

Therapy through play and plants

Jeremy Clarke outlines the importance of identifying of individual children's special needs, and how these can sometimes be addressed through play or horticultural therapies.

In 2013 there were approximately 60,000 children in Early Years settings in England that were identified by practitioners as having a Special Educational Need (SEN)¹. Of these there were just over 4,000 children whose needs were classed as Behavioural, Emotional or Social². Whilst these figures may be dwarfed when compared with over one million children attending full time and sessional childcare³, it must be remembered that although early identification of special needs is of paramount importance, it can also be difficult due to the rapid nature of development at this young age.

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time and sessional care) and by having effective communication strategies set up between all the adults in a setting who are in contact with the child.

This is of great importance, as the support that is given to a child can only be initiated once an identification of that need has taken place, and the best support can only be given if the needs are assessed as accurately as possible. If a young child is observed to not be developing as expected in terms of their behavioural, emotional or social growth to such a degree, or over a sustained period of time, for a parent or practitioner to raise it as an issue then this can be a very worrying time for all concerned. It may also be a worrying time for the child, especially if they are aware of their own



individualised provision to match changing needs.

For example, a parent may be working night shifts or working away

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time, something that practitioners working in sessional care may not have the benefit of. If we focus on 'Behavioural, Emotional or Social' special needs, their identification can be delayed due to the simple fact that the observations of a child with those needs may not show large enough variations from the norm to indicate such a need. As the child gets older, the variations from the norm could increase to the point where a judgement can be quickly made, but work with 2 to 5 year olds requires a more nuanced approach in this respect. Of course, the more information a practitioner can have about a child, the more accurate a picture they will be able to build in terms of emotional and social development. They will also benefit greatly from an honest and open relationship with the child's carers (especially in the case of part-

differences, or in the way others treat them. Whether it is eating habits, separation times, sleeping patterns or socialisation in settings there are many developmental changes that can cause worry. Parents or carers may sometimes avoid sharing information with settings as they feel guilty that they have done something wrong in their parenting – this is a very natural feeling, but it is imperative that the relationships between parents and practitioners is good so the chances of information sharing are increased.

Once a need has been identified the practitioner will then plan what additional support can be provided to meet that need. It would be fair to say that this is often very successful and issues are resolved within a relatively short timescale. As changes in development are noted, the practitioner is able to alter the

from home and the child's sleep routine has been disturbed. With effective communication this can be managed and the needs of the child are met through adaption of the routine in the setting. But what would happen if the reasons behind a behavioural change are not known? What if there has not been a sudden change in behaviour, but a gradual shift from the expected norm? Children are unique – and this means that they will have unique coping mechanisms if they are living with stress and anxiety, and may have developed strategies to manage emotionally. If the underlying reasons are not known or shared, and practitioners are not seeing progress from their interventions then it may be appropriate to look to intervention from an outside agency. In the case of behavioural, emotional and social development, Play Therapy or

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Horticultural Therapy may be of considerable support.

Play Therapy involves the child spending several regular sessions with a play therapist who will provide a broad range of materials for the child to use. Through their use the child may both understand and explain upsetting emotions that they are experiencing. Rather than using play to get a child to talk about their difficulties, play therapy allows the play itself to be the outward expression of the child's inner emotional world. The materials typically used include a large number of small world items, sand and water play, musical instruments, construction, art and craft material and puppets/soft toys. The therapist will spend time with the family before the sessions begin, and will give regular feedback to both the family and the setting. During the sessions the child is free to play with whatever they wish, and the therapist will build their relationship with the child through shared play and conversation. This is essential as the child will need to trust their therapist, and be emotionally comfortable enough to share their feelings.

Play Therapy is normally offered to children over three years of age, and typically the minimum amount of planned sessions is twelve, although in some cases the intervention may last one to two years. I know of one child, a five year old, who began to self-harm. This is an incredibly distressing behaviour for all involved. The child spent sixteen sessions with the play therapist – during the first four or five the child appeared calm and content, but slowly they began to talk about what they had been doing (in terms of the self-harm) and the therapy moved on from there. After the 16 sessions the child, parents, setting and therapist

were happy that that the behaviours had both stopped, and strategies were in place that would make them unlikely to return. Whilst this was a successful short term intervention it does not always work in that way. Another case saw an aggressive and violent child continue working with the therapist for over a year. The child was developing the ability to manage their emotions relating to the relationship with one parent.

Social and Therapeutic Horticulture (shortened to Horticultural Therapy) can be offered to children aged three and over, and is typically used with children to aid social and emotional development, and also to support language. In place of toys, the materials used are plants, soil and seeds. The child becomes the caregiver who nurtures life over a sustained period of time. The setting, being away from other people and distractions and in close contact with nature can provide a relaxed therapeutic venue that enables a child to grow in confidence. During the sessions the child will work with the therapist in planting seeds and tending growing plants. Alongside the benefits of working with nature, a sense of grounding – of being secure in your place – and experiences of providing care, the setting allows conversation to develop naturally, and children can begin to explore emotions from a safe place. With children this can be used to help them gain a secure sense of place and time and develop social understanding. This could be helpful to those who have experienced turmoil in terms of where they live, or who they live with.

The quality of the relationships the therapist hold with the child, the parent and the setting is crucial to the quality of provision they are able to offer and ultimately to the success of

the intervention. It is important to remember that the therapist will have received information from the setting, the parents and the child, and they may be the only person who has access to all of that information – especially as their work with the child is confidential. A practitioner needs to ensure they give the therapist all available information – even if they do not think it is relevant – as the therapist may be able to make connections with the information they already have. A good working partnership will give the child the best possible chance to overcome emotional difficulty, and set them on a path that will enable them to develop their emotional literacy and manage their emotional futures.

For more information on Play Therapy visit the British Association of Play Therapists at www.bapt.info

For more information on Horticultural Therapy visit the Association of Social and Therapeutic Horticulture Practitioners at www.asthp.org.uk or Thrive, the leading UK Horticultural Therapy charity at www.thrive.org.uk

References

1. Childcare and Early Years Provider Survey, 2012
2. Children with Special Needs 2013: An Analysis, 2013
3. Childcare and Early Years Provider Survey, 2012

Bibliography

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