interview with
Yvonne Schönbeck

“Our aim is to get healthcare professionals to see themselves as parent coaches”

A pilot helping doctors and nurses to connect better with parents

A pilot project in the Netherlands is trying to change the working methods of healthcare professionals who assess early child development. The aim is to establish better connections with caregivers and to improve caregivers' experience of routine appointments to assess their child's developmental milestones.

Dr Yvonne Schönbeck is project manager and researcher in preventive child health at TNO, an independent Dutch research organisation that focuses on applied science. In conversation with Irene Caselli, she explains why this project is important and its potential to be scaled in other areas of healthcare.

Many behavioural interventions designed for the early years target parents. Why did you choose to focus on healthcare providers?

In the Netherlands, children have a lot of scheduled visits with preventive healthcare providers during the first four years of life. These visits are aimed at monitoring growth and development and administering vaccinations. During these visits, professionals assess the child's development according to a set of milestones for their age.

In a previous project, we developed short videos to help caregivers to self-assess their child's milestones, so they would be better prepared to ask questions to get more out of these routine visits (Grevinga et al., 2018; Van Dommelen et al., 2022). But then we realised that we also needed to work with healthcare professionals. How can they provide more child- and caregiver-centred care through the way they interact with caregivers?

What approach did you decide to take?

We chose to change the standard method healthcare providers use to assess milestones in child development. This set of milestones is great at identifying about 10% of children who are not meeting some of them and may need extra care, but is often not very informative or helpful for the 90% of parents whose children are considered to be on track. Some caregivers don't feel "seen" when professionals simply look at milestones that do not match their child's current developmental status.

Right now we are conducting a pilot study in which we are training professionals on a new methodology for assessing child development at routine scheduled visits, in combination with conversation skills. We ask them basically to consider the same milestones, but no longer at a fixed age. Instead of just checking that the child can do all the things you would expect at their age, you continue by looking at milestones matching the child's actual achievements.

> "We make small steps in the direction of making these sessions more useful and informative for the majority of parents."

So if a child is 6 months of age, and you see that he or she passes the milestones, you continue to talk to the parents about the milestones for 9 months of age. Milestones that are not yet achieved will be used to discuss next steps in the child's development. This way we make small steps in the direction of making these sessions more useful and informative for the majority of parents. For the professional it's not too much of a practical change, but it can imply a big change in mindset towards meeting the parents' needs.

Why is it important to train on conversation skills as well as the new methodology?

This speaks to a wider issue than just routine visits to monitor child development. In the past, healthcare professionals were generally seen as experts: what they said was true, and everyone believed them right away. Over time, parents have become more conscious, aware and informed. So rather than just dispensing advice, healthcare professionals increasingly need to focus on making parents feel safe so that they open up and ask all their questions.

When this does not happen, parents can come out of healthcare appointments feeling judged, insecure and not adequately supported. This can have a

large impact, especially on caregivers in vulnerable situations (Andersson Elffers Felix, 2020). As this group may benefit most from the available care, it is important to maintain the connection and trust.

> "Professionals increasingly need to focus on making parents feel safe so that they open up and ask all their questions."

What changes in workforce behaviour are you trying to encourage?
Our aim is to get healthcare professionals to see themselves as parent coaches. This means moving away from telling parents what they should do and towards prompting parents with questions such as: "How are you? How's your child doing? What questions do you have? How can we help?"

We want to try to better match caregivers' needs and contribute to a more equal partnership between professionals and parents. One healthcare professional expressed the approach we are aiming for so well by saying to parents: "You are the expert on your child. I know a lot about children in general. Let's see how we can connect to get the best for your situation."

How is the pilot study going?
We plan to test the training in three rounds in three different healthcare organisations. The first training took place in May 2022, and the project will end in January 2024. We are curious about the first experiences: how feasible is the project in daily practice? One of the challenges is that healthcare professionals have time constraints, with visits lasting around 20 minutes and a lot of ground to cover.

After each pilot round, we will carry out evaluations with professionals and caregivers as input to improve the training for the next round. We provide the professionals with a checklist they can use to remind themselves of this way of working, and we tell them that after three months we're going to evaluate whether it worked or not. We ask: "What did you change? What was the effect on the interaction with caregivers? If you didn't change anything, why was that? Did you feel you needed more support, or better information, or anything else?"

We will also ask parents if they noticed a difference in approach, and if they liked it.

If the pilot goes well, do you see this methodology as being more widely applicable?
Yes – elements of this training are really applicable for all healthcare professionals: in pregnancy care, or for paediatricians, and not even only for child-related activities but for everyone. The fundamental aim is to really make professionals conscious of their own way of interacting and operating, and of what can be improved. We try to put them in different situations and ask them to look at themselves, at their ideas, and at the effects that this may have on the message that they're delivering.

Through the training, healthcare professionals become more aware of how they communicate and at the end they evaluate their changes. You are your own judge.

We are aware that right now we are working on pilots with a group that is really eager to work with this new methodology, and is open to reflection and change. Of course, the challenge will be to implement this successfully in locations where people are less eager to change. We are already talking with training facilities to include it in the basic education of healthcare professionals. The potential for scaling this project is very great.

↗ **Find this article online at earlychildhoodmatters.online/2022-17**

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