

A carer's journey

CPHVA member and *Community Practitioner* editorial advisory board member Surrinder Bains explains how caring for her daughter has enhanced her professional role

I WORK AS A HEALTH VISITOR/TRAINER

delivering the Solihull Approach to a variety of staff working with children and their families. I am also a carer for my daughter Nina, aged 20 years, who is on the autistic spectrum.

My values and beliefs influence my practice, and my learning from everyday life is helping me to improve my professional practice. My evolving self-awareness is an enriching, rewarding experience that enhances my own learning and my daughter's learning.

The Solihull Approach is a psychotherapeutic and behavioural approach for working with children. This approach has helped me to view my learning as an ongoing process and removed my need to try to "fix" things for others.

The model built on my existing practice and provides a framework for my work. I have now extended it to all areas of my life, both professional and personal. The terminology used in the model helped me to describe what I am feeling and observing, not only in others but also in myself. For example, experiencing containment or a lack of it. I will provide examples of what it looks like in a person and how this may be impacting in their thought processes and behaviour.

The model recognises how important early relationships between caregivers and their children can help lay the foundations for future interaction. Health visitors have a key role in their work with families to improve early experiences for children leading to improved future mental health wellbeing. It is important as a practitioner that I recognise the power of my own relationships with others and how it can affect and influence them. It is not just technical skills that are important, it is my own development as a professional, which includes continually researching my professional practice to improve and contribute to the knowledge base for other health visitors.



DRAWING PARALLELS

There are parallels with the skills I use to support Nina towards independence and those I use in practice. I have learned so much from my carer role that I feel it has enhanced my professional role. For example, recognising the importance of using different forms of communication to share and reinforce information. How Nina hears and understands what is said to her will depend on her how she is feeling both physically and emotionally. A key part of my role is to be there to guide, advise, support, and encourage, but also provide enough space for her to make the right choice for herself. I have recognised that if I am to be there for her, I need to be present for myself first. I see being a carer as an extension of my role as a parent, which involves supporting Nina to become all she is capable of as a young person, and eventually independence.

THE SOLIHULL APPROACH

The Solihull Approach is based on three concepts: containment, reciprocity and behaviour management. The concept of

containment is about allowing the other person to tell their story and therefore create enough space to view it more clearly. The person who is offering the containment hears the emotional communication from the other person but is not overwhelmed by it, and hands it back to them in a more manageable form. It can bring up feelings of helplessness, but I have found it more rewarding to sometimes do or say nothing. Clients can respond initially with anger and hostility as this can feel scary for them. However, if they can see that you are still available for them, it can help alleviate some of their anxiety.

I made a conscious decision to allow Nina to take risks and allow her to learn from taking actions. It may appear to be easier to make choices for her but in the long-term this will increase her dependence on others and affect her self-esteem/worth. Allowing her to learn from doing something is more enabling and confidence building. The hardest thing as a parent/carers/health visitor is to take a back seat and allow the other person some time and space to be heard.

There are occasions when I have had to step in and make subtle suggestions when Nina's choice has presented a safety issue – such as wanting to go to London on the train and having an unrealistic set of aims to achieve while there. This is where having a creative and flexible approach has been invaluable.

Nina finds it hard to make choices for herself because she is scared of getting it wrong and then doesn't want to feel bad. I have observed at such times that she looks sad and anxious, and is self-critical. I have found I have made choices for her that I thought she was in agreement with, but later she has been angry towards me when things have not worked out for her. I have learned that she needs to learn from her own mistakes in order to grow and mature.

READING CUES

A mother presented at clinic very distressed that her seven-month-old baby was not eating anything and was gagging when fed solid foods. A visit was arranged to observe a mealtime. That revealed mum was trying to feed the baby very quickly and not allowing enough time before offering the next spoonful. When the baby turned his head away or gagged on the food, she took it as a sign that he didn't want it.

