

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, except one, 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 Ginty, 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.

Douglas, H. (2010) Supporting emotional health and wellbeing: the Solihull Approach. *Community Practitioner*, 83(8), 22-25

Abstract

The quality of the early relationship is an important factor in the development of emotional wellbeing. Yet in the UK, we do not integrate support for the relationship between the baby and parents into antenatal parentcraft. Neither do we provide enough focus on the relationship in the basic and post-qualification training or support for practitioners to integrate working with the

relationship into their practice. The Solihull Approach provides one model of working with the relationship between parents and the child and between the parents and practitioner. It integrates concepts from disparate academic fields that can focus a practitioner's work on supporting the relationship between parents and baby or child, whether individual or in a parenting group.

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.

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. 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 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.

Dread 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 Me 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.

Vella, L., Butterworth, R., Johnson, R. and Urquhart Law, G. (2015) Parents' experiences of being in the Solihull Approach parenting group, 'Understanding Your Child's Behaviour': an interpretative phenomenological analysis. Child: Care, Health and Development 41:6, 882–894.

Abstract

Background Empirical evidence suggests that the Solihull Approach parenting group, 'Understanding Your Child's Behaviour' (UYCB), can improve child behaviour and parental wellbeing. However, little is known about parents' in-depth experience of participating in the UYCB programme. This study provides an in-depth qualitative evaluation of UYCB, focussing on possible moderating factors and mechanisms of change that may inform programme development. Method Ten parents (eight mothers and two fathers), recruited from seven UYCB groups across two locations, were interviewed within 7 weeks of completing the group and again 10 months later. Data were analysed using interpretative phenomenological analysis.

Results Four themes were identified: 'Two Tiers of Satisfaction', 'Development as a Parent', 'Improved Self-belief' and 'The "Matthew Effect"'. In summary, the majority of parents were immensely satisfied at both completion and follow-up: they valued an experience of containment and social support and perceived improvement in specific child difficulties, their experience of parenting, their confidence and their coping. Most parents appeared to have developed more reflective and empathic parenting styles, with self-reported improved behaviour management. Theoretical material was well received, although some struggled with technical language. Positive outcomes appeared to be maintained, even reinforced, at follow-up, and were associated with having few initial child difficulties, perceiving improvement at completion and persevering with the recommendations. Two participants, whose children had the most severe difficulties, perceived deterioration and felt that the group was insufficient for their level of difficulties.

Conclusion Through in-depth analysis of parental experiences, UYCB appears to achieve its aims and communicate well its theoretical principles, although change may also occur through processes common to other group programmes (e.g. social support). Recommendations, stemming from the

experiences of these parents, include simplified language, separate groups for parents with complex needs, greater emphasis on the importance of perseverance, and additional support for parents who appear to be struggling to make changes.

Appleton, R., Douglas, H. and Rheeston, M. (2016) Taking part in 'Understanding Your Child's Behaviour' and positive changes for parents. *Community Practitioner*.89 (2):42-48.

Abstract

The Solihull Approach's Understanding Your Child's Behaviour (UYCB) is a 10-session group for parents run by facilitators in their local area. Previous studies have shown that parents enjoy taking part in the group, and that UYCB can reduce problematic behaviours in children. Building on this research, the present study evaluated whether UYCB programmes run more recently in the UK were rated as positively by parents, and what positive changes were reported by parents. Both quantitative and qualitative data were analysed from 105 parents who took part in 18 different UYCB groups between 2012 and 2015. The results of this analysis showed that 90 per cent of parents found the group a great place to relax and share experiences, 93 per cent rated the group as 'great' for helping them understand their child, and 92 per cent gave a 'great' rating for helping them identify changes. In addition to this, content analysis showed that 47 per cent of parents reported having a better relationship with their child after taking part, 42 per cent said they were more confident, and importantly six per cent reported a significant positive change in their lives generally as a direct result of UYCB.

