

SOLIHULL APPROACH

Research, Publications & Evaluations

The Solihull Approach has a rich mixture of both quantitative and qualitative studies carried out by independent teams across the UK and by the Solihull Approach. All research by the Solihull Approach team has been published, that is, there are no non-significant studies (this means that the published results are even more likely to be robust). All populations are 'whoever turns up for the services', that is, there is no selection of subjects and participants are the usual range of people that practitioners work with (This is important as some academic studies rigorously select the participants to be included, so that it can be argued that they do not reflect the population that practitioners work with). Currently all research has been carried out in the UK, so it could be said that the research does reflect the British population. Some studies are small and some are large, but all vary from significant to extremely significant. Therefore, given the range of studies and the fact that all have produced significant results, it is possible to suggest that it is likely that the research supports practitioners' and parents' experience; the Solihull Approach works.

Published Research

Douglas, H. and McGinty, M. (2001) The Solihull Approach: changes in health visiting practice *Community Practitioner*, 74(6), 222-224

Survey of Solihull Health Visitors after received Solihull Approach training.

- Impacted on practice of 88% of health visitors
- Improved consistency of approach
- No increase in overall time for assessment and intervention
- Increase in job satisfaction and confidence in own skills

Douglas, H. and Brennan, A. (2004) Containment, reciprocity and behaviour management: Preliminary evaluation of a brief early intervention (the Solihull Approach) for families with infants and young children *The International Journal of Infant Observation*. Vol. 7, No1. 89 –107

- Overall decrease in parental anxiety of 66%
- Significant reduction in anxiety relating to problem
- Significant decrease in problem severity

Lowenhoff, C. (2004) Practice development: training professionals in primary care to manage emotional and behavioural problems in children *Work Based Learning in Primary Care*, 2, 97-101.

- Over 18 months - over 100 health and social care professionals including health visitors, nursery nurses, school nurses, Sure Start workers and school counsellors
- Attended 8-day training programmes
- Each participant - observe a child to gain an insight into the meaning behind behaviour and ways children express their feelings, without words

- opportunity for each participant to present a child and family who are experiencing a particular behaviour problem e.g. feeding difficulties, sleeping problems, toileting problems, attachment disorder, or any other behaviours of concern, for consideration by the group in the company of clinicians from CAMHS

Evaluation forms - With only one or two exceptions, all the participants rated the course very highly, commenting on the comprehensive content, excellent facilitation, interesting range of outside speakers, informative handouts, useful case vignettes, video examples and practical advice and opportunities for sharing ideas, frustrations and good practice.

Comments included

- Nursery nurse stating she had learnt more about children's behaviour in two days of Solihull training than she had in her entire training to date
- School nurse said she felt more confident in her ability to manage emotional and behavioural problems in children
- Health visitors report training changed their way of thinking about child

Evaluations have demonstrated significant improvements in a range of outcomes for both children and families without having to invest in major new resources, apart from the initial expense of providing the training

40 staff trained in first year attended a single 'evaluation and update' day, to reflect on the impact of the Solihull training on their practice.

Whitehead R. and Douglas H. (2005) A qualitative evaluation of health visitors using the Solihull Approach *Community Practitioner, Vol. 78 No 1. 20-23*

Four health visitors used grounded theory to expand on the themes of clinical practice, feelings about work and the wider service.

- Focus more on emotions
- More reflective and improved consistency
- Increased job satisfaction
- Improved referrals to and from HV's
- Improved relations with other professionals

Milford, R., Kleve, L., Lea, J. and Greenwood, R. (2006) A pilot evaluation study of the Solihull Approach *Community Practitioner; 79:11, 358-362.*

Assessing the effectiveness of the Solihull Approach compared to standard health visiting practice. Used quantitative methods to assess effectiveness of Solihull Approach:

- Used experimental (Solihull Approach) and control group (Standard Health Visiting Practice)
- Results showed statistically a significant decrease in distress, parental perception of child difficulty in favour of experimental group
- Greater reduction in overall stress levels in experimental group

- Views of Solihull Approach trained health visitors more closely matched parents' view of problems than control group
- Similar results to Douglas and Brennan 2004
- Outcome of study suggested that Solihull Approach may be more effective than standard health visiting in addressing behaviour problems in young children

Maunder, H. Giles, D. and Douglas, H. (2007) Mothers' perception of community health professional support *Community Practitioner*; Vol. 80:4, 24-29.

