

Supporting emotional health and wellbeing: the Solihull Approach

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Abstract

The quality of early relationships is an important factor in the development of emotional health and wellbeing. Yet in the UK, we do not integrate support for the relationship between the baby and parents into antenatal parentcraft. Neither do we provide enough focus on the relationship in basic and post-qualification training or support for practitioners to integrate working with the relationship into their practice. The Solihull Approach provides one model for working with the relationship between parents and the child and between the parents and practitioner. It integrates concepts from disparate academic fields that can focus a practitioner's work on supporting the relationship between parents and baby or child, whether individually or in a parenting group.

Key words

Antenatal relationships, emotional health, Solihull Approach, antenatal parentcraft, children's workforce development

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Introduction

To have emotional health and wellbeing is a condition to which we all aspire. It nurtures us in times of trouble and enables us to enjoy life and to make the most of our potential. The aim of this paper is to emphasise the idea that the foundation for our emotional health is in the 'millisecond world' of the early relationship with our parents or carers.¹ Yet in the UK, we do not make the most of opportunities to support parents in their relationships with their children. We do not support parents in the antenatal period to prepare to have a relationship with their child and we do not do enough on this issue subsequently, even though this focus can be carried out within the current role of many practitioners. This paper will describe the contribution of the Solihull Approach to emotional health and wellbeing through supporting the relationship between children and parents and between practitioners and parents.

The Solihull Approach promotes the emotional health of children and their families from the antenatal period onward, through supporting practitioners in their one-to-one work with families and in providing parenting groups. It also works to support the emotional wellbeing of practitioners, increasing job satisfaction through the training, providing resource packs for easy access to material and encouraging the provision of support to the practitioner. It makes key messages from different academic fields accessible and usable for practitioners, in order to provide a language to describe the building blocks of relationships and to provide a focus for intervention.

Emotional health and relationships

In 2001, the Department for Education and Employment² described a range of factors that either help or hinder our emotional health, divided into the three categories of individual, family and community. Individual resilience factors include being female, intelligent and having a sense of humour. Boys are more at risk from conception onward to a range of negative

outcomes.³ It is not yet clear why that is, though Kraemer suggests that one factor may be that the double X in the female chromosome may have some protective value. Family resilience factors include having at least one good relationship with an adult, while family risk factors include all those things that can make parents less available to their children such as mental health difficulties or substance abuse problems. The family risk and resilience factors indicate how important the relationship is between parents and their children for the development of their children. The Children's Society⁴ surveyed 7000 children and young people aged 10 to 15 years for their report on *Understanding children's well-being*. The report found that family conflict was the largest factor in causing unhappiness in children. UNICEF,⁵ in its poll of thousands of children, found that 'the primary cause of happiness of children (nine to 13) comes from being with their family, while being with friends is the first thing identified by young people (14 to 17), with family life a close runner-up. Relationships within their family were identified as the major source of unhappiness for children'. These reports support the findings that the quality of relationships available to the child will be the most influential factor on the degree of emotional health and wellbeing of that child.

Supporting the development of emotional health will make it more likely that the person will be able to enjoy future relationships and be economically active. There are now many studies available that show the importance of early intervention in this area. For instance, the follow-up studies by Olds⁶ and a review of the work of Olds and other researchers⁷ indicate that supporting parents with their children in early life is likely to give that child a more positive life trajectory. In addition, we know that the silver bullet against poverty is educational attainment, but in order to make best use of education children need to be able to have their optimum number of brain connections together with the ability to concentrate. The foundation for

this is laid down in the first three years of life, with most brain development occurring before the age of three, with another time of plasticity and growth in adolescence. Although further development occurs during the rest of our lives, the stage is set in the first three years. And the single largest influence will be the quality of the relationship with the parents or carers. Government health and education policy has recognised this for several years, with the establishment of the Early Years Foundation Stage, Sure Start and children's centres, the Family Nurse Partnership programme, dissemination of evidence-based parenting programmes and now a focus on antenatal services. It is always difficult to shift the emphasis from where things have already gone wrong, to drain the swamp rather than expending all resources on saving people drowning in it. However, the argument has been convincingly made that the cost of not intervening early is a very high one. Action for Children⁸ has shown that investing in prevention could save £486 billion over 20 years. Scott⁹ calculated that the financial cost of an antisocial young person is 10 times that of an average child. However, these are the financial costs to society. The costs to the individual include the developmental time lost for each of these young people, the implications for their adulthood and their life trajectory.

What is the Solihull Approach?

The Solihull Approach is a theoretical model supported by a comprehensive resource pack and training programmes. The Solihull Approach provides a model and a language to explain how emotional health and wellbeing develops within the child's main relationships. The theoretical model integrates ideas from disparate academic areas, from the psychoanalytic field, child development research and behaviourism. Together, these provide a useful lens through which to gain a clearer view of relationships and the effect of relationships on the development of emotional health and wellbeing. Behaviour management is an integral part of the Solihull Approach, but the emphasis is on customising techniques for the specific situations of the parents and child, and to help the parents to acquire this ability as a lifelong skill.

