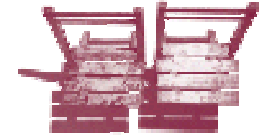


Child and Adolescent Mental Health
**TRAINING & DEVELOPMENT
PROJECT**



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**MULTI-AGENCY TRAINING IN THE SOLIHULL APPROACH FOR PROFESSIONALS
WORKING WITH CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

PRESENT POLICY CONTEXT:

The need for all staff working directly with children, young people and their families, to have sufficient knowledge, training and support to promote psychological well-being and to identify early indicators of difficulty has been stressed by new policy developments and guidance in education, health and social services e.g.

- The National Healthy Schools Standard on emotional health and well-being;
- The National Service Framework for Children, Young People and Maternity Services' Standard 9: The Mental Health and Psychological Well-being of Children and Young People and
- Every Child Matters Change for Children Programme

The emphasis in these policy developments on mental health promotion and the needs to develop primary prevention programmes all point to the need for early identification and intervention to enable children and young people to develop into healthy coping adults. There is also an emphasis on beginning this process as young as possible, to promote mental health and emotional well-being as well as identify problem areas early¹. There is growing evidence of the impact parenting has on the emotional well-being and development of children and young people.

The importance of working with families and young people has been highlighted by the principles of Every Child Matters (DfES, 2004) and the National Service Framework for Children (DoH, 2004), the Surestart initiative which places this work at the heart of the Government strategy to tackle child poverty and health inequalities, and by the development of children's centres. Both the Children's National Service Framework (NSF) and Every Child Matters emphasise the need for parents² to get appropriate information, support and services to help them care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are health and safe. The vision of the NSF's *Standard 2: Supporting Parents* is as follows:

- Parents or carers who are confident and able to bring up their children in a way that promotes positive health and development and emotional well-being.
- Consistent information provided for parents or carers, which supports them in their role and is responsive to their needs.

¹ YoungMinds Mental health in Infancy and The Child Psychotherapy Trust, 2004 Positive Beginnings.

² In line with the National Service Framework, we have used the term 'parents' as shorthand to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person including, for example, those with responsibilities for looked after children and young offenders.

- Appropriate help and support provided for parents or carers who find it hard to access services and professionals.

Parenting has a strong influence on emotional and physical health and well-being in adult as well as child life. There is a growing body of evidence that the quality of care that babies and toddlers receive depends on the sensitivity, insight, attitudes and resilience of parents or carers. Good, high-quality, timely support for parents as their children grow up is likely to improve outcomes for children and young people in terms of their health, social and educational development and well-being, as well as benefiting the parents themselves.³ It is therefore vital that all frontline staff are trained in child and adolescent mental health and development and have a good understanding of the role parenting plays in this process.

THE SOLIHULL APPROACH:

The Solihull Approach is both a theoretical framework and a comprehensive resource pack developed by practitioners for practitioners.⁴ Initially the approach was developed to aid health visitors, working with pre- school children with sleeping, feeding, toileting and behavioural difficulties. This has now been expanded to a school years pack. There are plans to develop a parenting course based on the model, which will be published this year, 2005. The Solihull Approach is designed to be used as a brief intervention and is supported by a comprehensive resource pack that also functions as an accredited open learning course. It aims to help frontline workers to be more effective in their work, as they are in the ideal position to intervene early in any potential difficulty for a child.⁵ It is an integrated psychodynamic/psychotherapeutic and behavioural approach for professionals working with children and families who are affected by behavioural and emotional difficulties. It also allows for the integration of other techniques and provides a useful set of resources for practitioners to make use of. The theoretical model has been developed from three concepts: containment, reciprocity, and behaviour management, taken from psychotherapeutic, child development and behavioural models respectively.

These concepts can be useful to practitioners in three ways:

- To help parents process any emotions and anxieties that are overwhelming, which in turn both restores the parent's ability to think and enables them to help the baby or child cope with his/her emotions and anxieties.
- To help practitioners and parents see how the parents and child interact – this can then provide the basis for feedback in order to facilitate the relationship.
- To help parents work with their child's behaviour.

The Training Programme:

The Solihull NHS PCT offers training in both the 0-5 years and school years training packages. Each of these courses is offered as a two-day package and each participant leaves with a Resource Pack, which not only covers the approach but also has many useful resources, activities and fact sheets relating to issues relevant to the particular age group.

