

The Solihull Approach (Understanding Your Child's Behaviour)

Reviews: [Foundations for Life](#), July 2016; November 2019

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

The Solihull Approach Parenting Group (also known as Understanding Your Child's Behaviour) is a universal parenting intervention for any parent with a child between the ages of 0 and 18.

Parents attend 10 weekly two-hour sessions for groups of 12 parents. Parents identify personal goals and the strategies that will help meet them, and reflect on their child's behaviour and their relationship with their child.

The Solihull Approach emphasises containment, reciprocity and behaviour management. The programme begins with a home visit, where parents are expected to identify personal goals. Parents then monitor their progress in relation to the goals originally identified at the first home visit. Parents can be signposted into more intensive programmes if it is felt that their needs are not being met.

Evidence
rating: 2

Cost rating: 1

EIF Programme Assessment

The Solihull Approach (Understanding Your Child's Behaviour) has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence
rating: **2**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than£100.

Cost rating: **1**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing crime, violence and antisocial behaviour

Improved child behaviour

Based on study 1

Improved prosocial behaviour

Based on study 2

Reduced conduct problems

Based on study 2

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Infants
- Toddlers
- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group
-

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting
- Primary school
- Out-patient health setting

The programme may also be delivered in these settings:

- Home
 - Children's centre or early-years setting
 - Primary school
 - Secondary school
 - Sixth-form or FE college
 - Community centre
 - In-patient health setting
 - Out-patient health setting
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How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal
-

Where has it been implemented?

Barbados, England, Ghana, Iceland, Northern Ireland, Pakistan, Portugal, Scotland, United Kingdom, United States, Wales, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
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About the programme

What happens during delivery?

How is it delivered?

- The Solihull Approach is delivered by two practitioners, one with QCF-6 level qualifications, and the other with QCF-3 qualifications.
- The intervention is delivered to groups of up to 12 families (though other delivery formats are available).
- The Solihull Approach is delivered over 10 sessions, of two hours' duration each.

What happens during the intervention?

- The Solihull Approach emphasises containment, reciprocity and behaviour management.
- The programme begins with a home visit, where parents are expected to identify personal goals.
- Once parents identify personal goals and the strategies that will help meet them, they reflect on their child's behaviour and their relationship with their child.
- Parents then monitor their progress in relation to the goals originally identified at the first home visit.
- Parents can be signposted into more intensive programmes if it is felt that their needs are not being met.

What are the implementation requirements?

Who can deliver it?

- The first practitioner who delivers this programme is a Child and family practitioner (from health visitor to Children's Centre family worker) with a Recommended QCF 6 level qualification.
- The second practitioner who delivers this programme is a Child and family practitioner (from health visitor to Children's Centre family worker) with a Recommended QCF 3 level qualification.

What are the training requirements?

- The practitioners have 21 hours of programme training. Booster training of practitioners.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host agency supervisor (qualified to QCF 6) with 21 hours of programme training.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online material
- Face-to-face training
- Supervision
- Accreditation or certification process
- Booster training
- Fidelity training

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- The Solihull Approach is based on the assumption that emotional containment is necessary for parents to understand their own behaviour and the behaviour of their child.
- Parents learn strategies for containing their emotions and the emotions of their child. Parents also learn to respond reciprocally to their child's needs.
- In the short term, parents choose more effective parenting strategies and engage more positively with their child; children's behaviour improves.
- In the long term, parents are less anxious, children are at reduced risk of behavioural problems, do better at school and have a better relationship with their parents.

Intended outcomes

Enhancing school achievement & employment Preventing crime, violence and antisocial behaviour

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About the evidence

The Solihull Approach's most robust evidence comes from one pre-post study and one comparison group study conducted in the UK.

These studies identified statistically significant positive impact on a number of child and parent outcomes.

This programme is underpinned by two studies with a Level 2 rating, hence the programme receives a Level 2 rating overall.

