

## Support for the Development of the Child and Parenting in Times of Pandemics

Angela Maria Setaro<sup>1\*</sup> and Domenico Maddaloni<sup>2</sup>

<sup>1</sup>Psychologist, Psychotherapist, Rehabilitation Therapist, Maternal and Child Department Area Vasta 2, ASUR Marche, Fabriano, Italy

<sup>2</sup>Pediatrician, Specialized in Neonatology, Head of UOSD Pediatrics - Fabriano Hospital (AN), Fabriano, Italy

**\*Corresponding Author:** Angela Maria Setaro, Psychologist, Psychotherapist, Rehabilitation Therapist, Maternal and Child Department Area Vasta 2, ASUR Marche, Fabriano, Italy.

**Received:** August 11, 2021; **Published:** September 15, 2021

In this pandemic period, the health emergency poses numerous difficulties for the implementation, management and organization of hospital and district primary medicine services.

The care priorities also take second place in the services for the promotion of personal and family development and well-being for children and their parents. In cases where this service was already active before the pandemic event, the void is felt even more by those who benefited from it or knew they could benefit from it. On the other hand, the priority of emergencies and the difficulty in organizing clean routes in hospitals contribute to making parents hesitant, if not resistant, in the decision to access health facilities to receive such services.

Experiences of remote care and rehabilitation interventions for children with neuropsychic diseases and their families during the Covid-19 pandemic have been effectively implemented in hospital and territorial NPI structures that have been mostly closed or reconverted to online diagnostic-therapeutic activities [1].

Even the training sector aimed at health professionals is increasingly taking into consideration the use of online training tools and there are also numerous experiences for those involved in developmental age [2]. Telemedicine and telerehabilitation are opening up new prospects for intervention full of opportunities and promising evolutions. In the literature there are already numerous works on the subject and the use of operational consultation tools, made with phone calls, messages, videos, emails, applications such as Skype and WhatsApp or other commercial products, today represents the solution faster and more effective to give continuity to those services that would be interrupted due to Covid-19 [3]. From what emerges from the first results on the use of these innovative tools, for early intervention in the age group 0 - 3 years, the indirect approach was the elective one. The experiences presented at the online workshop Experiences of assistance and rehabilitation interventions for a children with neuropsychic pathologies and their families during the Covid-19 pandemic organized by the Mariani foundation in November 2020 paradoxically provide a positive picture of the consequences of the first wave of the pandemic on service activities: the operators have demonstrated a great passion and creativity in dealing with the clinical emergency by working in a team, finding answers to the therapeutic, educational and emotional needs of children, and listening to families. In general, a positive experience of families in relation to tele-rehabilitation emerged. Many parents have reported that involvement in therapy has allowed them to better understand their child's potential and their role as parents [1].

The current situation therefore inevitably poses new challenges to health workers, who must seek alternative forms of service organization to continue to ensure adequate support also for children and their families. It may happen that the organizational difficulties of

a service that has to face new work procedures never experienced before, discourage the company. But one can also clash with the resistance of the health administrations in having to find new identification codes for the new forms of remote service that make it possible to implement them by making them fall within the benefits of the national health service.

The heart of the problem lies precisely in “what is important to us”, because if the right to the health and physical, mental and emotional well-being of the child and the family is at heart [4-7], this should remain inviolable even in a period of health emergency. If so, then new paths can and must be found.

For these reasons, not wanting to neglect the purposes of the service to promote the development of the child and support parenting active since 2008 on the territory of the Vast Area 2 of the ASUR Marche at the hospital pediatric outpatient clinic and with more of 2,400 assessments (Graph 1), taken in charge and interviews to support parenthood, it was decided to use the tools of telemedicine and tele-rehabilitation to maintain contact with families and continue to provide them with the expected help.



The project implemented in the pediatric outpatient clinic of the Fabriano Hospital for the “Early assessment of the new-born and nursing infant and promotion of the child’s neuro-psychomotor development” has for years set the objectives of: assess the neurobehavioral skills of the new-born and infant at an early stage:

- Facilitate the emergency and the development of these skills; early start-up of habitation care for children with neurobehavioral dysfunctions.
- Enhance the parenting skills of childcare.

The influx of requests for the service offered was affected by the closure of the point born in the Fabriano hospital and the subsequent weakening of the hospital pediatric service. Also in the year 2020 there was a significant decline in access to the service due to the unexpected pandemic with the closure of hospital departments. With the passage of time and the prolongation of the lockdown, it was recognized that the situation could go on for a long time, depriving families of the contribution and support they would need. This is how alternative ways of intervention were sought while respecting the principles that have always inspired the project described.

The use of the Neonatal Behavioural Assessment Scale (NBAS of Brazelton) and of the Touchpoints model of Brazelton, today considered fundamental for the work of all operators involved in the promotion of development and child health in the educational and social and health sectors, has supported and strengthened the conviction that the effectiveness of the intervention in developmental age necessarily passes through the work with the parents and the relationship with the child and his family, especially during those crucial times when the child's behaviour becomes disorganized and the parents can feel disoriented. This approach is supported by research conducted in the sector which show the greatest effectiveness of interventions in which parents become part of the work team as the main experts on their child [5-7].

