dance, making toys or playing with home materials)
- Tic-Toc

Think about them and consider the ways in which you could enrich the practice of supporting families by using some of these resources, even beyond the context of the pandemic.

Discuss and exchange your ideas with your colleagues.

It is important that you as home visitors keep in mind that the pandemic is not the only context in which the use of telehealth resources contributes to the possibility of flexibly reaching families in need of support, nor that the past global health crisis is the first context in which these resources have been applied.

Even earlier, the need has been recognised to adapt or enhance home visitation parenting support programs to work with families who encounter various barriers. Some of these families are often faced with challenges that deepen the need for support: families that face challenges related to economic hardship, mental health, and substance use, or live in remote, uninhabited places, families whose members are separated (families of soldiers, prisoners or families whose adult members work abroad) or families that, in the course of working with them, move from the communities where the home visitation program is implemented.

Adaptations and enhancement of these programs using telehealth resources can have benefits not only regarding coverage, but also in terms of greater efficiency of the programs, enabling different levels of support, but also improvement of professional competencies of the practitioners implementing the programs.

Several studies have documented the ways in which the implementation of telehealth resources (such as, online content, video calls, or text messages) can enrich home visitation family support programs in general. The positive effects of such “enhancements” have been proven when it comes to responsiveness and quality interaction between parents and children, mental health problems and emotional well-being of parents, as well as children's behaviour.



Reflection and discussion

Think about the families you work with. In which situations do you have the impression that some of the telehealth resources (text messages, video meeting, video conferences or virtual learning communities, online and video materials, etc.) would be useful as a complement or intensification of the support you provide them through home visits?

Any family may find themselves in a situation where the usual means of support available are not sufficient to meet their needs. That is why it is important that the forms of support we use ensure flexibility in reaching families or in the way we work with them. For example, it often happens that a father (or a working parent) is absent during the visits. A video meeting, or a video recording of the parent's interaction with the child, gives us the opportunity to hear and respond to the needs that we did not see during the visit. During the visit, sometimes the child is not awake, or we want to monitor the way in which a routine (or several routines) is introduced, but we do not

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manage to schedule the visit at that exact time, or it is necessary to continuously provide support or reminder to the family about activities that are important for them to integrate into their daily life; the family may be in the hospital with the child during a treatment; one of the parents may be working abroad; the family has moved and may need our support during the transition to new service providers; the family may live in a remote area that is sometimes difficult to reach, etc. - all these can be situations where it is possible and necessary to consider the benefits of telehealth resources.



IMPORTANT

Despite all the above advantages and benefits, telehealth resources should not replace home visits and your work with families in their homes. They should enrich and improve your work and enable greater flexibility, availability, continuous support to families, the use of diverse tools in working with families, and observing how families process and implement new information.

1. BENEFITS FROM USING TELEHEALTH RESOURCES AND APPROACHES



Flexibility. Flexibility in reaching families means above all the ability to be with family when they need it in the way that is possible. The more flexible the service is, the more likely it is to reach more families and genuinely respond to their diverse needs, life circumstances, and offer support in a way that family is willing and able to accept. In the life of a family, the flexibility of support services is needed also beyond the context of sudden, long-term stressful events, such as a pandemic. Flexibility will allow you to search for and find ways to include fathers (who work, or live in another city), to observe the interaction with a child that other household members have (grandparents and others who may live in the same household), to be with the family if they are undergoing hospital treatment and the like.



Video clips

Watch an example of the use of a video meeting in working with families during the COVID-19 pandemic.

<https://www.unicef.org/serbia/price/novi-oslonac-u-pravom-trenutku>

- a. The use of video calls has contributed to the flexibility of the support programs shown in these videos. Think about the benefits that the families had from this increase in flexibility?
- b. In what ways have the skills of the support provider (home visitor) been improved by the introduction of video calls to achieve flexibility in the way support is provided?

In the context of the pandemic - health risk, uncertainty, experience of isolation - families were primarily able to recognise additional support related to emotional well-being and mental health (reassurance, consistency, clear guidelines, care for feelings). However, the key benefit is the experience of continuity of support - there was no interruption in support for families despite the different, more stressful, more challenging circumstances. Awareness of family needs and of the importance of continuity, as well as the skill to find a way and apply different resources to ensure continuity of support are some of the greatest professional benefits for the home visitors who had the opportunity to implement video meetings during the COVID-19 pandemic.

Watch the video to learn more: *Parents as Teachers Virtual Home Visiting*

https://www.youtube.com/watch?v=MrvWt_xmwrM

Availability. Availability above all means that families can use support services when they need them, regardless of the context in which they live. From the family's perspective, this does not necessarily mean physical presence or a possibility to establish contact 24/7. It is important for families to know that home visitor is interested in them, understands them, notices their needs, listens to their experience regarding childcare, follows their needs and responds to them, that they are respected and true partners in learning parenting skills, no matter how specific their experiences are. At the same time, the period when the family may contact the home visitor must be clearly defined.



Case study

Read the story of a home visitor about her experience of using video meetings in an unusual and demanding context of working with a mother and:

- a. Think about the benefits that the young mother as well as the home visitor herself could have from the use of video meetings.
- b. Think about the ways in which the use of video meetings enabled the home visitor to be an active and indispensable member of the support network for the mother, but also an actor in the entire system that works with the mother, and to support the practitioners who were in contact with the mother performing their professional roles.
- c. Finally, consider the long-term benefits to the child this mother is caring for.

In the previous period, I had the opportunity to work with many different families through video meetings. Today, I want to tell you about my experience, which, for me, was unusual and demanding, and in which the possibility of using video meetings brought satisfaction to all those involved.

The mother was a minor, serving her sentence in the Correctional Facility for Juveniles in Krusevac. The pregnancy was the result of a violent relationship - the girl was abused by the

child's father and eventually she killed him, which is why she was in the Correctional Facility. She gave birth in the general hospital in Krusevac and after giving birth was returned to the Correctional Facility with the baby. The baby was with her, at that moment the care plan for her was not yet known. In the Correctional Facility for Juveniles, this was the first time they had a situation like this. The only support the mother could have in terms of care and support in taking care of the newborn, was a colleague medical nurse working in the Facility. She herself had no experience in caring for a newborn and a new mother.

Three in-person visits were performed in the Correctional Facility. It was difficult for the mother - due to the stress she experienced, she had no support from her parents, no one's protection, she was afraid if she would be able to take care of the baby, to perform everything related to care. The home visitor was afraid whether she would be able to provide adequate help and whether she had the knowledge that the mother and the baby needed.

Further visits to the institution required additional permits, so we monitored the mother and the baby, both during the newborn and the infant period, through video calls. Inmates of the Correctional Facility for Juveniles are not allowed to use a mobile phone, but we continued our work through video meetings with the support of the medical nurse who was also present at these meetings in the beginning.

I am very pleased that I had the opportunity and skills to do this. With my support, I helped the young mother to establish and maintain lactation. We had the opportunity to talk a lot about her feelings, which is important because of all the stress she experienced - we created mutual trust. During the in-person visits, the mother was uninterested in both the baby and the cooperation, but as we continued to work, she accepted my advice. She did not expect this type of support in the institution where she was.

Biljana Stefanovic, home visitor of the Primary Health Care Centre Krusevac

In our opinion

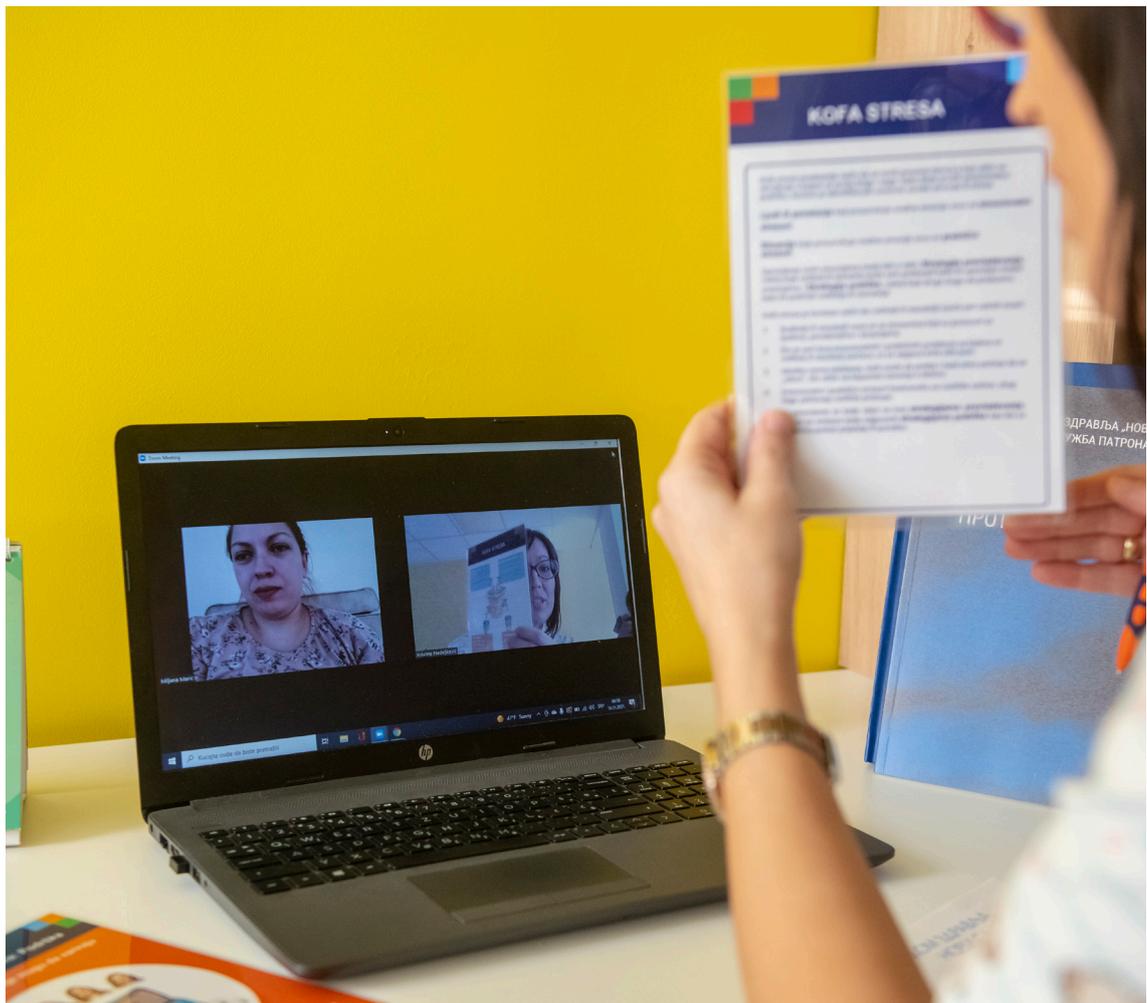
- a. *Benefits for the young mother can be, among others: support in the first days of adaptation to caring for the newborn - establishing and monitoring breastfeeding and later switching to a non-dairy diet, responsiveness in feeding, care routines, monitoring difficulties related to stress and emotional state (very high risk of postpartum depression), acceptance of the baby and the parental role.*
- b. *The use of video meetings enabled the home visitor to be an active and indispensable member of the support network for the mother, but also an actor in the entire system that works with the mother, and to support the practitioners who were in contact with the mother performing their professional roles (e.g., medical nurse). This was achieved owing to the continuous professional exchange and joint action both during in-person visits and video meetings. In addition, the fact that the home visitor included the medical nurse during the video calls allowed her (the medical nurse) to find out more about the needs of the young mother and the baby and, between the video calls, to provide the necessary support.*
- c. *Long-term benefits for the child are related first of all to the prevention of rejection and abandonment of the child, and then also to the building of a nurturing and stimulating environment - through taking care of healthy nutrition, fostering the responsiveness and emotional availability of the mother for the child, taking care of her mental health, and raising her perception of competence to take care of the child.*