- Qualitative study aimed to explore mothers' experiences of the support they received from community health professionals.
- Every third mother selected from data base
- All mothers interviewed had been supported by health visitors who used the Solihull Approach
- Findings explore concepts of trust, expertise and understanding within the working relationship
- Results address mothers' need for reliability, and preference for professionals who understood woman's belief about what it means to be a 'good mother'

Bateson, K., Delaney, J. and Pybus, R. (2008) Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group *Community Practitioner*, 81, 28-31.

- **Child Behaviour Checklist - For children under 3 years** - There was a significant difference between pre and post externalising behaviour **p value = 0.026** (i.e. reduction in conduct and behaviour problems at the end of the course)
- **For children over 4 years** - There was a significant difference in all measures **p value = <0.001** (apart from internalising behaviour)
- **Becks Anxiety Inventory Score** - Highly significant difference between pre and post measures p value= <0.001
- **Strengths and Difficulties Questionnaire** - Highly significant difference in Total score and Conduct domain of the SDQ questionnaire between pre and post interventions among the 4years or older children. Total score p value= <0.001
- **Conclusion** - both parental anxiety and child behavioural problems improved significantly over the course of the 10-week group. There is an interesting relationship between changes in the CBCL and changes in the BAI in that there is a significant positive correlation between some changes in CBCL and BAI.

Stephanopoulo, E., Coker, S., Greenshields, M. and Pratt, R. (2011) Health Visitor views on consultation using the Solihull Approach: a grounded theory study *Community Practitioner*, 84 (7) 26-30

- Explored health visitors' experiences of consultation in relation to their clinical practice, experience of their work and its impact on the wider service using the Solihull Approach Model as a framework for the consultation

- The study also explored health visitors' experience of using the Solihull Approach in their work with families
- Identified recurring themes and highlighted the vital role of consultation in health visitor's demanding work with families

Johnson, R. and Wilson, H. (2012) Parents' Evaluation of 'Understanding Your Child's Behaviour', a parenting group based on the Solihull Approach *Community Practitioner 85 (5) 29-33*

137 parents completed feedback questionnaires on their experience of each of the 10 sessions of the group. The results show that parents found UYCB highly satisfactory as measured by a simple, non-literacy-based evaluation form. 98% of people felt that the group helped them to relax and share experiences. The results showed that understanding comes before change. And both increase over 10 sessions. This fits with social learning theory, that we learn from others in different ways, it takes a bit of time for us to change our parenting. 10 sessions for most people

Williams, L. and Newell, R. (2012) The use of the Solihull Approach with children with complex neurodevelopmental difficulties and sleep problems: a case study *British Journal of Learning Disabilities doi:10.1111/j.1468-3156.2012.00754.x. Blackwell Publishing Ltd*

The article aimed to demonstrate the usefulness of the Solihull Approach in working with school-age children with complex neurodevelopmental difficulties in a community Child and Adolescent Mental Health Service (CAMHS) setting. It also aimed to show the efficacy of this approach in intervening with sleep problems, which are prevalent amongst children with learning disabilities. The authors used a qualitative case study method. Containment, reciprocity and behaviour management were used to describe the intervention, which resulted in a positive outcome. Implications for clinical practice and future research directions.

The authors reported that by having the space to reflect on and process her worries about Anna (containment) provided the mother with an opportunity to notice how her daughter was developing. This new understanding enabled different interactions between mother and daughter, bringing them more in tune with one another (reciprocity). By re-attuning with her daughter the mother was able to see her strengths more clearly. This in turn helped her to tailor generic behavioural techniques to fit with her daughter's specific needs (behaviour management) and set their relationship on a different course. Through the experience of a containing relationship with the worker the mother was able to provide a containing experience for her daughter and customising behaviour management in setting appropriate boundaries around bedtime behaviour.