The project implemented in the Vast Area 2 of the ASUR Marche also makes it possible to intervene in the problems resulting from prematurity, intrauterine growth retardation, signs of neuromotor dysfunction (hypertonus / hypotonus, tremors, etc.), plagiocephaly, orthopedic and posturo-motor problems (club feet, myogenic torticollis, fracture of the clavicle, brachial plexus paralysis, postural-motor asymmetries, etc.), delay in the acquisition of the psychomotor development stages marked by hospital paediatricians or family paediatricians from the ASUR area and the neighbouring Umbria Region. The intervention is carried out through the sharing of postural-motor hygiene strategies and habitation care with the child's caregivers.

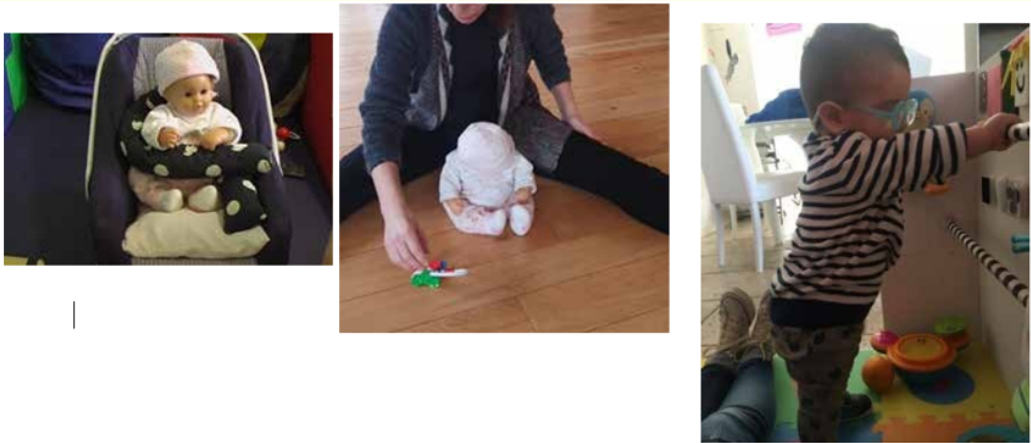
Urged by the conditions of restriction of movements following the pandemic, we tried to find new paths inspired by the emerging data in the area of telemedicine and telerehabilitation. The implementation of these new paths provides that following a first telephone contact by the families, the parents are provided with useful instructions for the creation of short videos that allow them to view the problems reported, to which then followed the sending of explanatory videos by the professional and made with a doll, videos that are created ad hoc for each problem and for each child and that show how to intervene to promote optimal development. This series of videos may be followed by further clarification telephone contacts and, if necessary, other videos made by parents to verify the strategies adopted by following the indications provided.

For a parent, having messages available to be able to reread, audio to be able to listen again and videos to be able to easily review compliance with the proposals. The immediacy of the tools used, their diffusion and ready availability, the possibility of registering and reviewing the proposals and therefore of making them their own, the direct involvement of parents in the implementation of the intervention tools, have facilitated and allowed them to act as "co-therapists".

From the first results relating to these experiences of remote intervention it seems that this modality can contribute to a greater awareness of parents of the needs and strengths of the child, allowing them to implement more effective parenting strategies and skills *caci* to support the developmental path of the children [1].

In the months of November and December 2020 and January 2021, 78 remote consultations were conducted by the development and parenting support service of our Vast Area with the sending of 49 videos and 23 photos by the parents of the children followed, and of 76 videos and photos explaining the indications of post-motor hygiene and habilitation care proposed, created and sent by the operator to the families.

The pilot experiment also provides for an upcoming assessment of the perception of the care provided by the families involved, through a simple satisfaction questionnaire about the service offered and to evaluate the effectiveness of the tools adopted for the solution of the problems reported. It will be interesting to evaluate the results.





## Bibliography

1. Workshop online Esperienze di interventi assistenziali e riabilitativi per i bambini con patologie neuropsichiche e le loro famiglie durante la pandemia Covid-19. Fondazione Mariani, Milano 18-19 (2020).
2. The Chartered Society of Physiotherapy (CSP), UK COVID-19: Guide for rapid implementation of remote consultations. Scienza riabilitativa 22.3 (2020).
3. Fondazione TIM Progetti. Percorsi abilitativi per promuovere le funzioni visive, quelle cognitive e l'intersoggettività comunicativa con la tele-riabilitazione da casa del paziente e con supervisioni "on line" direttamente dall'ospedale da parte del personale specialistico.
4. Commissione Europea. Strategic Framework for European Cooperation in Education and Training (ET 2020 Framework). Investing in children: caring for the future, starting now (2020).
5. 5. 11° Rapporto di aggiornamento sul monitoraggio della Convenzione sui diritti dell'infanzia e dell'adolescenza in Italia. 20 novembre (2020): 134.
6. Autorità Garante per l'infanzia e l'adolescenza. I livelli essenziali delle prestazioni concernenti i diritti civili e sociali delle persone di minore età (2019).
7. Alleanza Infanzia. Investire per l'infanzia: prendersi cura del futuro a partire dal presente (2020).
8. III Convegno Internazionale Multidisciplinare Brazelton. Con i genitori. Processi di regolazione reciproca nello sviluppo. Ricerca clinica, Interventi e Politiche. 18 e 19 dicembre 2020. Centro Touchpoints Brazelton: Corso di Formazione "L'approccio Brazelton con le famiglie per sostenere lo sviluppo del bambino (2020).
9. Alushaj A and Tamburlini G. "Come nutrire la mente dei nostri bambini. Centro per la Salute del Bambino onlus.

**Volume 10 Issue 10 October 2021**

**© All rights reserved by Angela Maria Setaro and Domenico Maddaloni.**