A service evaluation of the Solihull Approach training and practice

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Abstract
The Solihull Approach (SA) is a conceptual framework concerned with parent-child relationships. Across the UK, training in the SA expanded from health visitors (HVs) to various practitioners in health, social care, education and voluntary sectors. A substantial amount of research had provided evidence for the effectiveness of the SA with HVs. 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 HVs 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 with relation to the SA theory.

Key words
Solihull Approach, health visiting, family support workers


No conflict of interest declared

The Solihull Approach (SA) model considers the development of children’s emotional wellbeing within their family relationships (Douglas, 2010), drawing on ideas from psychoanalytic, early brain development and behavioural theories (Douglas, 2010). The SA is composed of three core concepts. They are:

1. Containment – the process where one holds and understands the other's emotional content without feeling overwhelmed, and effectively conveys this (Bion, 1959)
2. Reciprocity – an attuned and appropriate form of interaction (Brazelton et al, 1974)

The SA can be seen as an applied, psychologically-informed, relational approach for community practitioners that fits with current service pathways, e.g. the Healthy Child Programme (DH, 2009) and which is consistent with current policies highlighting the need for early intervention (Allen, 2011).

This approach came into being through the joint working of psychotherapists and health visitors (HVs). Given the increasing needs of HVs to refine their clinical practice, a small team of HVs and psychotherapists co-operated to develop the SA theoretical concepts into a practical framework in 1999. This led to a two-day training programme and a resource pack for professionals working with families with children with difficulties (Douglas, 1999).

Training in the SA was initially offered to HVs to guide them in supporting child-parent relationships. Gradually, the training expanded to various practitioners in health, social care, education and voluntary sectors across the UK (Douglas and Rheston, 2009; Solihull NHS Care Trust, 2006). As the training extended to include different professional groups, its application stretched beyond parent-child interactions alone to consider practitioners’ interactions with families and interactions within teams (Solihull NHS Care Trust, 2006).

The effectiveness of the SA training has been empirically investigated and supported. Douglas and Ginty (2001) found training increased HVs’ confidence and knowledge concerning children’s problems, enhanced the consistency of their practice, and promoted more holistic assessments. Whitehead and Douglas’ (2005) qualitative study of four HVs found the SA training was associated with participants' improved views concerning their work and partnerships with other professionals. In a study that compared interventions made by HVs with and without the training, Milford et al (2006) found better outcomes for the trained group at the end of the intervention and at three months follow-up. However, the majority of the SA assessment studies were undertaken by internal evaluators (i.e., staff members, rather than external, non-staff members) and used small samples of HVs only, which limit their findings.

In the first, and currently only, study to investigate SA training in a range of health disciplines, Ottmann (unpublished manuscript, 2010) employed qualitative methodology to evaluate five professionals of a multidisciplinary team, using individual 30-minute interviews and member checking of the initial analysis. Four themes were identified:

1. Changes (to Training) – concerned the need for additional training and help with the SA terminology. It also suggested removing the behaviour management component from the training.
2. Team Ethos – the shared SA framework increased the coherence of the approach among team members and brought them closer together.
3. Positive Experience – the SA ‘made sense’ on the whole and increased team members’ confidence.
4. Enhanced Practice – the SA training provided professionals with a framework and language, and a better understanding of parent-child interactions.

Ottmann’s findings were, in part, similar to previous results regarding the effects of the training among HVs (for instance, the relevance of training to their work, need for additional training and supervision) and, in part, unique (particularly on the managers’ crucial role in incorporating the training into practice). Yet, as with its predecessors, Ottmann’s small sample is a limitation on the generalisability of findings.
This study aimed to understand the effects of SA training among different health professionals (not only HVs). Building on Ottamann’s findings, its objectives were to assess whether the SA training:
- Requires adaptation to meet the needs of different professions
- Enhances professionals’ perception of their clinical practice
- Affects the team ethos
- Allows for the three core concepts (containment, reciprocity, behavioural management) to suit the work of different professional groups.

A quantitative methodology was used. Data were collected retrospectively with participants who already had the SA training, in one specific time point.