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Possibility of continuous support. From the family's perspective, continuous support, above all, means the feeling that a home visitor monitors their progress in the development of the skills to care for the child and stimulate child's development. Often, monitoring involves a specific topic or skill, and it is not necessary to carry out the entire home visit to provide additional support to the family. The use of telehealth resources (such as video calls or text messages) gives you the opportunity to be with the family continuously by additionally monitoring the progress of some of their skills, relationship, or emotional state that you discussed or noticed during the home visit, to additionally discuss a topic that is important for their care of the child – to analyse together some of their experiences, the completion of a task you gave them, or the material they read/viewed. These resources will allow you to follow the family even when they change the context or place of residence and to support their adaptation (e.g., moving to another city, one of the parents going to work in another city or country, moving to the family home of one of the parents, return to work, division of childcare leave between mother and father, return home from a hospital, etc.).

Use of modern tools in working with the family, monitoring how the family uses available information. Parenting is learned, so supporting the development of skills related to childcare and stimulating child development should rely on adult-specific ways of learning. Analysis of one's own experience, the experiences of others or the contents read are important pillars for this learning. Telehealth resources in working with families allow you to share video and written content, and to “meet” the family and analyse together what is seen in them. In this way you ensure that you are with the family **while** they are learning, that you can hear what the family sees or understands in some content, and that you support them to integrate the important messages from some material into their lives. Finally, when you jointly analyse a video of their interaction with the child, for example, you enable learning from own experience.



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Video clips

The following video shows part of the home visitor's work with the family, implemented through a video call. In this section, the home visitor together with the mother analyses the video in which the father feeds their baby.

Watch the video: Collaborative video analyses: <https://youtu.be/XpbMDUrXn8g>

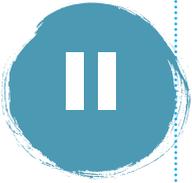
- a. What opportunities for providing support does the home visitor have when analysing father-child interaction, together with the mother? Which families would benefit from this way of working?
- b. What opportunities for providing support would the home visitor have if she analysed the video together with the father? Which families would benefit from this way of working?
- c. What opportunities for providing support would the home visitor have if she analysed the video together with both parents? Which families would benefit from this way of working?

Possible answers

- a. In this way the home visitor has the chance to nurture the parental alliance – and, above all, mother's trust in father's competence.
- b. The home visitor can also analyse the video with the father and then focus the support on building the father's capacity for nurturing care and his willingness to be engaged in childcare, as well as the experience of personal competence in the parental role.
- c. If the home visitor analysed the video with both parents, while fostering the parental alliance, she would have a chance to focus on raising awareness of the importance and skills of the parents' mutual support to achieve quality interaction with the child.

These forms of work can be very useful for the families who have dominantly traditional beliefs and expect most of the childcare to be performed by the mother, having more confidence in her skills. Stress experienced by mothers in these families can be high and genuinely reduce the quality of childcare. In addition, in these families there is a significant risk of low involvement of the father in childcare. The effects of the father's (non)involvement are well documented, both for the child's development, but also for the quality of life of the father and mother, marital stability, and the functioning of the family as a whole.

In these families, mothers sometimes have low trust in the father and are often not ready (and not supported by the environment) to share the tasks of childcare with the father. Additionally, fathers who themselves have traditional beliefs, or live in such an environment, or are less often with their child due to work, may need additional support to build their feeling of competence and quality interaction with the child. Finally, most families, especially those in which the mother uses maternity leave, have the challenge of building capacities for mutual support in the development of the relationship with the child, but also of understanding the way in which this support is provided and its importance.



VIDEO MEETINGS WITH FAMILIES

1. WHAT ARE VIDEO MEETINGS?

Video meetings with families are a form of providing support to families through video calls. They can involve working with one family or several families gathered in a video conference. In both cases, they enable direct interaction with family members, but also the combination of this form of work with the asynchronous one and thus can include joint analysis of video or written materials.

Video meetings with families offer a number of good opportunities for working with families.

They enable:

- **home visitor to be “present” in various routines of the family** (feeding, changing and nursing, reading, playing, etc.) and to work with the family to develop a stimulating environment for the child exactly in the situations that are very rich in parent-child interaction.
- **home visitor to include all adults who take care of the child** – home visits cannot always be scheduled so as to allow the presence of working parents as well (and in case of an older-age child, that even a child who is in the kindergarten is present for the visit). Video meeting enables flexibility in this domain, not only in terms of appointment time, but also by combining different work techniques that allow the home visitor to see, monitor and support the development of nurturing care skills in all those who take care of the child.



Video clips

Watch how it looks in practice.

In this example, the home visitor uses a video meeting with the family before the home visit. She uses this form of work to see the whole family, hear both parents' experiences regarding childcare (and observe the child interacting with them), as well as to inform and prepare both parents for their further work together.

Watch the video: Video meeting before the visit: <https://youtu.be/VbJJFIXBT8E>

- *together with the family, the home visitor also can analyse the interactions that could not be observed directly (via videos, for example) and thus supports the family in analysing their own caregiving experiences and in developing quality care for the child.*

2. CHARACTERISTICS OF VIDEO MEETINGS WITH FAMILY

- **They rely on open conversation, knowing (or getting to know) the family and the circumstances of their life, monitoring the progress and development of family interactions**, while constantly listening to the needs of the family, encouraging the family, and ensuring the continuity of quality care for the child. In this sense, they are part of an individual approach to the family, which aims to strengthen parental competence, take care of children's health and development, and build a quality environment for the child.
- **They include an assessment of the family's needs, potential risks, and situation in the family** (quality of interaction, parents' mood, child's progress, quality of the environment, parental involvement, available support networks). However, this does not mean that we will use video meetings to assess the environment (safety and living conditions), or mental health of parents. This is far better done during a home visit to the family. Then, you have an insight into the organisation and appearance of the space where the family lives, the appearance of the neighbourhood, the availability of services in the family's environment and a number of other elements that are the basis of risk assessment for the health and development of the

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baby. However, when we use video meetings in working with the family, needs, risks, and current situation in the family will be extremely important factors for planning and implementing this form of work. They will direct the frequency, goals, and topics of video meetings with the family.

- **They imply counselling work with parents.** By meeting with the family during a video call, you will be engaged in informing and educating parents, jointly analysing the experiences of caring for the child and learning with the family (through the analysis of videos, written materials or recordings that the family makes in their home), as well as developing specific skills in interaction with the child or introducing routines that enrich the environment for the child's development.
- **They include conversation, but also observation of communication and interaction within the family, and modelling and supporting the development of parenting skills** (care, nutrition, health care, and development stimulation). They can also include instructions on certain actions or clear guidelines when necessary. In this sense, in a video meeting with the family, use all the skills of working with a family to encourage and monitor the development of a quality environment and approach to the child.



IMPORTANT

Video meetings with families, just as regular visits in the family's home, rely on a high-quality relationship between the home visitor and family members. That is why open communication, family participation, sensitivity to the needs of the family, and the comprehensiveness of the support provided by the home visitor are fostered also in the work through video meetings.

3. WHEN CAN FAMILIES BENEFIT FROM VIDEO MEETINGS?

Video meetings are a way to work directly with families living in distant places, families where members are separated or where home visits are not possible due to some specific life contexts. However, you can also use video meetings to monitor the family you normally work with and intensify the support you provide to them in the domains where you have identified a risk to child's health, development, and well-being.

When working with families, video meetings can have a lot of effect in different situations, as described below.

Father or mother could not be present at the visit in the family's home. It is important to monitor the way in which each of the parents gets involved, what kind of relationship they have with the child, their perception of parenting, their experience of stress and the need for support, or the parental alliance. Therefore, invite the "missing" parent to a video meeting, and avoid, for example, only hearing from the mother about the father-child relationship or the father's involvement.



Case study

Think about these families:

1. *A home visitor visits a family with a 6-month-old child. The mother is on maternity leave, and the father works and returns home very late in the afternoon. When she goes to visit the family, the home visitor always talks with the mother. From the conversation, she hears that the father is willing and very interested in taking care of the child, but that the lack of time significantly limits him in doing so. Also, the mother says she notices that the child, even when they are both at home, chooses her more often than the father for play or any routine (feeding, bathing).*

2. A home visitor visits a family with a 6-month-old child. Both parents are employed. Until now, the mother used maternity leave. A week ago, she returned to work, and the father has taken on the care of the child. At the last home visit, only the father was present. He feels good in his new role and the interaction with the child is rich in responsive exchanges. He says that the problems arise in the evening when the mother comes back from work - then “the child wants to be only with her” and it is difficult to carry out the usual routines - dinner, bathing and getting ready for bed.