In this instance I was able to help mum recognise that she needed to read the baby's cues and slow down the whole process and relax. Over time she has been able to see that she needs to take cues from her baby and hand over some control, such as allowing finger feeding. This is also an example of the dance of reciprocity whereby the parent is able to understand what the baby is trying to communicate and not be overwhelmed by emotions.

Change can cause significant anxiety for Nina. It has been a challenge for her to learn skills to manage her emotional state. At times she panics and this can affect her ability to regulate her emotions. She can be moody and have tantrums. At other times when she is frustrated and anxious she will become demanding and self-critical. This could result in her getting angry at those around her, going to her room or verbally saying what it is that is worrying her. I have found that if I give her the space to express her anxieties, she usually does get to a point where she can view things more clearly. She has started to come and apologise when she has calmed down. It is at this point I can help her and

learn myself from what has happened. This could be to take preventative action or help to develop growing self-awareness.

I recognised that at times I have a need to take control and impose my values on others when it may not be right for them. Growing self-awareness throughout my life and professional career has assisted me with this understanding. Furthermore, it is not enabling or empowering the person if I tell them what to do, or do it for them.

I aspire to assist others to become all that they are capable of, and without falling into the emotional trap of wanting to rescue them. In the long-term this should help to promote independence as well as my own health and wellbeing.

I am aware that everyone needs to find whatever coping strategies work for them. During this interaction it is an opportunity for us both to learn from one another and not feel under pressure to have all the answers. This also enables a more equal relationship and helps to reduce the power imbalance that can sometimes exist in professional-client relationships.

Nina needs to feel loved and accepted for who she is and what she can offer. She is slowly becoming aware that she is different and finds some things difficult to do, such as managing her anger. She feels anger when she is frustrated at what is happening around her, and not feel able to control it. For example, not being able to go out because it is raining. She needs to feel safe and secure in order to take risks and explore her own point of view. This will help her to learn and grow as a person with her own sense of self. It was when my needs were acknowledged that I had my greatest growth and development.

GIVING TIME AND SPACE

As a trainer I aim to create a safe, supportive space for the delegates to contribute.

Identifying group rules can help towards achieving this space – be aware of the emotional temperature in the room and adjust the training accordingly. I use these same skills in my one-to-one work with families and as a carer. It is recognising that everyone brings something to a relationship from the past or present. In some cases it may impact in the current situation. For example, I have observed delegates react with hostility because they feel they have been sent on a training programme by management.

I have found it is much better if the participants in the group come up with the answers than if I just put them up on a powerpoint. This involves asking open-ended questions and facilitating a discussion that leads to this awareness. I have found if I give the group time and don't jump in when there are silences, this enables the process. It is a way for me to show how my guiding principles of honesty, integrity and respect are so important in my everyday work.

I have learned that it is fine to make mistakes and learn from them. This is a very important relational quality that I think is important to reinforce in all my contacts because it removes the pressure to be perfect.

I have seen how early childhood and the relationships that are formed then can have life long effects into adulthood. This can lead to unhealthy patterns of behaviour being handed down from generation to generation. Sometimes I have to contain a client's anxieties before they can get to a point where they are able to find solutions for themselves. This can be done by encouraging, teaching or merely by being present. How I decide what approach I will use is based on my own assessment of the situation and I will check this out with the client.

Relationships can provide the basis on which all interactions can lead to learning, both positive and negative. It can be a two-way process where practitioners influence others and are influenced themselves. This has helped me to be more empathetic and provide a model for relationships and requires building a rapport and relationship that could take time. The current demands on limited resources can affect this key area of ongoing support, which can result in problems and issues escalating to major crisis that require secondary/tertiary care services, such as inpatient admissions or social services input.

Moving away from the need to provide solutions for clients and their problems to a more facilitative approach is an option. It can also be more empowering for individuals and help with independence in the long term. This can be more rewarding for practitioners and help to prevent burn out.

In an NHS with limited resources, it is more important than ever for us to use creativity and imagination in finding solutions and to support families in continuing to develop their skills in facing change.