Moore, T., Adams, M., Pratt, R. (2013) A service evaluation on the Solihull Approach training and practice *Community Practitioner, May 2013, vol. 86, number 5, pp. 26-27*

A substantial amount of research has provided evidence for the effectiveness of the Solihull Approach with Health Visitors. This study provides evidence for the effectiveness of the Solihull Approach with other groups of practitioners. The present study developed Ottmann's themes into an 18-item questionnaire. This measure was then administered to a large and varied sample of SA-trained professionals. Scores were compared across Health Visitors and family support workers. The two groups described the SA training as useful to their work with clients as well as within their multidisciplinary teams. Participants identified the crucial role of managerial support, supervision

and consultation in implementing the training in practice. Results are discussed in relation to SA theory.

Cabral, J. (2013) The value of evaluating parenting groups: a new researcher's perspective on methods and results *Community Practitioner*, 86(6): 30-33

The aim of this research project was to evaluate the impact of the Solihull Approach Understanding Your Child's Behaviour (UYCB) parenting groups on the participants' parenting practice and their reported behaviour of their children. Validated tools that met both the Solihull Child and Adolescent Mental health Service (CAMHS) and academic requirements were used to establish what changes, if any, in parenting practice and children's behaviour (as perceived by the parent) occur following attendance of a UYCB programme was collated. Results indicated significant increases in self-esteem and parenting sense of competence; improvement in the parental locus of control; a decrease in hyperactivity and conduct problems and an increase in pro-social behaviour, as measured by the 'Strength and Difficulties' questionnaire. The qualitative and quantitative findings corroborated each other, demonstrating the impact and effectiveness of the programme and supporting anecdotal feedback of the success of UYCB parenting groups.

Dolan, Alan. (2013) 'I've Learnt What a Dad Should Do': The Interaction of Masculine and Fathering Identities among Men Who Attended a 'Dads Only' Parenting Programme *Sociology*, 48 (4) 812-828

The article is based on qualitative research with men who voluntarily attended a 'dads only' parenting programme (Solihull Approach Understanding your child). It explores men's motivations to attend a parenting group. In addition it demonstrates challenges relating to masculine identity that fathers face in particular in seeking support regarding their children. In relation to masculinity it emphasises how aspect of masculinity can shape men's limited knowledge relating to the needs of their children and their capabilities as 'involved' fathers. Although they gained a sense of mastery over childcare, the ways in which men care for their children is context dependent and fathering may clash with certain masculine ideals.

Brown, Suzanne. (2014) Clinical Update: A Small Service Evaluation of a Solihull Approach Foster Carer Training Group Pilot Study *Practice: Social Work in Action*, 26 (1) 37-52

A pilot service evaluation of a foster carer training group programme for 'Understanding your foster child's behaviour-supporting foster carer/child relationships' was conducted in a community setting. A total of 16 foster carers completed the programme, delivered over 12 sessions. Several scales were employed: short form Parental Stress Index, Carer Questionnaire and Strengths and Difficulties Questionnaire (SDQ). Following qualitative and quantitative analysis, there was a significant decrease in the carer's ratings of their child's hyperactivity and attentional disorders and a trend towards a decrease in the behavioural difficulties of their child, as rated by the carer. These positive behavioural changes suggest this is a promising programme. Implications for the Solihull Approach are discussed, alongside future recommendations.

Lumsden, V and Sarankin, M. (2014) The Process of consultation to a Health Visiting team based on the Solihull Approach: a critical reflection. *Community Practitioner*, 87(10), p34-36.

A critical reflection of the process of consultation offered by a child and adolescent mental health service (CAMHS). The Solihull Approach was used for understanding the consultation process and

the concepts of containment and reciprocity were explored within this context. Further integration of the Solihull Approach in practice was supported by consultation.

Unpublished - Dr Alex Hassett, Canterbury University Whole School Training Research Research Encouraging results, showing the change in teachers from participating in the Solihull Approach Whole School training.

Unpublished - Dr Karen Bateson

Summary: Following a positive pilot evaluation, we administered 3 validated questionnaires and 2 multiple choice questions to people attending a 5 week Solihull Approach antenatal parenting course. 26 fathers and 34 mothers completed all questions (n=60). All mean scores changed in a positive direction on all scales. Results of formal statistical analysis show that, compared to the start of the course, mums' and dads' feelings of attachment increased, mums' anxieties related to pregnancy, labour and birth decreased, and mums' intentions to breast feed more increase. Intention to stop smoking and general anxiety and depression did not change for mums or dads. We need to be cautious about how we interpret these findings as we do not know enough about how scores change anyway, without intervention, through the normal course of pregnancy. However, the findings are encouraging and will now inform a control study which will start in 2014. This will compare two antenatal parenting groups: a traditional midwife-led parenting and the Solihull Approach antenatal parenting course.