Study 1

Citation: Bateson et al (2008)

Design: Pre/post

Country: United Kingdom

Sample: 39 parents with a child aged four or younger

Timing: Post-test

Child outcomes:

- Improved child behaviour
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Other outcomes:

- Reduced anxiety
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Study rating: 2

Bateson, K., Delaney, J., & Pybus, R. (2008). Meeting Expectations: the pilot evaluation of the Solihull Approach Parenting Group. *Community Practitioner*, 81 (5), 28-31.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/18549120>

Study design and sample

The first study is a pre-post study.

Outcomes were assessed before the intervention was delivered and immediately after the intervention was delivered.

This study was conducted in the UK, with a sample of 39 parents with a child aged four or younger.

Measures

Child behaviours (internalising/externalising problems, conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties) were measured using the Child Behavior Checklist (parent report) and the Strengths and Difficulties Questionnaire (parent report). Parental anxiety was measured using Becks Anxiety Inventory for Adults (parent report).

Findings

This study identified statistically significant positive impact on one child outcome, specifically: improved behaviour.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of a comparison group, hence why a higher rating is not achieved.

Study 2

Citation: Douglas, H., & Johnson, R.A. 2019

Design: Comparison group study

Country: United Kingdom

Sample: Families recruited from Wrexham, Wales and Solihull, where majority of children were under 11 years old, and the vast majority were female.

Timing: Post-test

Child outcomes:

- Improved prosocial behaviour
 - Reduced conduct problems
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Other outcomes:

- Reduced parental anxiety Reduced parental stress Improved closeness in the parent-child relationship Reduced conflict in the parent-child relationship
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Study rating: 2

Douglas, H., & Johnson, R. A randomised controlled trial of the Solihull Approach ten-week group for parents: 'Understanding your child's behaviour'(UYCB). *Children*, 5, 19-2.

Available at<https://www.communitypractitioner.co.uk/resources/2019/09/randomised-controlled-trial-solihull-approach-ten-week-group-for-parents-understanding-your-childs-behaviour-uycb/>

Study design and sample

This study is a comparison group study.

This study involved assigning participants to the intervention (223 children), or to a wait-list control (26 children). Families were assigned to groups on the basis of the time at which they expressed interest in joining a Solihull Approach group throughout the year. If contact was made before week 2 of a group starting at the venue of their choice, parents were assigned to the experimental group and undertook the intervention. If contact was made after week 2 but more than 10 weeks before the next group was due to start, parents were assigned to the control group, with a view to attending an intervention group at the beginning of the following term.

The study was conducted in the UK, with a sample of families recruited from Wrexham, Wales and Solihull, where majority of children were under 11 years old (79%), and the vast majority were female (92.4%)

Measures

Child behaviour was measured using the Strengths and Difficulties Questionnaire (parent report).

Parental emotional health was measured using the Depression Anxiety Stress scale (parent self-report).

The parent-child relationship was measured using the Child Parent Relationship Scale (parent report).

Findings

This study identified statistically significant positive impact on a number of parent and child outcomes.

This includes improved prosocial behaviour and reduced conduct problems.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequal groups, attrition, and a lack of ITT design, hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Baladi, R., Johnson, R., & Law, G. A pre, post and follow-up evaluation of the Understanding Your Child's Behaviour (UYCB) group: A parenting group intervention based on the Solihull Approach.

Bateson, K., Delaney, J., & Pybus, R. (2008). Meeting Expectations: the pilot evaluation of the Solihull Approach Parenting Group. *Community Practitioner*, 81, 28- 31 - **This reference refers to a pre-post study, conducted in the UK.**

Cabral, J. (2013). The value of evaluating parenting groups: a new researcher's perspective on methods and results. *Community Practitioner*, 86, 30-33 - **This reference refers to a pre-post study, conducted in the UK.**

Smith, R. (2013). An uncontrolled, pre, post and follow-up evaluation of the Understanding Your Child's Behaviour (UYCB) group: A parenting group intervention based on the Solihull Approach. Unpublished doctoral dissertation - **This reference refers to a pre-post study, conducted in the UK.**

Wilson, H., & Johnson, R. (2012). Parents' evaluation of 'Understanding your Child's Behaviour', A parenting group based in the Solihull Approach, *Community Practitioner*, 85, 29-33.

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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