In what ways could video meetings contribute to the work with these two families? What would be similar and what would be different goals of using video meetings in working with them? Try to summarise what the key themes and support goals would be in the video meetings with each of these two families.

Possible answers

- a. *Using telehealth resources, in this family the home visitor can respond to the families’ needs for support in the following domains: involvement of the father, parental alliance, mental health of parents (prevention of negative consequences of parental stress). Video meetings would allow her to explore daily routines with the family and find those in which the father can get involved, to observe and support the quality of father-child interaction (for this, she can also use the analysis of video recordings, for example), as well as to encourage learning about the ways in which parents can support each other in the development of childcare competences.*
- b. *In this family telehealth resources can be used to provide additional support to the family during the transition, i.e., adaptation to changes, both to the father and the mother. Video meetings would allow the home visitor to observe and support the father-mother-child relationship, hear the mother’s perspective, observe her interaction, and support the parental alliance in this challenging period.*

During a home visit to the family you (as a home visitor) could not observe the quality of interaction between parents and children - in play, reading or in feeding routines (because the child was sleeping, for example, or the routine was happening at a different time). It is important that you can observe, in a joint activity of parents and children, the interaction and the way parents encourage development, so that you can respond and support parenting skills. Therefore, ask the family for a video and schedule a video meeting where you will analyse it, or organise a video meeting in which you will “participate” in the first non-dairy meals and nurture responsiveness in feeding, watch the baby’s bath or initiate parent-child interaction through reading or play.

During a home visit to the family, the parents raised questions related to some area of concern. Give advice, a task or a guideline, then organise a video meeting with the family to see how they implemented the activity, or how they manage to integrate your advice into their daily life.



Case study

While visiting a family, you learn that the mother, on the advice of a paediatrician, has started to introduce non-dairy foods into the child’s diet. The mother worries about the amount that the child eats - sometimes it seems to her that the child ate very little (since most of the food is spit out), and does not accept some foods at all. That is why she breastfeeds the child after every meal. However, during breastfeeding, the child is, according to her words, “agitated”, pushes away the breast and cries. The mother worries that the child is not eating enough. Also, the baby often chokes during porridge feeding, so the mother worries that the child is not even ready for this type of diet.

In what ways could the family benefit from a video meeting with the home visitor after this home visit? What would be the goals of the video meeting?

Possible answer

In working with this family, video meetings would help the home visitor to additionally support the capacities for responsive feeding (skills to recognise the cues of hunger, satiety, support the exploration of tastes and textures of food). It is possible to conduct a video meeting as a joint analysis of the video of feeding (with non-dairy foods, or breastfeeding after this meal), or a joint analysis of the previously sent materials related to actions when feeding the child with non-dairy foods or actions to prevent or react in case of choking. Video meetings can allow the home visitor to be “present” at some of the meals.

It can also happen that you could not observe and assess the child's skills and monitor child's development during the home visit (the child was asleep or absent, for example). Assessing child's development and progress is an important aspect of your work with the family and one of the foundations of early intervention. Therefore, you should avoid just listening to parents as they assess their child's development and progress. Ask parents to send a video of their child playing with blocks, moving around the mat or around the house (depending on age), talking to someone, or participating in story reading. Afterwards, organise a video meeting where you analyse the video together with the family giving important feedback not only on the child's progress but also on the ways in which development and learning can be stimulated, or other guidance that may be needed to respond in time. Similarly, you can invite the family to a video meeting and initiate play with the child.



Case study

The family includes a father, a mother, and an eight-month-old baby. During the visits, you notice that the child does not have a lot of toys, but also that parents speak to him very little. The mother reports that the child is not interested in almost anything and that he can focus his attention on one activity for a very short time. The father adds that the boy does not always respond when his name is called. When you come to visit, the mother puts the baby to sleep so that he “doesn’t disturb” your conversation.

In what ways could the family benefit from a video meeting with the home visitor after this home visit? What would be the goals of the video meeting?

Possible answer

In working with this family, the home visitor can use video meetings and other telehealth resources to support the family in creating a supportive environment for the child. Equally important, however, is to see the child playing and/or interacting with parents so that she can assess his development.

Using telehealth resources, the home visitor can:

- *share written materials (information) with the family about stimulating speech and generally stimulating the child's development, then, in a video meeting, exchange and further deepen the learning about this area with the family, pointing out ways in which it is possible to stimulate development and involve the child in communication and interaction*
- *ask the family to send a video of their play with the child, and/or of the child playing alone, and then analyse the video with the family during a video meeting, pointing out the child's skills and needs for stimulation*
- *schedule a video meeting at a time when the child is awake and during the meeting observe the child and the relationship with him/her.*

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At the home visit, you (as a home visitor) may have introduced parents to a skill, or came up with a proposal on how to implement some aspect of childcare. Using a video meeting, you monitor how they are doing, that is, how they managed to integrate the skill or your advice, agreement, into their daily activities.



Video clips

Watch the video in which a home visitor monitors the family's skills through a video meeting to support the baby's independent walking and ensure a safe environment, thus preventing injuries in the child.

Working with the infant's family: Integrating conversation about safety and encouraging child's development through play: <https://youtu.be/ltQA3LvQG9s>

Think and summarise: what were the goals of this video meeting? In what way did the home visitor work to achieve these goals?

With what other areas of support did the home visitor connect this goal in working with the family during the video meeting?

Possible answer

In this video meeting, the home visitor monitors the family and empowers them as they develop skills to encourage their daughter's walking and exploration of space, but, at the same time, informs them about how they can respond to and/or prevent injuries. Additionally, she informs the parents of an app they can use to get guidance on responding to injuries and ensuring a safe environment for their child.

The home visitor uses the video meeting to:

- *Include the father, learn about his perspective on childcare (since he was not present during the home visit)*
- *Pay attention to parental stress (especially in the mother, for whom she knows from the visit that, in this case, parental stress is more intense and hinders her from supporting the child's exploration and movement).*

During a home visit, you (as a home visitor) have noticed that the parents need more intensive monitoring and support in the development of some childcare skills or skills for stimulating the child's development. If the risk for the child is significant, you certainly need to make additional home visits. However, even before (or with those additional visits at place), use video meetings to give the family an opportunity to learn from video or from written materials which you share and analyse with them during the video meeting.



Case study

Think about this family: A family consisting of a minor (17 years old) mother, a one-month-old baby, and a 19-year-old father lives with the father's parents in a shared household. Neither the father nor the mother has their own income. During a home visit, you learn that the mother is thinking about going back to school and the father is thinking about getting a job (having just finished school). The father's parents are very involved with the whole family and support the mother's return to school, offering to keep the child with them during the week. The mother is having difficulty establishing breastfeeding and is now considering switching to formula entirely so that she can attend classes and devote herself to the socialising she misses.

In what ways could the family benefit from a video meeting with the home visitor after this home visit? What would be the goals of the video meeting?

What other telehealth resources can you think of that might be helpful to this family? How would you use them?

Ideas and suggestions

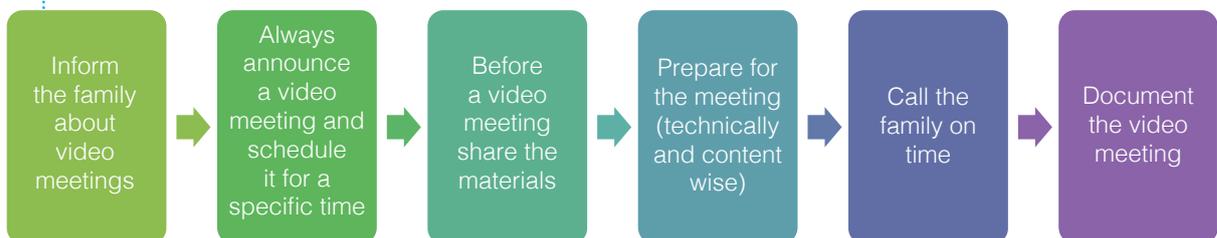
These young parents can benefit a lot from continuous and intensive support in: accepting the baby and the parenting role, balancing this new role with other roles they have, creating a support network while at the same time ensuring the best conditions for the growth and development of the baby (breastfeeding, nurturing, and stimulating relationships with caregivers).

Home visitor can use video meetings to continuously monitor and model the quality interaction of both parents with the baby, to monitor mother's mental health, the adaptation of the parents to the daily care of the child, and the creation of a functional support network.

In addition to video meetings, the family can also benefit from educational videos, apps and/or web content that provide information about child growth and development (along with analysing this content and learning jointly with the home visitor), as well as from short messages (texting) that remind and support both parents in the activities they can do with their baby and that will ensure emotional safety and connection of the parents and the child, appropriate care and stimulation of development.

4. PREPARATION FOR VIDEO MEETINGS WITH THE FAMILY

To create conditions for the successful implementation of video meetings in working with families, take the following steps:



Inform the family about video meetings as a form of work. It is important that the family you will be working with knows that this form of work exists, as well as when and in what ways you will be able to use it. Share with the family information about what video meetings are. You can do this during the first visit to the family already, when you inform the family about the goals of your joint work and the ways in which you can be available for the family. However, any visit can be a good starting point when you will introduce the family to the opportunities that video meetings provide for your joint work.

Try to assess and respond to the needs of the family in the domain of basic skills related to the use of various devices through which you can realise video meetings. Therefore, in the conversation, assess and support the family to feel able to:

- turn on the computer, tablet or start phone apps that enable video calls
- connect the camera and microphone if the devices they have ask for it
- use the camera and microphone during video calls
- use apps or platforms that enable video calling (Zoom, Google Meet, MS Teams...).

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Always announce a video meeting and schedule it for a specific time. If it takes place after a home visit to the family, together with the parents agree on the time that suits them. Confirm the appointment via phone call, and email the family a link with an invitation to the meeting (if you work via Zoom, MS Teams or the Google Meet platform, for example). When you discuss the arrangements for the video meeting, be sure to inform the family about the expected duration (no longer than 45 minutes), about who should be present, and whether and what kind of preparation for the meeting may be required (for example, that the video meeting takes place in the child's space, during bathing, during feeding, or that they should watch or send some video material before the video meeting, etc.).

