Early Intervention to support social and emotional wellbeing in the early years: a case study from health visiting using the Solihull Approach

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Introduction

The National Institute for Health and Care Excellence (NICE) published guidance in October 2012 on social and emotional wellbeing in the early years. The guidance states that

A complex range of factors have an impact on social and emotional development. Knowledge of these factors may help encourage investment at a population level in early interventions to support health and wellbeing. This would ensure children (and families) who are most likely to experience the poorest outcomes get the help they need early on in their lives.

The guidance highlights the value in health visitors and early years’ workers involving fathers when working with families with young children and recommends that where possible professionals should focus on developing the father-child relationship as part of an approach that involves the whole family. The Health Visitor Implementation Plan: A Call to Action also states that health visitors who aim to intervene early, working with families to build on their strengths and improve parents’ confidence and, where required, refer early for more specialist support.

Independent research such as Allen’s (2011) Early Intervention the Next Steps and Field’s (2010) Preventing Poor Children From Becoming Poor Adults, have stressed the critical role of fathers as well as grandparents in influencing children’s social and emotional wellbeing and hence their subsequent life chances. Allen sets out the evidence that children whose fathers are involved in their learning do better at school and have better mental health, even after other factors such as fathers’ socioeconomic status and education have been taken out of the equation.

The NICE guidance recommends that professionals identify factors that may pose a risk to a child’s social and emotional wellbeing, including factors that could affect parents’ capacity to provide a loving and nurturing environment such as discussing with parents any problems they may have in relation to the father or mother’s mental health, substance or alcohol misuse, family relationship or circumstances and networks of support.

Case Study

Martha had been working with Tanisha and David and their children Tristan and Sarah for many years as the family’s health visitor. Children’s Social Care had also been working with the family during this time as Tanisha and David both had a history of drug and alcohol use. Tanisha had been a heroin user but was now treated with methadone. She was hospitalised during this period due to an alcohol related illness. However, Tanisha and David worked well with the child protection plan and the social worker felt able to close the case.

Martha was aware that Tanisha and David had not brought Tristan to have his 27 month developmental review and contacted them to encourage them to bring him to the clinic for the review when he was 30 months old. At the review there were a number of areas of concern. Tristan’s immunisations were not up to date and his speech development was delayed. Martha was able to give Tristan the immunisations that he needed and Tanisha and David agreed for her to make a referral to the local Multi-Agency Team to apply for a nursery placement as Tanisha said she didn’t get out very much with Tristan. Martha also signed the family to their local Speech and Language Therapy assessment clinic. The Multi-Agency Team accepted the referral and a nursery place was arranged. Tanisha was initially happy about this but when it came time for Tristan to start at the nursery Tanisha changed her mind and did not want Tristan to attend as he was still using nappies. Martha therefore offered to work with Tanisha and David to encourage Tristan to begin using the potty. She noticed that Tristan was showing some signs of readiness to begin using the potty as he was showing an interest in it although he was refusing to try sitting on it. She talked to Tanisha and David about letting Tristan run around naked from the waist down at home to get used to the feeling of not wearing a nappy and she encouraged them to be relaxed if he made a mess.

Tanisha told Martha that she couldn’t bear the thought of anybody changing Tristan’s nappy. O’Linda explored this with her and reassured her that lots of children are still wearing nappies at that age. Tanisha confided in Martha that she had been sexually abused as a child by her father’s friends. She said that she felt wrong that Tristan and Sarah would be left with the family and others were allowed to change his nappies. Martha assured Tanisha that she understood her anxieties, she thought about Tanisha’s need for containment and how this process was bringing up painful memories for her. She offered to continue visiting Tanisha monthly to support her with potty training.

The children’s centre kept the nursery place open for Tristan and Martha continued to visit monthly but nothing that she suggested seemed to be working. After six months the nursery said that they were not able to keep the place open any longer as Tristan was still not using it. At around the same time the family were referred back to Children’s Social Care as David was found collapsed in the street with Sarah, his eight year old daughter, and was found by police to have been under the influence of cocaine and alcohol.

When the social worker began working with the family she expressed concern that Tristan was still using nappies. Martha discussed the family in their child protection supervision and considered making a referral to the local child psychology service. She had recently undertaken the Solihull Approach foundation training and decided that before making the referral she would try using some of the resources from the Solihull Approach resource pack (Douglas, 2012) with the family.

When Martha explored with Tanisha what difficulties she had been having in relation to the potty training she said that she could not leave Tristan without a nappy and trousers at home because he would scream. Martha thought it must be upsetting and anxiety provoking for Tanisha to hear Tristan scream and she empathised with her about this; however she felt confident that this would not harm Tristan and she said this was sometimes how children reacted to start with when they were not used to something new. She began visiting weekly to offer Tanisha a greater level of containment. She distracted Tristan with paper aeroplanes when he began to cry when Tanisha took his potty off. Martha thought about how to influence the attunement between Tanisha and Tristan. She spent quite a bit of time thinking with Tanisha about how the process of potty training was making her feel and later she began thinking with Tanisha about how the process might be making Tristan feel. She copied the reward charts from the Solihull Approach resource pack for Tanisha to use to positively reinforce Tristan’s attempts to sit on the potty. She helped Tanisha to keep a chart of what Tristan was eating and drinking.

Martha thought about the reciprocity between Tanisha and David. Tanisha felt that David should be responsible for the potty training and felt frustrated that he went out every day and wasn’t helping her. Martha worked hard to engage David, encouraging him to be at home when she visited. She helped David to take a more containing approach to Tristan, going with him to the toilet when he said he needed to go and buying some steps for him to rest his feet on to feel more secure. She encouraged David and Tanisha to work together in a reciprocal way. She encouraged Tanisha to be equally involved and not leave things to David even though doing so was triggering memories of her experiences of abuse as a child. Martha listened to Tanisha’s painful recollections, trying to contain her strong feelings without becoming overwhelmed herself. She went with Tanisha to the GP and helped to ask for a referral for counselling. She also discussed the family each month at the GP link meeting to make sure the GP was aware of the family’s needs.

At the next core group meeting Tanisha brought Tristan without a nappy and was able to tell the social worker that she had succeeded in potty training him. Shortly after this Tristan took up a nursery placement at the school that Martha attended. Tanisha told Martha that she couldn’t have done it without her weekly visits. She said that she had been frightened and had felt overwhelmed by the memories of her abuse that had come back to her when she started trying to potty train Tristan.

O’Linda reflected that she had tried to be in-tune with Tanisha, David and Tristan and to work with them as a whole family. She tried not to be prescriptive and tried to give them time to think for themselves whilst letting them know that she was there to support them. She reflected that she felt the Solihull Approach training had really helped her think about how to understand and support the family.

References


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