The Solihull Approach (Understanding Your Child's Behaviour)


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

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:

- 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
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

UK provision

This programme has been implemented in the UK.

UK evaluation

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

Contact details

Hazel Douglas
hazel.douglas@heartofengland.nhs.uk
solihull.approach@heartofengland.nhs.uk

www.solihullapproachparenting.com

www.inourplace.co.uk
About the evidence

The Solihull Approach’s most robust evidence comes from one RCT conducted in the UK.

Study 1

Citation: Bateson et al (2008) | Design: Pre/post

Country: United Kingdom

Sample: 39 parents with a child aged four or younger

Child outcomes:
Improved child behaviour

Other outcomes:
Reduced anxiety


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


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.

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How to read the Guidebook

EIF evidence standards

About the EIF Guidebook
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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