If you have made such an arrangement, prior to the video meeting share the health educational material that you have agreed on with the family - videos or written material. Please note that the purpose of this material is various: (1) to familiarise the family with important aspects of child care that your video meeting focuses on; (2) for the family to be left with a written record - something they can refer back to and that allows for the continuity of your work (you can later refer to that material), or (3) for the family to demonstrate some interaction or routine with the child that you failed to see during a home visit, or you want to follow up on additionally. **Always** analyse the material you shared together in the video meeting.

If you have agreed to send some written material or an instructional video as an example of the skill you talk about- announce it. Tell the family what and why you will be sending them, and what you expect them to do with the material before the video meeting. Pay attention to the amount of material you send so that the family can have enough time and motivation to look at it. When you announce it, explain the purpose of the material and of the conversation about that content.

Sometimes it will happen that families do not have time or for some other reason do not go over the material. Do not be angry with the family under any circumstances. In this case the video meeting will last a little longer, and you will go over the key messages with the family during the meeting. You can ask them to open the material on their device to show them exactly where the sections important for you are.

Prepare for the video meeting with the family. *Technical preparation:* Choose a bright and quiet room. Families need to know that you are alone and dedicated only to them - so choose a space where no one will enter and interrupt you, make noise and the like. Be sure to turn off your phone during the video meeting. Make sure the battery on the device you are using for the video meeting is full, or you can plug it in to charge. Make sure you have good internet connection. Do not eat or drink during the video meeting and put on nice and discreet clothes and make up (as if you were going to a home visit).



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SUPPORTING FAMILIES FOR NURTURING CARE

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Apart from this, technical aspect of the preparation, the aspect of preparation for the content of the work itself is extremely important. Therefore, prepare a *list of topics that you should discuss with the family during the video meeting*. Write down the key messages you want to convey to the family. Prepare notes - what you did with the family previously, what you started, what was an important topic earlier so you should follow up on progress or change, or remind yourself of the plan you made with the family regarding the introduction of a new routine, activities, or for the skill you talked about. Also prepare notes concerning the *interactions or skills you are monitoring or want to initiate* during the video meeting. Be sure to prepare a paper and a pen (you can also tell the family to do it) and openly share with the family that you will write some things down and that they can do it too.

This is an example of preparation for the video meeting after the regular second visit to the family during the infancy period.

<p>Goal</p>	<p><i>Monitoring the quality of father-daughter interaction during play. The father was not present during the visit, and the mother reports that they are both concerned that the dad does not spend enough time with their daughter. The mother is concerned about both her and the father being able to be flexibly involved in encouraging their child's development and caring for the child, as she must return to work soon.</i></p>
<p>Agreement reached with the family</p>	<p><i>A video is to be made of the father playing with his daughter and watched by both the home visitor and the family.</i></p> <p><i>Video is sent to the home visitor (as agreed with the family)</i></p>
<p>What the video shows (observation)</p>	<ul style="list-style-type: none"> • <i>the dad is relaxed and cheerfully talks to his daughter. The daughter seems to enjoy it as well; she participates and shows interest in long conversations with her dad. They cuddle, they are affectionate. The dad looks his daughter in the eyes, comments on what she is doing; the interaction between them is warm, relaxed, two-way</i> • <i>the dad wants to follow the girl's interests, but he rushes her and directs her to what he finds interesting</i> • <i>the dad overlooks some cues sent by the girl -- she wants to play with the box, and gives him the box, drops it, puts things in it</i> • <i>the dad believes the girl does not want to play, so he picks her up from the floor and interrupts the activity.</i>
<p>What I am wondering about, what I want to know</p>	<ul style="list-style-type: none"> • <i>how does the dad recognise what his daughter wants to play? Based on what behaviour on her part? How does he understand the behaviour of the girl in the video?</i> • <i>why does dad choose to play with other things and offer them to her instead of the box the girl picks up?</i>
<p>I want to achieve the following during the video meeting</p>	<ul style="list-style-type: none"> • <i>to commend the quality of interaction with the child, the father's relaxed attitude, interest, good face-to-face contact, conversation, the way he describes the activities of the child with words, his tone, tenderness</i> • <i>to point out the ways in which the girl shows that she is enjoying herself and is interested in interacting with him</i> • <i>to understand how the dad interprets the girl's behaviour</i> • <i>to clarify what play means to the child, how small children play and why such play is important</i> • <i>to hear what other activities they enjoy together</i> • <i>to agree on what else he could do with her</i> <p><i>Important! Ask the dad how he perceives the upcoming change—the mum's return to work. What he is uncertain about, what they are concerned about, what he thinks the mum is concerned about.</i></p>

At the agreed time, invite the family to a video meeting. Start the conversation with a short, casual exchange - join the family. Listen actively! Deviate from your plan if that is useful for the family, but try to reach an agreement with them at the start: what you wanted, and what they wanted to share, learn, practice and so on. Be mindful of the time. Announce the end of the meeting a few minutes in advance so the family can have time to ask you any additional questions. Before the end of the meeting, make sure you summarise everything you talked about, what the key messages are and what you will share with them (if anything) as a reminder of today's conversation.



Video clips

Watch now a part of the video meeting that was conducted in line with the preparation from the previous example. In this part of the video meeting, the home visitor talks about playing with the child, directs the conversation so as to support the father more intensively and hear his experience of playing together with his daughter.

Watch the video: Supporting development through play <https://youtu.be/pmRcT7XxEHo>

Consider: Which of the pre-planned activities did the home visitor manage to implement during the video meeting with the family? How did she manage to do it - what did she do during the video meeting that was useful for the family? What benefits for family – the mother, father and the child—do you recognise after this video meeting?

Ideas and guidance:

While watching the video, look for the following:

- the way the home visitor talks to the family, how she raises the topic of play and explores the child's experiences (toys, play, who the child plays with and so forth) in the course of conversation with the parents
- how she (the home visitor) supports the parents in the ways in which they currently use games and toys, monitor, and encourage the development of their child
- which parent is more engaged in this conversation and how patiently the home visitor looks for the moment and the topic when the father will be included as well, without dismissing the mother. Keep an eye on what the home visitor does and how she goes deeper in her conversation with the father (when the father gets involved) in order to:
 1. support the father's participation in the conversation and interaction with the child
 2. understand better what the interaction between the father and the child looks like and how the father understands play and how he uses it to bond with the child and stimulate the child's development
 3. support the father to expand play and enable even more exchange and stimulation of the child's development
 4. equally recognise the engagement of the father and the mother, support competences, interest, and involvement of both of them in caring for the child.

Document the video meeting: Following the video meeting, prepare a record of what happened. Record the meeting and enter your observations about the family. Be sure to note down if you feel that the family needs another call or other type of support, referral or the like in the meantime. Between the video meeting and the next scheduled visit, for families for which you assess it to be important (if they are under stress, as indicated by their mood or some new, current life circumstances)- *invite the family to have short conversations* or text them to show you are available, interested, and ready to support them further.

5. INTERACTION WITH THE FAMILY DURING THE VIDEO MEETING

and supporting parents to create a caring and nurturing environment for the development of the child. The basic principles of working with the family also remain the same, so the work through video meetings is also based on interaction between the parents and the home visitor, but also the initiation of support for the active participation and interaction between the parents and the child, the practising of established routines, activities or skills. Video meetings, just like home visits, rely on quality relationship with the family, as well as on adult learning principles.

For this to be possible, use different work techniques during video meetings and pay attention to the specific characteristics of communication with **the family**¹.

Conversation with the family - means asking questions aimed at eliciting family experience, how they perceive or perform childcare, how they feel, what concerns them and so on.

Having a conversation with the family can have different goals and functions.

<i>Joining the family (initiating discussions, connecting with the family)</i>	Maintaining partnership relations with the family and building the family's perception that we are partners/associates in ensuring quality childcare; that we understand, listen to each family member, respect them and that they can rely on us. Joining the family, and the family's perception that we have "become one of them", that they can trust us, as well as the professional's feeling of being equal with the family, being able to appreciate its specific qualities, the skills that the parents have, motivation and efforts in providing quality care to their child, are prerequisites for working with the family and developing parental (caregivers) skills.
<i>Ensuring of the continuity of work with the family</i>	Linking the previous content we discussed with the family, with the new topics or activities that are being introduced. During the conversation, the family can be reminded of the content of the previous meeting with them. We could ask them about the experience they had - if we made a plan with them (to implement some skills, introduce a routine or activity), or they themselves were at a turning point and about to master a new routine in caring for the child. Continuity in the work with the family means that the professional they rely on is committed to them, following their lives and progress. This experience is important for building trust and collaborative relationship between the family and the professional.
<i>Exploring the perspective of the family related to the child and/or parenting</i>	Learning about the ways in which the family ensures, cares for, and nurtures the development of the child, how they perceive the child and parenthood, what they know about the child's health or development, play, care or nutrition of the child, etc. It is important to give the family an opportunity to talk about their perception, experience, knowledge, while you listen without judgement.



IMPORTANT

Although video meetings allow direct conversation with the family, there are some things that require attention in communication with interlocutors during the video meeting.

¹ Refer to the content of Module 10- Care and Empowerment (Enhancing the Communication Skills of Home Visitors) to remind yourself of the key guidelines for quality communication with families.

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- **Limited non-verbal communication:** Your communication with the family should be as clear, open and honest as during a home visit. However, when we are in direct contact with people, a lot of non-verbal content contributes to this impression. For example, we have the opportunity to get close to people whose attention we want to keep, or when we want to encourage someone to talk; to lean towards the speaker when we want to reinforce the impression that we are listening; we gesture with our hands - when we want to emphasise something; we touch people when we want to support them or to calm them down. While our interlocutor speaks, we can use a look or a gesture to show that we want to focus on some content in more detail, or interrupt him/her to explore, commend or highlight something additionally. All these standard aspects of communication with people, which we take for granted and rely on to communicate our thoughts, or to encourage conversation, *cannot be used when we use video calls*.
- **Talking via a screen is more tiring,** precisely because it relies so heavily on words and verbal exchange. Our conversation in this way must be shorter than if it were “live” and should be more focused and concentrated.

