

Ask a parent: How are you?

Nurses in Israel's *Shalem* programme see and feel the benefits of encouraging self-compassion





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On 8 October 2023, the day after the devastating attacks on Israel, I received a call from Professor Vinker, CEO of the medical department at Leumit, one of Israel's state-mandated health funds. One of my nursing colleagues had been shot while rushing to help a wounded soldier. Our head nurse was searching for her missing brother-in-law. Would I be okay to take over their responsibilities?

I said: I have to be okay. I don't have the privilege of not being okay. Those responsibilities involved taking care of all the nurses working at Leumit, while juggling my usual duties as lead of the *Shalem* programme¹, which trains nurses to support caregivers so they, in turn, can better care for their young children.

The *Shalem* programme is run through *Tipat Halav*, Israel's nationwide network of well-baby clinics, which reaches 97% of families in the country and is where parents bring their infants and toddlers for routine check-ups and advice on their health and development. When I first began to work as a nurse at a *Tipat Halav* clinic, I knew I'd found my calling. I loved our approach to working with parents and toddlers. We don't judge parents, or grade their parenting. We're just there for them.

In 2019, I was introduced to the *Shalem* programme, a framework and set of tools for training nurses in supporting parents. Adapted from the evidence-based Family Partnership Model developed by the UK's Centre for Parent and Child Support, it covers topics such as supporting parents' mental health and wellbeing and coaching them to interact with their baby to support the child's development.

¹ *Shalem* is a national programme led by the Ministry of Health, supported by the Van Leer and Yad Hanadiv Foundations and in partnership with organisational development strategist, Lotem, and community health nonprofit, Goshen.

At first, I remember being surprised, disappointed and saddened by the training. Everything they were saying about how nurses should deal with parents seemed to be something I instinctively did already. I thought: do we really need to be taught what felt so intuitive to me?

Just as some parents find it easy to talk to their children while others need to be coached, so too some medical professionals need to work on their communication skills. And even when the concepts covered by the training seem intuitive, it is useful to be prompted to reflect on how we can apply them to common situations.

Modelling a positive relationship

For example, think about how a nurse feels when a mother is late for an appointment. It's easy to be annoyed, of course: it's going to make us run late for our other appointments, and we'll be blamed for it. But instead of showing our annoyance to the mother, we might instead say something like: "It's clear you faced some kind of difficulty that prevented you from being here on time, and the fact that you're here now shows me you cared enough to persevere through that difficulty." We can try to turn the fault into a positive, in a way that builds the mother's self-esteem.

"The goal is to make parents feel that they're doing their best, that nobody loves their child more than they do."

One nurse told me that once when she did this, a mother explained about all the difficulties she was having at home with caring for her older children, who have disabilities. The nurse listened, and said: "You did all those things for your other children, and you still managed to make it here with the baby. Well done. You're a great mom."

The goal is to make parents feel that they're doing their best, that nobody loves their child more than

they do. Positivity builds positivity, self-esteem builds self-esteem, strength builds strength – it's like a snowball effect. In contrast, if caregivers leave the clinic feeling that they've disappointed you and failed their child, they are not likely to want to come back.

To take another example, it can be frustrating when a caregiver is reluctant to vaccinate their child, especially as we are constantly under time pressure. Rather than blaming or criticising, we can start by acknowledging that their concern – even though it is misguided – comes from a place of love, and try to have a productive conversation.

The *Shalem* programme reminds us to be aware that the way we treat parents serves as a model for how those parents may then treat their children at home. We always look for positives to reinforce, show encouragement and appreciation, and ask questions and listen rather than imposing our agenda and saying we know best.

Small gifts and self-compassion

The *Shalem* training has been like a ripple in a pond: I find myself applying its ideas not only in my professional life as a nurse, but also in my family life as a mother of seven and grandmother of ten, and in my relationship with myself – because it's not only about how you communicate with others, but also about how you communicate with yourself and regulate your own emotions.

Following the 7 October attack, I have had many conversations with other nurses about how to cope. Often we are seeing parents who are living in hotels after being displaced from their homes, or mothers whose husbands have been called up to the military – many nurses, too, are in the same situation of worrying about husbands who are currently in combat.

Just as we support mothers to nurture their children, we first have to strengthen ourselves to be able to support the mothers. That means reminding ourselves of the things we say to parents about the importance of self-compassion. We will make mistakes, and we have to forgive ourselves. Self-compassion is the root of compassion for others.

There's a concept in the *Shalem* programme of "small gifts". When parents are feeling overwhelmed, we advise them to take time to notice the simple things that give their spirits a boost and help to get them through the day. This might be securing a babysitter so that you can go out with a friend or just taking some time to read a good book. While advice like this may sound very familiar, the *Shalem* programme helps by making the concept explicit and giving it a name.

In a study we carried out with over 500 mothers, we found that practising self-compassion is among the most important factors associated with self-perceived mental health. In trying to understand what influences mothers' wellbeing, we examined levels of social support, self-compassion, and self-care activities. Across variables, self-compassion was the most significant predictor of wellbeing. We understood the importance of how a mother perceives and talks to herself; so, in our interactions with caregivers, we try to nurture a self-

compassionate mental state. As one parent shared, "The nurse tells me to not give up on my wellbeing and to do things that I enjoy. It saved me with my first baby; she helped me find my way."

"Self-compassion was the most significant predictor of wellbeing."

Working in a *Tipat Halav* clinic is my calling, but that doesn't mean there aren't mornings when I wake up and just want to stay in bed. What gives me strength is remembering the challenge I set myself: with every caregiver I see, no matter what we've talked about, I always want to end by finding something positive to say that makes them walk away with a smile on their face.

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Reference

Centre for Parent and Child Support (no date) Family Partnership Model. *South London and Maudsley NHS Foundation Trust*. Available at: <https://slam.nhs.uk/service-detail/service/centre-for-parent-and-child-support-cpcs-146/#service-family-partnership-model-tab> (accessed October 2024).