Unpublished - Dr Hazel Doulgas

Research results for 'Understanding your child' the Solihull Approach online courses for all parents. The first 33 results from parents who completed the course have been analysed. The results are very interesting. Across the 33 completers there is a very statistically significant rise in closeness and also a very statistically significant decrease in conflict ($p < 0.001$ for both). 84% of the parents experienced a decrease in conflict in the family. The data will be sent for peer review and publication.

A wide range of parents are accessing the course: GPs, biochemists, parents working with health visitors and children's centres, family and friends of Solihull Approach trained practitioners. There are even instances of grandparents buying the course as a gift for the next generation.

Brigham, Lindsay and Smith, Ann (2014). Implementing the Solihull Approach: A study of how the Solihull Approach is embedded in the day to day practice of health practitioners. The Open University in the North, Gateshead.

The recommendations above are based on detailed analysis of the finding from this collaborative piece of work and are focused on minimising barriers and maximising benefits of embedding the Solihull Approach more consistently across the whole health and social care workforce. It is recognised that many may be already in place or in the early stages of being implemented.

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A key concern is that a superficial understanding of Solihull Approach and formulaic application could lead to fragmentation across occupational groups with behaviour management strategies being implemented in a more professionally driven top down way outside the framework of a developing therapeutic relationship with families. This would impact on the key benefit at the heart of the Solihull Approach i.e. developing family resilience. Ongoing refresher training and mandatory

Solihull supervision sessions are necessary to enable practitioners to have a deeper understanding of the Solihull Approach and the central importance of a 'partnership approach' and promotion of 'reflective parenting'. The main resistance to this is perceptions of time input and the corollary is the 'quick fix' approach - which can in fact be more time consuming in the long term. The benefits of holistic practice and potential efficiencies in use of time need to be stressed in both both training and supervision.

To address this concern on-going effective leadership and management is essential with key individuals tasked with taking a strategic plan forward in order to achieve a critical mass of practitioners, across professional boundaries, with an in depth understanding and level of skills to fully embed the Solihull Approach. One of the risks identified is that with reorganisation and changing personnel the momentum becomes lost and embedding the Solihull Approach becomes fragmented both in terms of its holistic philosophy and inter-professional potential.

Drea C., Lumsden V. and Bourne J. (2014) Using practitioners' feedback to contribute to organisational development in health visiting. Community Practitioner: 87(12): 30–33

Abstract

This paper presents the findings of a survey of practitioners within a health visiting service. This service was an Early Implementer site for the Health Visitor Implementation Plan. The survey was administered in the context of training all practitioners in the Solihull Approach. It aimed to gather information from practitioners about factors they thought could help them do their work with families more effectively. Practitioners' responses were analysed using thematic analysis. The principal needs identified were: more knowledge, skills and training; increased time to support families; increased supervision and support; and improved communication and partnership working. Practitioners' needs identified through the analysis were subsequently taken into account during development of the service.

Lee P. and Mee C. (2015) The Tameside and Glossop Early attachment Service: Meeting the emotional needs of parents and their babies. Community Practitioner. 88 (8): 31-35.

Abstract

Parent-infant emotional health is probably one of the most complex arenas in which mental health, maternity and health visiting services operate. This critical period can be emotionally charged, not only for the infant but also for the parent. While most parents essentially get it right, severe ruptures in the parent-infant relationship can occur and can have serious consequences. This paper describes a comprehensive and cost-effective parent infant mental health service based on a psychodynamic model. The service aims to meet the needs of all parents from those with a high level of need through to universal provision. Strategic and theoretical underpinnings of the service model are described.