What can help:

<i>Look at the interlocutor in the eye</i>	Do not let your eyes wander. If you are not sure how your interlocutor sees you - look at the camera of the device you are using.
<i>Sit up and still, put your hands on the table.</i>	Do not let other things distract the parents or you
<i>Document the conversation – write down or record the conversation</i>	Have a piece of paper, a pen, and notes (preparation) for the visit ready. The notes will enable you to focus and concentrate during the conversation, and help you to “keep in mind” everything you have set as the goal for the meeting. You will use the piece of paper and the pen to write down what you hear from the family, what you want to comment on, what you want to highlight, or discuss additionally. Tell the family that you have all this with you, and explain to them why you have prepared it. Encourage the family to write down messages or their questions as well, to note something they want to come back to later in the conversation, etc.
<i>Ask open-ended questions that start with How, Why, What, When, Who...?</i>	<u>Avoid questions</u> that can be answered with “Yes” or “No” (closed-ended questions). Please note that now, more than ever, your words and the words you hear from the family are the tools with which you work. Open-ended questions give the family the opportunity to talk about their experience, to explain to you their experience, their interaction, perspective, feelings and thoughts. And when the family’s responses are scant (because not all have the same communication skills), encourage further discussion with new open-ended questions.
<i>Encourage the conversation</i>	Always let the interlocutors know that you are listening to them - nod, say “I understand”, “Please tell me more about that...”. Be aware that when you speak at the same time as the interlocutor - the voice “is cut off”- so you cannot hear very well the words that are spoken.
<i>Foster exchange</i>	<i>When you ask a question, or encourage any interaction, give the family time to come up with an answer, respond or do what you suggested. Make sure you follow and always give feedback on what they are doing. You will use this type of communication when you apply the modelling technique and guide the family through some experience, or interaction you wish to encourage.</i>

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<i>Speak to all interlocutors</i>	Bear in mind that the questions, experience, mood, thoughts of the mother and father do not have to be and are often not the same. Be ready to hear both parents' experiences and thoughts, questions, and doubts! Do not show preference for the way one parent interacts with the child over the other's, do not instruct one parent to learn from the other (avoid phrases such as "see how the mum does it, so go ahead and try it yourself"). Instead, let them learn from each other, from you and while sharing with you.
<i>Let the family ask questions</i>	Even when you offer an instruction or transfer some knowledge - check how the family understands it or manages to integrate it into their daily childcare. Ask: «How does this sound to you?/What do you think, where can you apply this?/ Where do you see this in relation to your child?/ How is this working out for you?» Always check if you understand what the family is saying. You can say: «If I understand you correctly/ It seems to me that you.../ It is important for me to make sure that I heard and understood you properly...».
<i>Care about and ask about the mood, experience, feelings of your interlocutors</i>	Be empathetic, try to understand, and accept how and why parents feel a certain way. Normalise, especially in situations of stress, uncertainty and long-term concern - feelings such as fear, worry, anger, anxiety and so on. You can say: "Many people feel the same way in your situation", or "Very many families I talk to are experiencing the same thing, it's perfectly OK for you to feel like that too." However, <u>always provide information on how they can monitor their mood and feelings and when and how to react</u>
<i>Think about what you "offer" to the family</i>	<i>Decide when and to what end you will use different techniques - instructions and clear guidance on behaviour, analysis of experiences and interaction, open conversation, and when you will model some behaviour. Always praise and emphasise good elements of interaction but avoid doing so to teach the other parent. Direct praise and emphasis on good change or good aspects of interaction to the parent who did it. Try to identify and present something that is good, no matter how small or slight it is. The impression that he/she is doing something well presents a strong motivation for a parent!</i>
<i>Summarise your conversation</i>	Whenever possible, try to hear from the family what seems most important or most useful to them among the things discussed during the video meeting. Be sure to highlight the most important messages and encourage the family to apply them. Thank them for the pleasant time spent with them and announce the next meeting, and raise the topic of what happens between the meetings (regardless of whether the next meeting will take place at the family home or via video meeting/call). With the family, make a joint plan on how to apply what you talked about in daily family routines. Bear in mind that both summing up the conversation and creating a joint plan are two-way processes involving both you and the family members. So, whenever possible, avoid "giving homework", and ask the family instead: "Which of these things we talked about can you apply every day? When can you apply what we discussed? Which of the things we discussed would you like to try first?" and so on. Then reach a clear agreement on what the family will try between the video meeting and your next meeting. Make sure that the goal is achievable. If you think it would be useful for the family to make a recording for your work together or your assessment and preparation - ask them to do so and explain why such a recording is important for your further work.



Self-assessment-Task

In the table below you have examples of closed-ended questions. Try to transform them into open-ended questions.

<i>Closed-ended question</i>	<i>Open-ended question</i>
<i>Are you all right now?</i>	
<i>Did you intend to breastfeed the baby?</i>	
<i>Is your husband involved in caring for the child?</i>	
<i>Do you play with your baby?</i>	
<i>Did you talk to the paediatrician about the order of introducing various types of food?</i>	
<i>Did you manage to talk to the baby during the bath, as we spoke last time?</i>	

Find some of the possible open-ended solutions at the end of this module. Look out for which questions you often ask as closed-ended. Use opportunities to improve your communication: note them down and formulate their open-ended form. Watch how the conversation with the family changes.

Although talking to the family is not the only technique available to you during video meetings, the principles of quality communication are also the pillars of other techniques you can use.

- **Instructions and specific guidelines** are clear instructions to the parent about how to act in certain situations. When you instruct the family, you are in the position of “the more skilled”- the one who knows better how to treat a child and/or that there is one proper way to do it. Therefore, aim to give instructions and concrete guidelines in specific situations- when the families need guidance in caring for the child, health care of the child, for example. Bear in mind that not all parents are equally able to understand and implement your suggestions. Therefore, use a demonstration, written material (with as many illustrations as possible) as a reminder, and definitely monitor how families apply what you teach them to do. Praise and support their efforts and success. The ability to give instructions and specific guidelines to the family relies on their experience of trust in you, and collaborative relationship built between you.



Video clips

Watch how it looks in practice.

Watch the video in which the home visitor uses the demonstration technique with instructions via the video meeting

Watch the video: Demonstration technique: https://youtu.be/bo_1N21Lh0A



IMPORTANT

Avoid giving instructions and concrete guidelines when it comes to general parental skills or fostering child development, as well as relationship with the child. In such case, use some other techniques of working with families - such as jointly analysing videos made by the family, sharing, and jointly analysing educational materials for the parents, or initiating and supporting specific interaction between the parents and the child, as well as modelling parental behaviour.

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- **Modelling parental behaviour** towards the child is a work technique during which the parent is “guided” towards quality behaviour. Modelling means that, by monitoring what the parent does during the interaction with the child, we shape his/her behaviour to improve it. We achieve that by doing the following:

We present arguments demonstrating the importance of the parent's behavior we wish to discuss.

We demonstrate a new activity, or a specific skill (in person or by analysing video or written material).

We initiate interaction between the parent and the child, give the parent an opportunity to try out this activity.

We observe the parent during interaction with the child, as well as child's responses to parent's behaviour.

We provide constructive feedback - we praise, support and highlight the quality interaction and behaviour of the parents that are good and beneficial for the development and well-being of the child. We do it by naming, highlighting and describing what we saw the parent doing well, and then by reiterating what the child got from it and why it matters. Whenever possible, the parent should be instructed how to recognise that benefit in the child's behavior.

In most cases it is not possible to model complex parental nurturing care skills during a single meeting with the family. For most families, it is important to break these skills down into “smaller steps” and guide the parents through achieving one by one over a longer period of time. Video meetings are an important resource that enables continuity in monitoring the progress of parents and introducing next steps in quality interaction between the parents and the child.

Therefore, when it comes to modelling parental behaviour, video meetings should be organised around some specific topic that is important to both you and the parents. For example, the goal can be to model the skills of talking to the baby and integrate the skills of talking to the baby into as many routines as possible. We use video meetings to support smaller steps towards this goal: for example, how to talk to the baby while bathing, changing, or feeding it. In each of these meetings, we present arguments in favour of its importance, we exchange ideas with the parents about what to talk about during this routine, and then support the interaction itself or analyse the video made by the family.

As a technique of working with the family, modelling relies on quality conversation, joining the family and experience of trust and partnership relations between the home visitor and the family.



Video clips

Watch the recording of a video meeting with a family:

<https://www.youtube.com/watch?v=4zTu2ADnUHo>

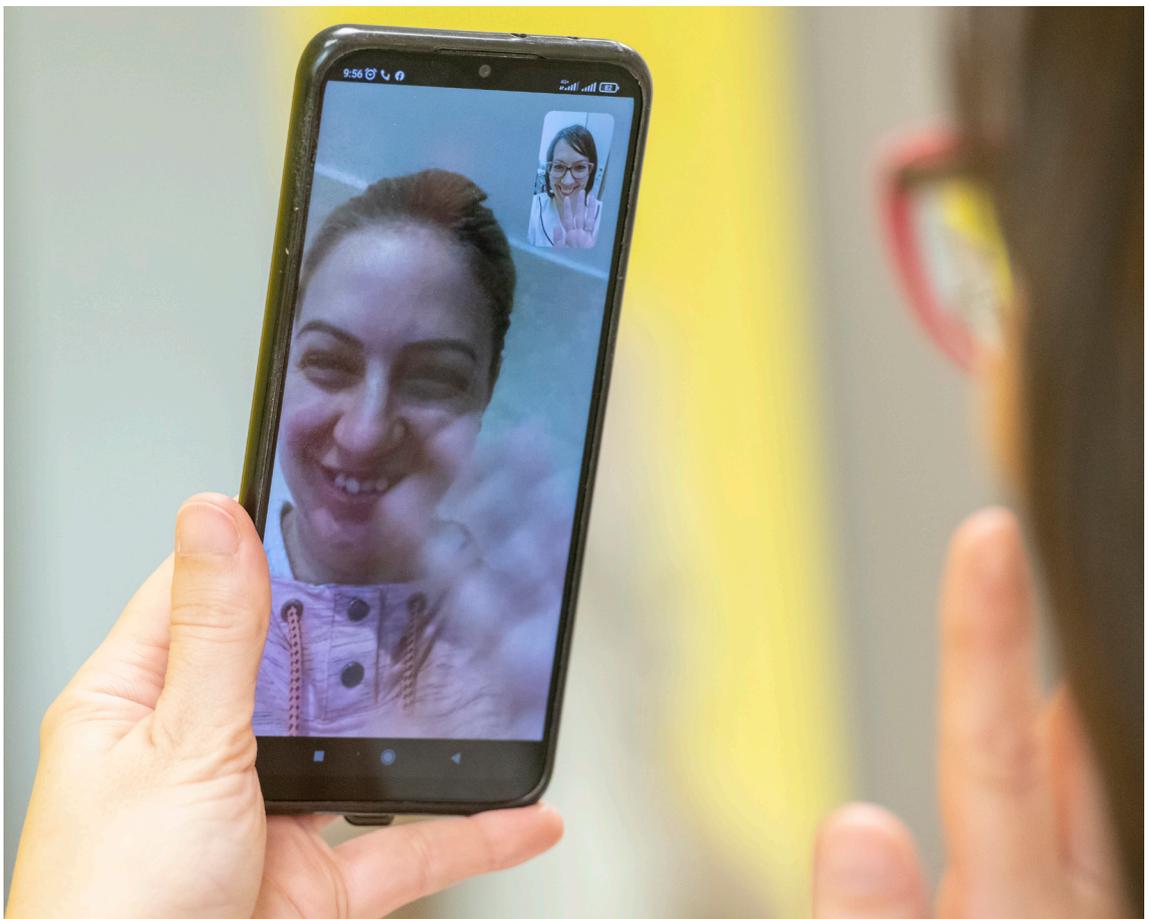
What characteristics of interaction with the family do you notice during play modelling?

Ideas and guidance:

While watching the video, look for:

- the way the home visitor initiates conversation in order to hear about the progress of the child and the way in which the family integrated the previously introduced activities into daily routines
- the way the home visitor initiates interaction between the parent and the child and gives an opportunity to the mother to play with her daughter during the video meeting.

Discuss with your colleagues what the home visitor could do after the mum starts playing with the bottle and stuffed balls. Do reflect on what behaviours the home visitor would praise and emphasise as a quality exchange with the child and what arguments would you present to the mother in support of such an interaction.



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TELEPHONE COUNSELLING FOR FAMILIES

Working with families includes the forms of *telephone counselling* for families. These forms of work are very useful for families, especially when it is necessary (from the perspective of parents) to receive an urgent, instructional response or guidance related to care, health care or response to the child's behaviour. Short conversations by phone, without visual contact (often without knowing the identity of the interlocutor) focusing on a dilemma, current concern of the parent, with the aim of providing clear instructions on childcare - present key characteristics of telephone counselling for parents.

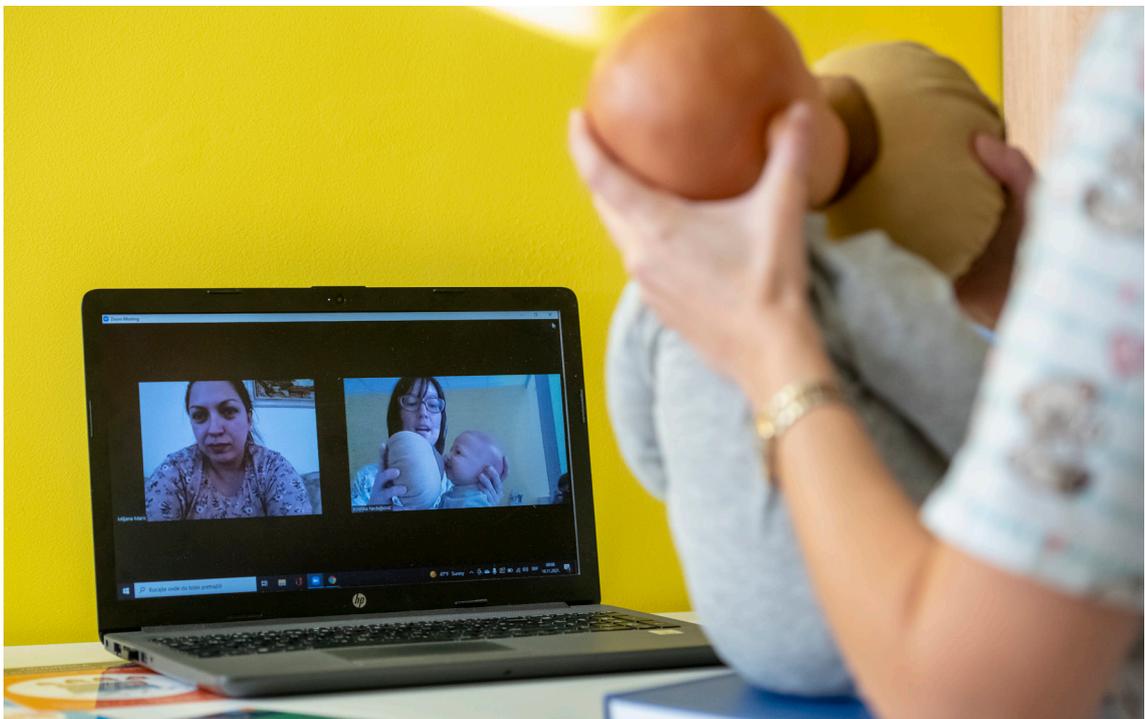
Research has shown that phone calls lead to an improvement in parenting strategies and child engagement and a reduction of challenging behaviours of children. The addition of cellular phones to a home visiting programme has enhanced maternal responsivity and reduced depression and stress.²

Halo Beba is an example of a telephone counselling service available for parents' urgent questions, or everyday concerns. It is a very important resource.

<https://www.halobeba.rs/>

Explore what resources exist around telephone counselling for families in your local community. Be prepared to refer families to them in situations requiring urgent responses and clear action algorithms regarding caring for the child or any other family member (in cases of violence, for example).

Video calls with the family are different from telephone counselling for families and these two resources should be combined. Except for situations where a clear instruction or guidance concerning parents' behaviour is required in the event of a dilemma, telephone conversations, as well as texting can be used for short messages to parents focused on support, reminders of activities with the child, etc. When applied in this way, these forms of work become a significant resource for ensuring continuity and intensity of support, when needed.



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² Carta JJ, Lefever JB, Bigelow K, Borkowski J, Warren SF. Randomised trial of a cellular phone-enhanced home visitation parenting intervention. *Pediatrics*. 2013 Nov;132 Suppl 2(Suppl 2):S167-73. doi: 10.1542/peds.2013-1021Q. PMID: 24187120; PMCID: PMC4258827. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4258827/>

IV

USE OF AVAILABLE WEB (WRITTEN AND VIDEO) MATERIALS IN WORKING WITH FAMILIES

Sharing and analysis of video and/or written material is one of the ways, in telehealth services, of conducting observation (for example, when we watch and analyse a video of a family interaction), demonstration (when we offer instructional videos to the family and analyse them together or to raise parents' or caregivers' level of knowledge and skills).

Sharing and analysing written and/or video material involves the exchange of various content with the family in several ways, such as sharing video tutorials, written material, links to webpages, videos made by the family, etc., and can have various goals:

- *to support the family's information and knowledge.* Written or video material shared with the family for this purpose contains information or examples related to childcare. For example, it could be leaflets with texts on diverse topics, or videos produced by experts from various professions related to various childcare and parenting topics in general, ideas for activities with children that support holistic child development, etc.

It is important that you share quality content on parenting and questions that the family has. In this way, you enable the family to obtain verified information, not to wander around searching the internet or various publications looking for answers to their questions. The diversity of content, the language used, topics and values that are dealt with in the material available on the internet or in bookshops can be useful for some families but overwhelming and confusing for a vast number of families. In addition, parents often have an opportunity to learn from other parents through forums or informal chat groups, etc. This information about children and parenting, in fact, only constitutes experiences or approaches of some people, and it may not be high-quality or applicable to the life of the family with whom you work. Therefore, try to keep abreast of quality, scientific evidence-based publications for parents (whether in the form of written or video content) and offer them to families.



Reflection and discussion

Consider analysing, together with your colleagues, the content available to families on the following webpages:

<https://raisingchildren.net.au/>

<https://www.zerotothree.org/>

Try the next exercise with one of your colleagues. Select a piece of content (video or written) from one of these platforms. It should be content that could be useful to one of the families with whom you are currently working. Read and analyse it - what are the key messages you think are important for the family? Role-play with your colleague: let the colleague take the role of the parent, and you can practise having a conversation with the family to reflect jointly on and learn from the material. Make sure to ask open-ended questions, first looking for what the family identified as important to them in the material, and then pointing to any other key messages and explaining their importance. To conclude the role play, try to make a joint plan about how the messages from the material can be implemented in the family's daily life.

Analyse with the colleague your experience in this role play. What skills do you need to analyse the material jointly with families? What are the benefits of working with families in this way?

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- to enable the monitoring of the family's progress or observation of interactions and communication with the child which you did not have an opportunity to see during the home visit. Written or video material that you exchange with the family can be a kind of "task" for them. Between home visits, or a home visit and, for example, a video meeting, you can ask the family to record one of their interactions or take notes related to the topics you have been dealing with and which are important for you to monitor. The focus of these "tasks" can be something you failed to see during the home visit (for example, the way the mother feeds the baby because the baby was full, the way the mother talks to the baby, because the baby was sleeping, the way the dad gets involved in care routines or stimulating the child's development, because the dad was at work, etc.). Furthermore, this may be a topic you raised, which was an area of concern, or a new milestone in the child's development or in the development of parenting skills (for example, you introduced reading with the baby during a home visit, or special dad-baby time, a joint game, making toys, joint baby meals with the family, etc.). Finally, it can be an aspect of childcare or parenting skill regarding which additional support is needed;
- to enable the family to "show you" their experience, or a (child's or parent's) new skill. Written, or more commonly, video material can be created at the family's initiative. In such a case, the family often wants to "boast" about a success they achieved. It is important to bear in mind that the family can also "show you" some of the child's behaviours or aspects of childcare that are areas of concern, but which you could not see or hear during the home visit.

