

## Case study: Mrs Kaur

Mrs Kaur contacted the health visitor with concerns that her three-year-old daughter was not eating enough. The mother said that as a baby her daughter had been a good eater but over the past year things had become progressively worse. A home visit was arranged where Mrs Kaur spent much of the first part of the visit expressing her concerns that if she did not deal with the problem now then her daughter would become a fussy eater. She said that her daughter would never finish what was on her plate even if she only gave her a small amount. In addition meal times had become a battleground and no amount of bargaining or threats would make her daughter eat. She said that her daughter was strong willed and would often end up having a tantrum. Mrs Kaur had begun to dread meal times. The health visitor, after listening to Mrs Kaur's concerns, began to ask her about her experiences of food as a child. Mrs Kaur said that they had always had to sit down as a family and this was what she had tried to continue with her daughter. She also said that her mother had been very strict about her finishing all the food on her plate even if she did not like it. The health visitor asked her how this had made her feel. Mrs Kaur said that she had sometimes felt angry with her mother but had never felt able to express this, and even to this day she felt that her mother was watching for her to finish her food when they ate together. Consequently she felt unable to leave anything on her plate even if she was full. Mrs Kaur then said that she had not realised before but she was doing exactly the same to her daughter. She had always said that when she had children she would want them to be able to tell her how they felt and she did not want them to feel the same way as she felt. In containing the mother's anxieties by actively listening to her the health visitor had facilitated the mother to be able to explore the emotional impact the mealtimes had on her daughter. The

mother said that her daughter was actually telling her that she was full or sometimes just did not want to eat at that particular time and her daughter must have felt very unhappy at mealtimes. Mrs Kaur was offered another contact with the health visitor, however, she said that she realised that her attitude to food had caused her to try what she thought was the right way to feed her daughter. Having spoken to the health visitor she said she now knew what she must do. It was more important for her daughter to enjoy mealtimes and it was possible to be flexible depending on how her daughter was behaving. The health visitor had helped the mother draw her own conclusions and feel confident that she did not necessarily have to follow the way she was brought up so rigidly. At a later unplanned clinic contact with the health visitor, Mrs Kaur said that her daughter was not eating any more than she was before but she had noticed that some days she ate quite a lot and others she did not which probably balanced out in the end. Meal times were much less stressful since she had stopped saying 'just one more mouthful', she now concentrated on chatting about their day. Mrs Kaur said that had she not spoken to the health visitor her daughter would have probably ended up resenting her as she did her mother when it came to meal times

Mrs Tan had two sons, one was at school and the other, who was three and a half years old, was at state nursery. She approached a newly qualified health visitor who was doing some work on a vacant caseload for a few weeks. This member of staff was leaving and couldn't commit to doing the work so asked another health visitor if she would take it on with the mother's permission. Concerns had been raised at a routine check by the mother about her husband and her youngest son Daniel. She reported that Daniel's behaviour was so difficult that her husband dreaded coming



home. He was suffering from headaches, which he had been to see the GP about. His blood pressure was raised but it was felt that this was due to stress and an inability to relax. She reported that he spent a lot of his time at home shouting at Daniel. The tension in the house was acute and the mum was tearful. The nursery also said that the little boy's behaviour was poor and had pointed out to the mum as an area of concern. The health visitor agreed to do a home visit. As the health visitor had never met the little boy before, it was felt that it would be useful to see him in his home environment and observe his behaviour and any interactions with his mum. This meant that the visit needed to be carefully managed. As the health visitor walked through the door, the mum appeared tense and tearful. As they sat down the mum started talking and Daniel began to ask for a drink politely saying please, the mum ignored him and began to say how difficult things were and how she looked forward to the ironing or would think of things to do so that she didn't have to be in the same room as him. Daniel became more and more insistent and louder and began to pull at his mum saying 'why don't you listen to me?' The mum continued to ignore Daniel. This was a very interesting interaction for the health visitor to observe. It was apparent that the mum was unable to contain her own anxieties that left her unable to give any reciprocity to Daniel. It then deteriorated and the mum continued to do nothing and Daniel was continuously screaming. The mum turned to the health visitor and said 'you see what I mean?' It was clear that the mum was so exhausted and lost with Daniel's behaviour, that any hope of reciprocity was not possible. The health visitor decided that a more practical approach was needed. The mum was asked if she would like some help with the situation and she nodded. It was hoped that if reciprocity could be demonstrated the mum would feel encouraged and begin to be able to contain herself. Exploring it through listening and

discussion at this contact would not be feasible. The health visitor turned to Daniel and said in a loud voice as he was screaming at the top of his voice, 'would you like mummy to make you a drink' he instantly stopped screaming, looked surprised and said 'yes'. The mum looked up and the health visitor nodded to her. The health visitor followed them to the kitchen. The mum had still not given Daniel any eye contact. She asked him what he would like to drink to which he replied 'squash'. She got a cup and began