Published articles on the Solihull Approach

Douglas, H. (1999) The Solihull Approach: helping health visitors to help families with young children *Young Minds* 40, 19-20

Douglas, H. and Rheeston, M. (2009) The Solihull Approach: an integrative model across agencies in J. Barlow and P. O. Svanberg *Keeping Baby in Mind* London: Routledge

Douglas, H., Delaney, J., Cabral, J. and Rheeston, M. (2009) Supporting Parenting: the Solihull Approach *Healthcare, Counselling and Psychotherapy Journal*, 9 (3), 17-21

Douglas, H. (2011) The Solihull Approach: a whole school approach *Journal of Educational Psychotherapy*, 18, 53-58

Norman, Linda (2013) Delivering Solihull Approach training in Pakistan *Community Practitioner* 86 (8) 42-43

Related publications

Adams, C. (2005) Health visitors and adult mental health: the future begins here *Community Practitioner*, 78 (11) 389-391

Barlow, J., Parsons, J., and Stewart-Brown, S. (2005) Systematic review of the effectiveness of group based parenting programmes for infants and toddlers *Child: Care, Health and Development*, 31 (1), 33 - 42 (0305-1862)

Douglas, H. (2007) *Containment and Reciprocity: integrating psychoanalytic theory and child development research for work with children* London: Routledge

Walker, A., Johnson, R., Banner, C., Delaney, J., Farley, R., Ford, M., Lake, H., and Douglas, H. (2008) Targeted home visiting intervention: the impact on mother-infant relationships *Community Practitioner*, 81 (3) 31-34

Department of Health (2008) Child Health Promotion Programme

Evaluations/ reports

Lintern, J. (2005) Follow-up evaluation of Solihull Approach training delivered by local trainers in Middlesbrough

Cullen, M. A., and Lindsay, G. (2006) Sure Start Chelmsley Wood: Report of the local evaluation 2005-06 *Centre for Educational Development, Appraisal and Research University of Warwick*

Lawrence, V (2007) The Solihull Approach in Northamptonshire. A School Years Impact Evaluation.

Hassett, A. (2011) Evaluation of the Solihull Approach in Kent: Drawing conclusions from the data

On-going research

Parenting RCT - commenced

Foster carer 12 week course: another study commenced with pre and post measures.

National Training evaluation: ongoing

CANparent evaluation via Warwick University: 1st report complete. 2nd report ongoing

Parenting doctoral study - Effectiveness study. Pre and post Time Sampling evaluation. Analysed. Being written up for publication.

Parenting - Qualitative study completed. Being written up for publication.

Antenatal parenting: Fathers evaluation paper being prepared for publication

Antenatal parenting pilot: Pre and post measurements. Analysed. Being written up for publication.

Antenatal parenting study: control study commenced

Whole School training: *Quantitative effectiveness study with control (Kent)*

Online course for parents: *ongoing data collection. Initial results analysed.*

Practitioner training: *qualitative longitudinal study commencing*

Solihull Approach Resource Packs

Douglas H. (2012) *Solihull Approach resource pack: The first five years* (5th ed. Updated 2012)
Cambridge: Jill Rogers Associates

Douglas H. (2011) *Solihull Approach resource pack: The school years* (1st ed. Reprinted 2011)
Cambridge: Jill Rogers Associates

Douglas H. (2010) *Solihull Approach antenatal resource pack: The journey to parenthood* (1st ed.)
Cambridge: Jill Rogers Associates

Douglas H. (2009) *Solihull Approach resource pack: A resource for workers involved in fostering and adoption* (Fully revised and updated 2008, reprinted 2009) Cambridge: Jill Rogers Associates

Douglas H. (2008) *The Solihull Approach Parenting Group: Supporting parent/child relationships. Understanding your child's behaviour. Facilitators' manual* Cambridge: Jill Rogers Associates

Douglas H. (2010) *Solihull Approach Foster Carer's Group. Understanding your foster child's behaviour: A resource for workers involved in fostering and adoption* (1st ed.) Cambridge: Jill Rogers Associates

Douglas H. (2013) *The Solihull Approach Antenatal Parenting Group: Understanding pregnancy, labour, birth and your baby. Facilitators' manual* Solihull Approach

CANparent Quality Mark



Parenting UK accreditation
Part of the DfE's CANparent

The Solihull Approach has been successful in gaining the CANparent Quality Mark award for:

- Solihull Approach Understanding your child GROUP
- Solihull Approach Understanding your child ONLINE course

Parenting UK is part of the Department of Education CANparent programme. Parenting UK states that the CANparent Quality Mark provides a robust and systematic process for measuring the quality of development, delivery and provision of universal parenting classes.

The CANparent Quality Mark is the only quality standard in the parenting sector. It has been developed for the sector, by the sector.