³ DfES & DoH (2004) National Service Framework for Children, Young People and Maternity Services

⁴ Douglas H. The Solihull Approach: helping health visitors to help families with young children. *YoungMinds Magazine* 1999; 40: 19-20.

⁵ Zeanah CH. Handbook of infant mental health. NY: Guildford Press, 2000.

The aims of the training are:

- To help practitioners become reflective in their work with children and young people and their families
- To help them acquire the language to describe and shape practitioner thoughts and experiences
- Increase practitioners understanding of how emotional and behavioural difficulties develop within families
- Provide a coherent model for assessment
- Build confidence and skill level
- Provide reference to evidence based practical advice and resources
- Develop a more consistent approach
- Identify trigger points for early referral to other specialist services
- Contribute to clinical governance

Train the trainer programme:

Linked to the training in the approach is a train the trainer programme designed so that practitioners trained in this approach can cascade the training to other practitioners. This is a one day training course and there is a Train the Trainer Resource pack that goes with this.

THE EVIDENCE BASE:

A number of research studies, both quantitative and qualitative have been carried out to evaluate the effectiveness of the Approach. An evaluation into change in the practice of health visitors using the Solihull Approach⁶ found that it increased the consistency of practice between health visitors, increased their job satisfaction and enhanced their confidence in their skills. There was also a broader understanding of how difficulties develop, the role of containment and reciprocity and working in partnership with parents and groups. The health visitors also felt able to plan their contacts more effectively. A more recent evaluation has examined these issues in more depth⁷. The emergent themes reveal that there are a lot of benefits associated with the health visitors' use of the Solihull Approach, both for the health visitors and the families they work with. Health visitors' approaches and understanding has changed and they feel more positive about their roles.

The Solihull Approach is perceived to empower parents. In terms of the wider service there have been improvements in referral processes and relationships between health visitors and other professionals. However, some concerns were also raised and these have generated a number of recommendations. When any programme is put into practice it is not enough to only carry out the initial training, as this alone will not embed the new practice. It is also clear that, as well as further training, on-going support needs to become more established. This evaluation provides further information on how the Solihull Approach can change health visitor practice. Health visitors are able to play a crucial role in facilitating the relationship between parent and child, empowering the parent and creating resilience for the child^{5,8}. The

⁶ Douglas H, Ginty M. The Solihull Approach: changes in health visiting practice. *Community Practitioner* 2001; 74: 6,222-224.

⁷ Whitehead, R. E. & Douglas H. Health Visitors' experiences of using the Solihull Approach. *Community Practitioner* 2005; 78: 20-23.

⁸ Department for Education and Skills. Promoting children's mental health within early years and school settings. London: DfES, 2001.

Solihull Approach can increase health visitor's skills and confidence in this role. However, this evaluation indicates that there does need to be further support after the initial training.

A preliminary study has considered clinical effectiveness⁹. Thirteen families took part in this research and measures of symptom severity and parental anxiety were taken at three points over the intervention; pre, post and at follow-up. The results showed a very significant reduction in both the severity of the symptom and parental anxiety about the symptom. In addition, the study found that parents become less anxious in general, their anxiety decreasing by about 66 per cent. There are two research studies in preparation for submission that support this piece of research. The first¹⁰ uses a wider range of measures than the previous study and looks at the impact on 18 families. The second is an independent study in Weston-super-Mare, which has 20 families in an experimental group and 10 in a control group.

There are two further pieces of research in progress. The first¹¹ involves in depth interviews with 12 mothers engaged in the Solihull Approach. Interpretative Phenomenological Analysis will be used to analyse the data. The second¹² will include 200 subjects in a matched control group design utilising pre, post and follow-up measures. The study will cover four centres across the UK.

At present most of the evaluation and research has been on the 0-5 year work with Health Visitors. Further work will need to look at the effectiveness of this in the school years. There has also been no evaluation of the train the trainer programme.

Rationale: Why this approach for training in Kent/Medway

At present there is a need amongst frontline staff for some basic training in issues relating to the mental health and emotional well-being of children and young people. It is also vital that they understand the role of parenting in the development of emotional well-being. There is also a need for a consistent approach and information that is shared with parents, schools and other frontline practitioners. The Solihull Approach appears to be a highly practical way of working with children, young people and their families within a robust theoretical structure. Although none of the content is new or revolutionary, what is new is the range of content that has been assembled and the synthesis of a thoughtful psychodynamic approach with practical child development and behavioural approaches.