The Solihull Approach provides support for parents through the Solihull Approach

parenting group ('Understanding your child's behaviour'), from the postnatal period to late adolescence. The specialist antenatal group integrates a focus on the relationship between the baby and their family with the usual parentcraft, and has been designed to be delivered in a hospital setting and within children's centres.

For the workforce, the Solihull Approach creates a common language and a coherent approach to supporting the relationship between parents or carers and their children. Where it is used for whole team training, for example in children's centres, families comment on the consistent positive nature of the interaction with staff, from the receptionist to everyone else.

The Solihull Approach training encourages practitioners to use reflective practice and to access supervision. Comprehensive resource packs support practitioners, outlining the theory, integrating theory with practice and with a wide range of handouts for parents. There are resource packs for practitioners working with children aged under five and their families, practitioners working with school-aged children and their families, fostering and adoption practitioners and for midwives and the antenatal team.

Although the Solihull Approach developed through training health visitors and then school nurses, it is now used across the children's workforce in many areas of the UK.^{10,11}

How the Solihull Approach supports emotional health

The Solihull Approach aims to contribute to the emotional health of children and their parents, by providing key messages from research to enable the practitioner to focus on specific elements of the relationship that will impact on the development of the child. This is done through access to training and resource packs for the whole of the children's workforce.

Containment, reciprocity and behaviour management are the cornerstones of the model, together with an understanding of brain development. Containment comes from the psychoanalytic tradition.¹² It is where a person receives and understands the emotional communication of an other without being overwhelmed by it, and communicates this back to the other person. The implications of this one process for a child's emotional health are profound. The importance of containment for parents

and those who work with them is that containment restores the capacity to think. That is, when the parent is full of emotion and anxiety, it is very difficult for them to have a space to think about and interact with their child. Yet it is through the interaction that the child will develop emotional health. Parenting programmes, children's centres and practitioners working with parents can all support the emotional health of both the parent and the child when they work to support the relationship.

A parent who can help their child manage and process their emotions contributes to the architecture of their child's brain.¹³ Emotions and impulses are centred in the midbrain. They are regulated through links with the cortex, but these links are developed after birth through processes such as containment. The most aggressive time of a person's life will be in their toddlerhood.¹⁴ The intensity of the toddler's raging emotions are expressed in hitting, kicking, spitting and biting. Gradually, if the child is in a containing relationship, the structure of the brain is built up to process emotions and to think about the situation rather than reacting. Impulse control is extremely important in order to function well within society, with its inherent need for compromise and inevitable frustrations. Some of those who have not developed the ability to control their impulses are in prison. The state of Madhya Pradesh in India is shortening sentences for prisoners who attend yoga classes – 'The prison authorities believe yoga will not only improve their fitness, but make them calmer, less violent and more positive when they are finally released'.¹⁵ In terms of brain development, the prisoners are learning how to control the reactions of their midbrain, through developing links with the cortex. This means that, as well as perhaps having a lower baseline reactivity so that they are calmer anyway, they may also be able to manage their emotions and impulsivity better, through thinking instead of reacting.

An understanding of containment can inform the practitioner's work in helping the parent to process emotions, in order to be able to access their skills as a parent and to work with their child's emotions. It can also inform the supervision process and emphasise the importance of supervision and reflective practice.

Reciprocity describes the sophisticated interaction between a baby and an adult

where both are involved in the initiation, regulation and termination of the interaction. Reciprocity can be used to describe the interaction within all relationships. The rhythm of reciprocity provides the underlying drumbeat for social interaction – when we look at each other, when we look away, when we pause in a conversation, and when we interject into a conversation. The basic rhythm in the interaction between babies and their mothers was documented by Brazelton and colleagues.¹⁶ These rules are subtle and complex, as those on the autistic spectrum know only too well. Most babies are born with the ability to interact within a ‘millisecond world’.¹ A father and his baby will adjust to each other, switching contact back and forth within the timeframe of a second. The baby is waiting for a partner in the dance, and when they meet parents who will interact reciprocally with them this is a fundamental process for the development of the baby’s emotional health and wellbeing. If they meet a blank face or parents who do not take the time to interact, the consequences are all too obvious as they begin nursery or school, with delayed language development, a lower level of social skills and a need for extra academic support.

Reciprocity is another process through which parents become the architect of their baby’s brain. Through the pattern of the interaction, with the parent generally in tune with their child, the parent will help the child regulate themselves, another important contributor to impulse control. The child learns to both upregulate (children drumming on their desk in school, the phrase ‘chewing helps you concentrate’ or tangy, hard sweets for drivers are all examples of upregulation) and downregulate (counting to 10, moving to a quieter space, breathing slowly are all examples of downregulation). This ability is vital for impulse control, managing our emotions and being able to either relax or to become more animated.

Another aspect of reciprocity is called rupture and repair.¹⁷ This describes the common situation of a rupture in the pattern of the dance between two people or a baby and a parent. When this happens, the parent will – without thinking about it – know at some level that this has happened and will then either wait for the baby or speed up the interaction in order for them to get back in step (the repair). The importance for a child’s emotional health and

wellbeing is not so much the fact that ruptures occur, but that repairs happen. This is very important for emotional health, since the experience of repairs provides the basis for optimism and hope in life, the experience that things can get better in the world. It also provides the experience of being able to manage relationships, to make up after falling out, sustaining friendships and relationships.