Whatever the purpose of the exchange of written or video material, in order for it to be truly useful for the development of a caring and nurturing environment for the child and of quality childcare skills - it is necessary that we analyse it together with the family.

You can share video or written material with the family during video meetings with them. Analysing a video together is a very powerful technique for learning with families and you use it when you want to demonstrate a behaviour or form of interaction to the family, or when you want to analyse with the family their interaction with the child. In such a case, the analysis of the video of an interaction within the family you are working with is used as a modelling technique.

You can exchange health education material (videos, leaflets, etc.) with the family between video meetings (or after a home visit and before a video meeting). Each of you - both you and the family - independently look at and analyse these materials, and then you discuss what you saw or learned from them at the meeting. You can use this, for example, when you share some written material with the family after a video meeting as a reminder of what you discussed. Then, the next time you work with the family (in their home or via video meeting), you will discuss the content of the material (how the family understood it, whether any additional information can be useful to them) and how and to what extent they manage to implement it in daily life. Next, you can use video or written content in this way when, for the purpose of monitoring or assessment, you ask the family to record an interaction or activity with the child and send it to you. Then, at your next meeting with the family (in their home or via video meeting), you will analyse what can be seen in the video. Video analysis is then used as a modelling technique.

You can send *useful materials (written or video)* to the family in a targeted way before meeting with them. It can be a video tutorial you recorded with, for example, your child or an illustration of making toys or reading to the child. Then you actually introduce a topic using this material - that you want to learn about, discuss or exchange views about with them. Similarly, the family can send you a video or questions, possibly a text they read, on a topic that they want to raise at the next meeting with you.



MOBILE APPS



Reflection and discussion

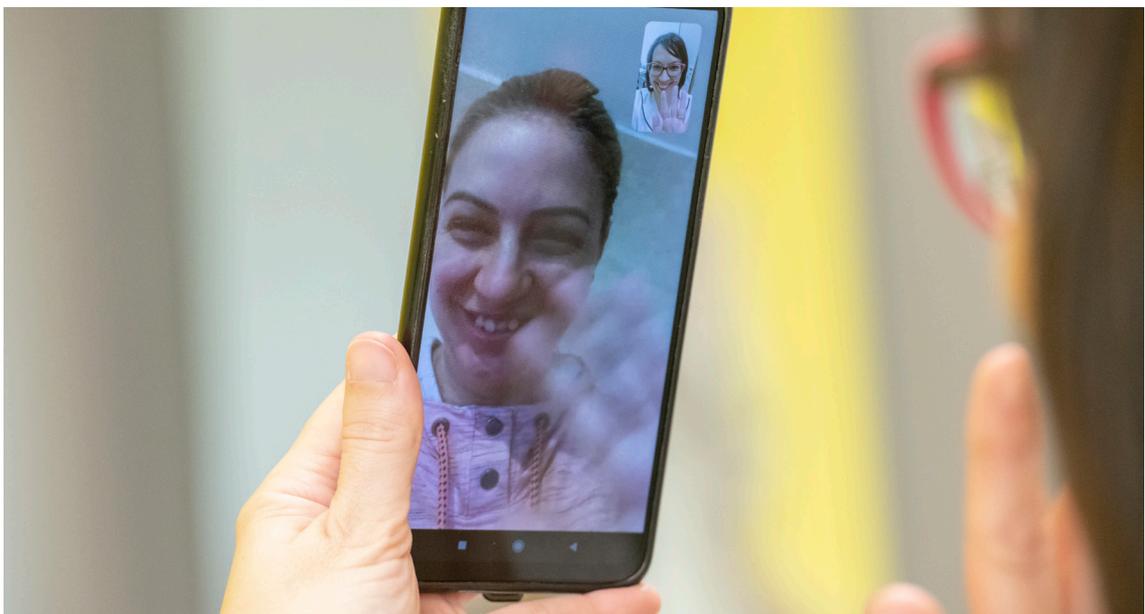
In addition to written and video content available on online platforms, modern technologies also enable the use of (personalised) mobile apps that contain important information and other resources for quality childcare. Bear in mind that parenting is stressful, and that strategies for coping with that stress and the feeling of competence in childcare are important prerequisites for quality care. Be informed about the verified, quality resources available to families and refer them to such resources.

See, for example, information about the following apps:

UNICEF BEBBO app: relevant to the ECARO region
<https://www.unicef.org/eca/Bebbo-parenting-app>

Best Beginnings-Baby Buddy app: <https://www.bestbeginnings.org.uk/baby-buddy>
<https://geekflare.com/best-parenting-apps/>

Talk to your colleagues about the ways in which families you work with could use these resources. Possible answers: The benefits of these resources concern, above all, meeting families' need to know and be informed about the child's development and the importance of quality care. Information and knowledge are the first steps in achieving quality caring and nurturing interaction. They raise awareness about the child's needs, facilitate the acceptance of the child (knowledge of what the child can do, what the parent can expect, what is important for the child), but also the development of competences for childcare itself, as well as a nurturing environment for the child. However, it is important to continue to search for ways to monitor how the family understands what they learn and how they integrate the information they collect into their daily life. To achieve this goal, you can combine various telehealth resources and home visits - you can talk to the family about how they understand or what they learned from what they are reading, analyse a video in which the family implements a proposed activity or knowledge, look for routines where knowledge acquired can be implemented in interaction with the child, and then monitor quality - the way the parents do it, etc.





QUALITY ASSURANCE

Although they offer many opportunities to work with families, telehealth resources also offer a range of challenges and learning opportunities for a home visitor.

Video meetings, for example, require an approach where:

- there are few instructions and little demonstration, and a lot of taking the family through interactions with the child and modelling parenting behaviour, which are proven to be some of the most effective techniques in building the skills for quality childcare;
- there is less observation and more conversations aimed at finding out about a family's experience and perspective, parent's expectations, experiences, feelings or joint analysis of video material (which is a specific form of conversation).

For every app or video or written piece of material exchanged, it is important to find a way to discuss the content with the family, the way the family understands it and can integrate it into their daily life.

These changes in the approach to working with a family can improve the quality of working with families in general, and therefore also during a home visit. In this regard, video meetings, with the flexibility and availability of family support services, offer an opportunity to learn about quality practices for working with families in general.

The introduction of new forms of work can, however, contribute to professional stress. The discomfort and stress of using telehealth resources, especially video meetings or telephone counselling, may stem from the very nature of interaction with the family - the absence of non-verbal "tools", such as physical proximity, touch, eye contact - that facilitate exchange with a family, especially in providing support. Similarly, stress can stem from being uncomfortable using various apps or technologies, being concerned about your ability or the ability of families to participate in this form of work, your skills to implement these forms of work while basing your support to the family on the same principles as home visits (involvement of both parents, recognition and prevention of risks, unity in support for care, health and development, etc.). Finally, the use of telehealth resources, although it is aimed, above all, at achieving continuity, flexibility and availability for families, inevitably raises the issue of boundaries – at what point, when, how often, and in what way you are available for this type of exchange with the family.

All these issues need to be raised and discussed during various types of professional exchanges and supervision. That is why it is important that we meet with our colleagues and analyse with them our work with families and the use of telehealth resources. Such discussions should include different perspectives or additional information, which enable us to think about our own personal approach and understanding of what is happening in the family in a different, more useful way, so that we are able to plan better the implementation of various resources in providing childcare support. If we have these meetings in the process of introducing a new form of work with the family, as we learn how to use telehealth resources, we have an opportunity to analyse our progress, our flexibility, and skills in using them, or to ask additional questions that can improve our practice.

VII

SPECIAL CONCERNS

1. WHAT IF FAMILIES DO NOT WANT OR ARE UNABLE TO USE TELEHEALTH RESOURCES?

Technology is indeed becoming increasingly available and increasingly part of everyday life for a large number of families. Still, there are certain circumstances that present barriers, as well as some families that may not feel ready, skilful or comfortable enough to use telehealth resources.

Be sure to keep in mind some obvious barriers to the implementation of video meetings - such as a family lacking internet access. In that case, you can use more intensively resources such as text messages or phone calls to the family. Make sure that the content of text and similar messages or phone calls is consistent with the goal of your work with families during previous visits, just as would be the case with a video meeting with them. Try to use language that is clear, simple, and unambiguous from their point of view to support the skills or routines you discussed with the family during visits. Messages may include examples of parent and child games, a reminder to read with the child for 15 minutes, an example of a quality non-dairy meal, a reminder about father involvement and interaction with the child, a reminder to talk to babies during various routines (such as baths), etc.

Some families lack internet access or phones that can support mobile apps or have a data limit so they cannot download large files or join chat groups. In such cases, combining various telehealth resources with, for example, radio use, sharing written materials, etc., is useful.

Some families are not willing to use video calls because they are uncomfortable with them, or because they worry their relationship with you will not be confidential and personal enough. In that case, think about using more intensively other resources such as messages, web content (video and written), mobile apps, etc., alongside regular visits to the family during which you will analyse the content and support its implementation in daily childcare.

Finally, bear in mind that telehealth resources are most useful when different forms of work are combined with home visits.



You will now have an opportunity to go over the questions from the beginning of this publication once more. Please also read the explanations of the answers and, thus, recapitulate your knowledge. Be ready for some of these topics to raise some additional dilemmas or need to learn, reflect, and discuss. Be sure to discuss them with your colleagues. We also invite you to continue to learn about the ways in which you can use video meetings and other telehealth resources for the benefit of families with whom you work.

1. Telephone counselling is best used for short, instructive conversations - when a family needs to be provided with clear guidelines for handling a situation. (T/F)

This statement is True. It is important that you provide detailed information to families about the way in which they can and should use telephone conversations, so that they can receive good advice and the support they need by using this resource. However, it is important to keep in mind that you can use phone calls with other families as well - when it is important to provide them with short tips or a reminder about some activities, or to follow up briefly on how one of the introduced activities with the child went. You can obviously use phone calls or short text messages also when working with families who feel uncomfortable with video calls.