Hassett, A. and Appleton, R. (2016) Understanding your pupil's behaviour: A pilot study from two schools in Kent. <http://create.canterbury.ac.uk/15228/>

Abstract

The Solihull Approach was developed to help frontline workers be more effective in their work as they are in the ideal position to intervene early in any potential emotional or behavioural difficulty for a child. The Approach has been developed for both early years' practitioners and those working with young people in their school years. The theoretical model has been developed from three concepts: containment, reciprocity, and behaviour management, taken from psychotherapeutic, child development and behavioural models respectively. A new programme specifically for schools, Understanding Your Pupils Behaviour, has been developed.

At present most of the evaluation and research has been on the 0-5-year work with Health Visitors. Further work needs to look at the effectiveness of this in the school years and in other settings outside of the health sector. The piloting of the Solihull Approach in a school setting to help school staff better understand their pupils' behaviour provides an ideal opportunity to assess the impact of the approach in this setting.

A mixed method design combining both quantitative measures and qualitative interviews was used to assess the impact of the training. The study focuses on 2 primary schools, an experimental school that received the training and another matched control school. Data was collected pre-training and 6 months after the final training session. The teacher variables measured included anxiety, burnout, compassion satisfaction and fatigue, self-concept and teacher efficacy. Interviews with 7 school staff who have received the training were undertaken.

Quantitative statistical analysis found that six months after training, teachers in School A showed a statistically significant increase in satisfaction with their helping role, self-esteem, and teacher efficacy scores as well as a decrease in feeling burnt out/stressed. The teachers at School B who did not receive the training only showed an improvement in teacher efficacy over the period.

Qualitative thematic analysis found that overall, the teachers found that following aspects useful: that they were offered a framework that underpinned all aspects of the work they do; focus on the relationships not only with pupils, but teachers, support staff and parents as well; and the focus on well-being and its link with learning.

Hassett, A. (2015) Evaluation of the Solihull Approach in Kent: drawing conclusions from the data. Project Report.

Canterbury Christchurch University CReaTE website <http://create.canterbury.ac.uk/15229/>

Abstract

- The Solihull Approach is both a theoretical framework and a comprehensive resource pack developed by practitioners for practitioners. It is designed to be used as a brief intervention and is supported by a comprehensive resource pack which contains evidence based information for practitioner, carers and young people. This framework has been rolled out across Kent county. Data from various sources has been collected over several years and has been summarised to offer some comment on the efficacy of the training.
- Using a training evaluation framework developed by Kirkpatrick (1998) various levels of impact were assessed including participant views of the training, perceptions of change in their behaviour and impact on outcomes for children and families.
- The course feedback shows a high level of satisfaction with the training in terms of content, framework and delivery. A survey of participants 1 year after the courses revealed that over 90% were using the skills, making use of the resources and felt more confident. However 40% were experiencing difficulties in accessing the practice development sessions.
- An evaluation of outcomes for children and families was undertaken using pre- and post work assessment measures. Despite the challenges encountered using measures in a frontline setting the data does suggest that there were positive outcomes for those children and their families who worked with a Solihull Approach trained practitioner. The Strengths and Difficulties Questionnaire both Parent and Child versions indicated that there were significant differences. The BAI also indicated that parent's anxiety levels had improved. It is important to bear in mind that these are only indicative as the number of participants was small.
- Parent interviews also indicate that based on their descriptions of what was helpful practitioners were making use of the model.
- Data from 2 qualitative research studies indicates the positive impact of the training. A mix methods study exploring and evaluating frontline education practitioners' experiences of The School Years Solihull Approach training within a multi-agency context revealed that the training has the potential to facilitate multi-agency working and enhance training practices within universal children's service more generally. The second study looked at the experiences of Solihull Approach trained school and community nurses, in use the Solihull Approach in their school drop-in sessions. The study also explored the experiences of pupils

who have attended drop-ins with Solihull Approach trained nurses. This study revealed that participants were using the framework and that young people found these drop-ins useful.

- Taking the data as a whole it would appear that the Solihull Approach training is having both a positive impact on the practitioners being trained as well as on the young people and families they are working with.

Douglas, H. (2016) The Solihull Approach Antenatal Parenting Group: Understanding pregnancy, labour, birth and your baby. International Journal of Birth and Parent Education, v4, 29-31.