A knowledge of the process of reciprocity can help the practitioner to understand the relationship between a parent and a child and to work with the parent or family on the relationship. This can be done on an individual basis or within a parenting group. Parents appreciate this knowledge too, and are often able to change their behaviour and improve their relationship with their children when the pattern of interacting is brought to their awareness.

The Solihull Approach uses the concepts of containment and reciprocity to explain how the brain develops within relationships. The concepts also provide a language for the practitioner to describe the interaction within a relationship and provide a focus for any intervention. Together, they also provide the foundation for more effective behaviour management, customised to the particular situation and the current capacity of the parent.

The concepts can be seen to underpin the development of attachment,¹⁸ so understanding the concepts can provide a focus for improving the quality of an attachment. In turn, the quality of an attachment will have a significant effect on the subsequent emotional health and wellbeing of the child into adulthood.

A strategic view

A great deal of research has already been carried out on the importance of relationships to development and the importance of early intervention. Many movers and shakers in our society know of the research. Many of the pieces are in place to create a shift in the population toward emotional health and wellbeing. At this stage in the growth of our civilisation, financial wellbeing is not the only measure of our society’s success. The UK has some ground to cover judging from the outcome of UNICEF’s report¹⁹ in which it was at the bottom of a league table of 21 developed nations for indicators of wellbeing. It can be no accident that one of the findings was that UK children had a greater number of

unhappy relationships with both their families and peers.

Most of the antenatal parenting courses in the UK today hardly mention the relationship between parents and the baby. This is the ideal time to begin the process of supporting the relationship between the parent and child, but as a nation we are not yet doing it. This is a relatively easy and inexpensive option that would have an impact on the wellbeing of children and their families. Health visitors are ideally placed to provide individual antenatal visits and antenatal groups in children’s centres. Many NHS trusts have reduced numbers of health visitors, making this intervention difficult to achieve, but it is to be hoped that this trend can be reversed in order to contribute to the wellbeing of the nation.

Midwives and the antenatal team have many opportunities along a family’s antenatal journey to support the relationship between the family and the unborn baby. We are not capitalising on these opportunities, and the antenatal team needs support and training to do this. Although the focus in antenatal teams is mainly on reducing risk, it is likely that risk can also be reduced, job satisfaction increased and better outcomes for mothers and their babies created through a more relationship-based focus during the intervention.²⁰

The Department for Children, Schools and Families (now the Department for Education) has already made more evidence-based parenting programmes available to parents through training more practitioners to provide them. Parents want to know more about their children and will queue to join well run programmes that help them move forward with their parenting. The newer relationship-based parenting programmes – such as Mellow Parenting²¹ and the Solihull Approach parenting group (‘Understanding your child’s behaviour’) – provide evidence of how behaviour difficulties in children can be tackled through parents learning lifelong skills about managing their child within an improved relationship.²² Even the best Sure Start programmes are only managing to run about 10 parenting programmes a year, reaching approximately 100 parents. In Solihull (population approximately 200 000), we are working to increase the number of parenting programmes from 12 to 120 per year, with targeted schools having parenting programmes available to all parents of Year 1 children, to try and

achieve a population effect. The availability of parenting programmes still needs to be increased radically.

Health visitors are ideally placed to support families from the antenatal period onward. This requires appropriate resourcing, together with clear aims and objectives within the local strategy. Health visitors are a precious resource within the UK and their work should be encouraged and built upon, promoting their work with relationships both in their basic training and in post-qualification training. School nurses, nursery nurses, children's centre staff and all community practitioners who work with children and families can enhance the impact that they have on the emotional health and wellbeing of families, through focusing on the relationship and also by contributing to the provision of parenting groups that include an emphasis on relationships. Teachers would perhaps also appreciate having a greater understanding of their pupils' behaviour, through having more knowledge about how we relate to each other, in order to encourage behaviour for learning.

Conclusions

This paper has outlined the idea that the quality of early relationships is an important factor in the development of emotional health and wellbeing. Early relationships act as the scaffolding within which the brain develops. The architecture of the brain moderates emotions and impulse control, as well as language and social skills – all implicated in emotional health. Programmes like the Solihull Approach that have relationship development as a core part of the model, can assist practitioners to support families in the development of their emotional health

Key points

- The quality of early relationships is an important factor in the development of emotional health and wellbeing
- In the UK, we do not currently integrate support for the relationship between the baby and parents into antenatal parentcraft
- There is not enough focus within basic or post-qualification training for health visitors and other practitioners on working with the relationship
- The Solihull Approach provides one model for working with the relationship between parents and the child and between the parents and practitioner

from the antenatal period onward. Although the recent upheaval in the financial sector may have negative implications for the provision of services to children and their families, it is still an exciting time to be working as we become increasingly aware of more effective ways to increase the emotional health and wellbeing of children and their families.

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