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2. Any exchange of videos or photos between a home visitor and a family is a telehealth resource that we can rely on when working with families. (T/F)

This statement is False. The mere exchange of videos, video materials or written materials does not constitute a video meeting or any other form of support to families. If you arrange to analyse jointly a photo or video during a video meeting and exchange impressions and insights with the family, to support further development of parenting skills, or use photo and video analysis for the purpose of monitoring progress in one of the parenting skills you agreed on with the family - then it becomes a video meeting with the family and enables you to support the family in providing quality care for their child.

3. If they use video meetings in their work with families, home visitors can be available 24 hours a day for the families from their area. (T/F)

This statement is False. The idea behind video meetings is, among other things, to provide additional flexibility with regard to available forms of work, including time for working with the family. However, this certainly does not mean that home visitors should make video calls outside their working hours (i.e., the working hours of the primary health care centre), during their free time, etc. It is important that we protect ourselves from burnout, so we can be useful to the families with whom we work.

4. Video meeting is planned, announced, and agreed with the family. That is why the key step in its implementation is the careful creation of a plan which includes information about when and with what purpose it is applied in the family. (T/F)

This statement is True. In working with one family, following its progress, needs, strengths, and challenges facing them, we plan when and with what purpose we will also implement video meeting as a form of work. Also, we discuss with the families the purpose of implementing this form of work.

5. The principles of working with families during video meetings are the same as during regular home visits and include the unity of care and stimulation, work with both parents, recognition and prevention of risks. (T/F)

This statement is True. It is important to conduct video meetings while observing and keeping in mind these principles during work via video meetings just as during a home visit.

6. Video meetings with families include counselling, open conversation, getting to know the family, provision of information, and modelling to build childcare skills. (T/F)

This statement is True. Video meetings are based on interest in the family, the willingness to hear what the family experiences and feels, and to guide the family through the experience of parenting. Home visitors apply all the skills and techniques of working with the family during a video meeting which they also use during the home visit, in order to facilitate that.

7. Video meeting does not allow the presence of both parents and child, or the possibility to observe and monitor the quality of interaction between family members and the child. (T/F)

This statement is False. Video meetings should, in fact, be conducted in accordance with the principles of work, so that both the father and the mother are present during them. An exception would be an agreed additional focus on one parent's relationship with the child, or the absence of one parent during a home visit (when it is important to hear about and support the development of parenting skills, as well as the relationship between that parent and the child). Also, the presence of the child during a video call is important as well as possible, but it should be borne in mind that the aim is not for you to interact with the child or to encourage the child to use the computer, but rather to initiate and monitor the child's interaction with the parents. This is precisely why it is important that home visitors have the skills to initiate and support parent-child interaction. Also, the flexibility of video meeting makes it possible for them to be conducted at the very moment an interaction happens (during baths, one of the routines, for example, during feeding time, etc.). Telehealth resources also enable the child to be present "via video" - when an interaction being

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monitored is analysed, or it is important to observe it for the first time (which was not possible during the home visit). You can then use video meeting or phone conversation to analyse the video with the parents and facilitate learning from own experience.

8. Video meetings and other telehealth resources can be used with all age groups, in a situation when it is not possible to enter family's home, and/or there is a need for additional support and more intensive monitoring of the environment in which the child grows up. (T/F)

This statement is True. However, it is important to bear in mind that no telehealth resource, including video meeting, should ever replace the home visit. Especially during the newborn period, it is important that support be provided in direct contact. Some aspects of work will not be possible or advisable during video meetings (e.g., assessment of the family's life circumstances). Also, some families will not feel skilled or comfortable enough to use each of the telehealth resources. Therefore, try to listen to families' needs and address them flexibly using various tools and techniques, and work modalities.

9. Used as telehealth intervention resources, various apps, online written or video content can improve parents' information and knowledge about child's development and needs. (T/F)

This statement is True. Bear in mind, however, that you need to inform families about reliable sources of information and knowledge, as well as to monitor - during visits or video meetings, phone conversations - how parents understand the content to which you referred them and how they implement it in daily childcare.

10. Video meetings or other telehealth resources, cannot completely replace regular visits to family's home, and therefore it is important to combine them with other forms of work (group health education work, visits to family's home). (T/F)

This statement is True. Only implemented in this way do telehealth resources serve their true purpose, and truly enable comprehensive and continuous support to the family in building a quality environment for the child.





ANNEX

1. INFORMATION CARDS



INFORMATION CARD 1: OVERVIEW OF VIDEO MEETINGS AND COUNSELLING

(adapted from: [Attachment & Behavioral Catch up](#))

I. Set-up: Is it feasible?

Does the family have the technology needed?

We expect that most families will have a phone, laptop or tablet that can support a live video meeting, and that the most significant barriers will be internet quality and/or personal data plan limits

- An initial phone call should assess the family's access to live video streaming. If they do not have the current means to meet through video, you need to explore whether there are resources for providing families with internet hotspots, or improved internet from local providers.
- a. **Use a secure video platform**
 - Zoom, Teams, etc.
- b. **Do you have the technology needed?**

We expect that professionals will have a phone, laptop or tablet that can support a live video meeting, and that the most significant barriers will be internet quality and/or personal data plan limits. Professionals/practitioners need to be well equipped to use telecounselling.

II. Process:

a. Consent

Make sure you always have a signed consent for recording and conducting video meetings. Parents need to be informed about how and what these conversations will be used for and why they are recorded. Consider updating consent forms to reflect the sessions occurring over video.

b. Recording

It is preferable that video meetings be recorded beforehand because of high-quality supervision, and so that you can use video feedback and edited videos with your families.

- Some platforms have a built-in way to record meetings (e.g., Zoom)
- You may also be able to record from your laptop when meeting with the family.

III. Session specifics:

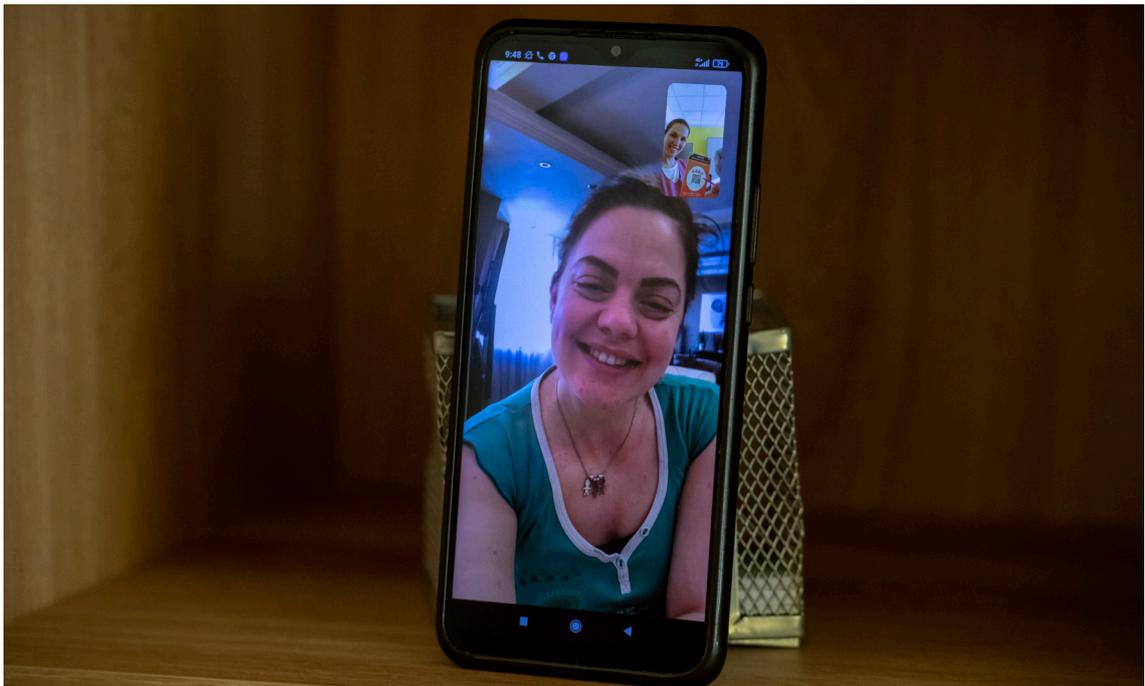
Your video won't look like it usually does! It will probably be on someone's phone, which will be propped up and recording at a less-than-ideal angle. What is important is that you can see the bare minimum to comment, and that they can hear you.

- If the parents have headphones, it might make it easier to hear coaching.

IV. Message content

No matter the method of contact (video, voice, text), the conversation/message should include:

1. Statements of empathy/support
2. A review of agreed targets
3. A homework-like discussion about the targets this past week (e.g., tell me about a time in the past week when your child got upset, what he did to signal it, how you responded).



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2. OPEN-ENDED QUESTIONS

These are some of the open-ended options you can use instead of closed-ended questions.

Using open-ended questions during conversation with the family will give them opportunity to reflect and talk about their experience in taking care of the child. You will have much more information, but also more opportunities to expand and deepen the conversation, and thus learn more about their strengths and available resources, but also about their needs for support.

<i>Closed-ended question</i>	<i>Open-ended question</i>
<i>Are you all right now?</i>	<i>How are you now? How have your feelings changed? What do you feel about... now?</i>
<i>Did you intend to breastfeed the baby?</i>	<i>What did you agree on how to feed your baby? What is your position concerning feeding your baby?</i>
<i>Is your husband involved in caring for the child?</i>	<i>How does your husband participate in caring for the child?</i>
<i>Do you play with your baby?</i>	<i>How do you play with your baby? When do you manage to set aside the time to play with your baby? How do you play with your baby?</i>
<i>Did you talk to the paediatrician about the order of introducing various types of food?</i>	<i>What was the agreement with the paediatrician about the order of introducing various types of food?</i>
<i>Did you manage to talk to the baby during the bath, as we spoke last time?</i>	<i>Last time we talked about why it is important to talk to the baby during different routines, for example during the bath. How is that going?</i>
<i>Important: Look out for which questions you often ask as closed-ended. Use opportunities to improve your communication: note them down and formulate their open-ended form. Watch how the conversation with the family changes.</i>	