The article describes the Solihull Approach in relations to the Antenatal Parenting face to face group and Online Course. It also outlines the unpublished study Bateson and Appleton (2012) Summary of Antenatal Groups Pilot – Evaluation and submitted study Bateson and Douglas (2016) a service evaluation of the Solihull Approach Antenatal Parenting Group.

Fagan, E., Land, S., Meadows, Z., Raza, M., Gavin, J. and Douglas, H. (2016) Midwives' experience of delivering the Solihull Approach Antenatal Group. International Journal of Birth and Parent Education, v4, 31.

The article includes midwives description of running Solihull Approach Parenting Groups, who attends the groups the strengths of the Solihull Approach, what parents like and future developments.

The articles Douglas (2016) and Fagan et al (2016) can be viewed <http://www.ijbpe.com/>

Douglas, H and Bateson, K. (2017) A service evaluation of the Solihull Approach Antenatal Parenting Group: integrating childbirth information with support for the fetal-parent relationship. Evidence Based Midwifery.15 (1): 15-19.

Abstract

This study evaluates the new Solihull Approach antenatal course 'Understanding pregnancy, labour, birth and your baby'. The course integrates traditional antenatal information with an emphasis on relationships. Three validated questionnaires and two multiple choice questions assessed issues such as pregnancy-related anxiety, feelings of attachment to the baby, intent to breastfeed, intent to stop smoking and general anxiety and depression. There were a total of 105 participants with 26 fathers and 34 mothers completing all questions (=60).

Results indicated that both mothers' and fathers' feelings of attachment increased, mother's anxieties relating to pregnancy, labour and birth decreased and mother's intention to breastfeed increased. Intention to stop smoking and general anxiety and did not change for mothers or fathers. Results indicate the possibility of using the opportunity of antenatal classes to connect parents with their baby before birth. Given the importance of relationships for the development of the baby into childhood and across the lifecycle.

Vasilopoulou, E., Afzal, A., Murphy, K and Thompson, C. (2017) The Solihull Approach pros and cons. Community Practitioner. 90 (5), pp 40 – 42.

The study explored the experiences of two professions (Health visitors and CAMHS staff) using the Solihull Approach revealing the benefits and challenges. A team from NHS Fife using a qualitative

service evaluation. Four main themes emerged, impact on practice, challenges when using the SA, training improvements and post training support.

Benefits included enhanced practitioner reflection, greater focus on parents' and children's' feelings and an increased awareness of the family's readiness in therapy. Quote ' I think it gives us a model so that we can really relate some of what we are saying to our mums, and it gives us a structure to what we are saying. It gives that theoretical underpinning to things that we do'.

Challenges included time stress and workload constraints to implementing the approach. IT was difficult to keep a balance between containing the parents' emotions and delivering session content, especially during group work. Gaining supervision could be influenced by time and workload constraints and practitioners can have different views on supervision.

Thelwell, E., Rheeston, M and Douglas, H. (2017) Exploring breastfeeding peer supporters' experiences of using the Solihull Approach model. *British Journal of Midwifery*. 25(10), pp 639-646.

The aim of the study was to gain insight into breastfeeding peer supporters' experiences of using the Solihull Approach. The Study also sought to identify factors that might contribute to improving the service

The Solihull Approach is a model designed to support professionals, offering breastfeeding peer supporters and opportunity to think about their work. A qualitative study was undertaken with three voluntary and four paid peer supporters using a thematic analysis with an inductive approach. Three key themes emerged, motivation to volunteer, their experience of peer supporter training and their experience of putting this training into practice.

The conclusion of the study was that several benefits were highlighted when incorporating the Solihull Approach into peer professionals' practice, including increased confidence levels and improved team communication, as well as positive outcomes for their personal lives.

Madigan, S., Paton, K and Mackett, Naomi. (2017) The Springfield Project service: evaluation of a Solihull Approach course for foster carers. *Journal article citation: Adoption and Fostering*. 41(3), pp 254-267.