The Solihull Approach has a major contribution to make to the ways in which practitioners in health, education, voluntary and social care can work with families to ensure that children have a good emotional start in life. Teamwork and collaborative working between different professionals using the principles of the Solihull Approach can help support parents in a consistent and creative way. The approach also provides practitioners with a shared language around issues of mental health and emotional well-being, which will aid multi-agency working and provide carers with a more consistent picture. Although practical

⁹ Douglas H, Brennan A. Containment, reciprocity and behaviour management; preliminary evaluation of a brief early intervention (the Solihull Approach) for families with infants and young children. *International Journal of Infant Observation* 2004; 7, 1: 89-107. (In Press)

¹⁰ Zawada, H & Douglas, H. (in preparation) Is the Solihull Approach Effective?

¹¹ Maunders, H., Douglas, H. & Giles, D. What is the experience of mothers engaged in the Solihull Approach? (Research begins Autumn 2004)

¹² Trowell, J., Logan, S. & Douglas, H. Is the Solihull Approach effective? (Seeking funding)

examples and case studies in this resource pack are drawn from health visiting and school nursing practice, they are also relevant to the work of many other professionals working with children and families. Relevant adjustments can be made in the training when it is rolled out to other professionals.

Another important aspect of this approach is that it does not exclude other techniques for working with children, young people and their families from being included. The approach provides a useful theoretical as well as practical framework, which allows for the integration of other approaches and techniques.

There does appear to be mounting evidence of the impact this approach can have on the work of frontline professionals. It is also promising that the developers of the programme are involved in ongoing evaluation and research into the effectiveness of the approach for both practitioners and families. What is clear is we will need to consider the further training of those involved as well as their on-going support. As with any training if this is not firmly established within a broader framework of ongoing support and development the full benefits of the training will not be realised.

More broadly the Solihull Approach and its resource pack fit well with the broader Child and Adolescent Mental Health training and development initiatives being developed across Kent and Medway. The CAMH Training and Development Project's emphasis on mental health promotion, the role of frontline practitioners in the emotional well-being of children and young people, and its systemic view with an emphasis on the role of parenting can play in developing emotional well-being as well as mental health issues, all fit well with the Solihull Approach. The Solihull Approach also matches very well with the capabilities framework developed by the project for practitioners working with children, young people and their families across Kent and Medway. The Approach is also being looked at by Canterbury Christ Church University College who are planning to accredit it through their continuing professional development framework. At present it is possible to receive accreditation as an open learning course through the University of Central England in Birmingham, Faculty of Health and Community Care

CASCADING OF TRAINING AND LOCALITY BASED SUPPORT FOR THE SOLIHULL APPROACH IN EAST KENT:

Core Group of Trainers:

A core group of Key Workers will be trained in the School Years Solihull Approach and the Early Years Solihull Approach.

This group can consist of:

School Years:

- PMHW
- Specialist CAMHS Team member
- School nurse team leader
- Family support
- Specialist education practitioners (e.g. Educational psychologist or behaviour support teacher)

Early Years:

- PMHW

- Specialist CAMHS Team member
- Health visitor practice educator
- Early years practitioner
- Family support

They will form locality based core trainer group who will roll out the training to other frontline practitioners. There will be one in each district. The planning of the rolling out of the training will be co-ordinated by the Consortia CAMHS Local Implementation Groups. The support will be based at the local Specialist CAMHS Team in each district, with the Primary Mental health Worker driving the process.

Need to decide if this is done as school years and early years separately.

Quality Assurance of the trainers

In order to assure that the core group is able to cascade the training there will be an initial need to ensure that all of them are fully skilled in the approach as well as in training skills. This will need to be assessed in each locality and arrangements made locally to ensure they are all skilled adequately. There is also a need for support for the core group and this will happen both through peer support and from the Specialist CAMHS Team.

Rolling out of the training:

The rolling out of the training needs to be done in a planned and strategic way targeting key workers and ensuring multi-agency working. Need to review the way in which it is rolled out. This planning, co-ordinating and reviewing can happen through the consortia CAMHS LIGs.

Ongoing Support:

There will be regular support in place for those people trained by the core group. This will ensure they have a place to bring ideas and issues about the training and how it links to their practice. The Specialist CAMHS teams in each locality (in East Kent) have committed to provide support for those who receive the training.

ISSUES THAT STILL NEED TO BE ADDRESSED:

Evaluation:

Some form of evaluation of the training and its cascading needs to be undertaken, both to provide evidence about its usefulness and also to aid our own understanding of the process.