Abstract

Many young people in care have experienced trauma. The emotional and behavioural issues that often ensue, along with foster carers' varying levels of confidence and skills, are cited as the main reasons for placement disruption. Placement breakdown can represent a further trauma for young people and is also highly costly for local authorities. The need for interventions to develop foster carers' competence and confidence in understanding and managing foster children's behaviour is therefore significant. The Solihull Approach (SA) promotes the parent and child relationship by emphasising the need for emotional containment and a reciprocal relationship so as to form a framework for thinking about, understanding and effectively managing behaviour. The 'Solihull Approach course for foster carers: understanding your foster child's behaviour' is a 12-week programme tailored to the demands of this task. It has been run within the Springfield Project in Fife, Scotland for the past four years. In the reported study 83 participants completed evaluation forms. A thematic analysis of their replies revealed that the most important things learned were:

taking a step back; understanding the effects of trauma; reciprocity; communication and play; containment (of my child); understanding my child; and the ability to offload when full up. The course helped participants to better understand their foster child by clarifying the nature of the relationship and their role, understanding the impact of the child's early experiences and appreciating that she or he is not to blame. Participants took from the course: increased understanding; being part of the group; staying calm and thinking before they act; feeling more confident; and looking after themselves and seeking containment. Pre- and post-Child Behaviour Checklist (CBCL) questionnaires were collected from 34 carers with children in the six to 18 age group and 13 looking after children aged one-and-a-half to five years. Paired samples t-tests revealed no statistically significant difference in pre- and post-scores in either the six- to 18-year-olds ($t(33) = 1.6, p = 0.114$) or the one-and-a-half- to five-year-olds ($t(12) = 2, p = 0.069$). Possible reasons for this and its implications are explored. However, the identified qualitative themes suggest that the aims of the training are being met. There was a strong overall sense that foster carers found the course helpful and informative, suggesting that it could represent a valuable intervention for promoting placement security.

Monique, Tan., Rheeston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. *British Journal of Midwifery* 25(12), pp 765-773.

The aim of the study was to formally explore maternal perceptions of this peer support breastfeeding service.

UK breastfeeding rates are among the lowest in the world, so it is necessary to understand what makes breastfeeding support successful. Anecdotal reports of a West Midlands breastfeeding support group noted the benefits of using a psychosocial model, the Solihull Approach, in their staff training.

Subgroup sampling resulted in nine semi-structured interviews, which were then analysed with thematic analysis. The Solihull Approach helped to create safe spaces, both literally (between supporters and mothers) and figuratively (atmosphere of trust and acceptance in the venues). It also ensured tailored informational and emotional support, which sustained the mothers' attendance to the group.

Breastfeeding support groups can gain in consistency from being underpinned by a model: Solihull Approach would be a promising candidate, as its influence can be helpful to the emotional wellbeing and breastfeeding outcomes of all mothers, regardless of their socioeconomic background.

Unpublished – Submitted - Dr Rebecca Johnson

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.

Best Practice Reports

Barlow, J. (2016) International Journal of Birth & Parent Education . *AIMH UK Best Practice Guidance (BPG) No 1. Improving Relationships in the Preinatal Period: What Works?* Spring (1)(Suppl) 1-8.

AIMH UK Best Practice Guidance (BPG) No 1. Improving Relationships in the Preinatal Period: What Works?

The Solihull Approach Antenatal 5 week group for parents' 'Understanding your pregnancy, labour, birth and your baby – Journey to Parenthood' and research results are included in the paragraph describing Universal Programmes on page 6 and identified as a UK-developed programme under the section 'Which TtP programmes improve outcomes for parents?'

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

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Related publications

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

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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 courses: *another study commenced with pre and post measures.*

National Training evaluation: *ongoing*

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. Revised 2017)
Cambridge: Jill Rogers Associates

Douglas H. (2011) *Solihull Approach resource pack: The school years* (1st ed. Revised 2017)
Cambridge: Jill Rogers Associates

Douglas H. (2010) *Solihull Approach antenatal resource pack: The journey to parenthood* (1st ed. Revised 2017) Cambridge: Jill Rogers Associates

Douglas H. (2009) *Solihull Approach resource pack: A resource for workers involved in fostering and adoption* (Revised 2016) Cambridge: Jill Rogers Associates

Douglas H. (2008) *The Solihull Approach Parenting Group: Supporting parent/child relationships. Understanding your child's behaviour. Facilitators' manual*(Revised 2016) 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. (2016) *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 DE'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.