**Measures**

An 18-item, self-administered questionnaire was developed by the authors for this study. The questionnaire encompassed four thematic concepts. Three themes: Enhanced Practice; Changes to Training; and Team Ethos, were drawn from Ottamann’s work. A fourth theme, Utility of the Three Concepts in Practice, was informed by practitioners’ preference of the containment and reciprocity principles, described in Douglas and Ginty’s (2001) and Whitehead and Douglas’ (2005) studies.

The questionnaire items asked for respondents’ opinions about the SA training for example, ‘The training has helped me focus more on relationships than on individuals and their problems.’ Items were rated on a five-point Likert scale (strongly agree to strongly disagree). Seven of the 18 items were reverse-phrased for example, ‘The training had not given me a useful theory to guide my work.’ The questionnaire was piloted with three different professionals who completed the SA training over two years ago and wording adjustments had been made according to their feedback.

Demographic information was also collected: title of profession (open response); and length of time since completing the SA training (choice of less than two years, two to four years and over five years).

**Participants**

Participants were early years professionals working in Norfolk with families with young children, who had received the two-day SA foundation training. The study aimed to include as many professionals from as many professional groups as possible. Participants were recruited in one of two ways:
- With the aid of SA trainers who conduct the training in Norfolk. The study researcher provided the trainers with ‘service evaluation packs’ (questionnaire, stamped return envelope and information sheet) in line with the numbers of trained professionals in their records. The trainers addressed the packs to managers of SA-trained teams, together with a short explanatory letter regarding the service evaluation and to professionals who received the training independently of a team. This recruitment process ensured the confidentiality of professionals who received the SA training. Norfolk locality managers were contacted and the service evaluation was, consequently, introduced to an area team meeting in which ‘service evaluation packs’ were available for managers to take and distribute among SA-trained team members.

Ethical approval was obtained from the Chair of the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of East Anglia. By returning their completed questionnaires by post, professionals were giving their consent to participate.

**Data analysis**

Data were analysed using SPSS version 17.0 (SPSS, Chicago). Reversed questionnaire items were reverse-scored.

In total, based on the SA trainers’ and locality managers’ count, 275 study packs were handed to professionals. Of those, 96 completed the study questionnaires (a return rate of 35%). All participants who had returned their completed questionnaires were included in the study. The sample was composed of participants representing 32 different professional titles who had the SA training from less than a year to more than five years.

Participants’ professions were combined to form six professional categories, based on participants’ current roles and the training and qualifications associated with these. They were:
- Family support workers (n=50)
- HVs/nurses (n=26)
- Therapists (n=7)
- Managers (n=6)
- Teachers (n=6)
- Social workers (n=4).

The average time since SA training was two to four years in the HVs/nurses group and less than two years in the remaining five groups. To review the internal reliability of the constructs, Cronbach’s alpha (Cronbach, 1951) was calculated with the entire sample data. The Enhanced Practice theme (concerned with whether the SA training provided professionals with a framework and language, and a better understanding of parent-child interactions) had high reliability: Cronbach’s alpha=.74. The Utility of the Three Concepts in Practice theme (about the usefulness of the three SA principles: containment, reciprocity and behavioural management) had high reliability when item number eight was omitted: Cronbach’s alpha=.74 (or .52 if not omitted). The Changes to Training and Team Ethos themes had low reliabilities: Cronbach’s alpha=.11 and .15, respectively. Subsequent analyses, therefore, regarded only the two former themes as they had high reliabilities (with the omission of item number eight, provided below).

Items from the two low-reliability themes were examined independently. Given group sizes, only family support workers and HVs/nurses were compared.

The Kolmogorov-Smirnov test showed the data from the two themes were non-normally distributed in the two large professional groups. The Enhanced Practice theme was significantly non-normal in family support workers D(349)=0.29; p<0.001 and in HVs/nurses D(181)=0.26; p<0.001. The Utility of the Three Concepts in Practice theme was also significantly non-normal in family support workers D(149)=0.27; p<0.001 and in HVs/nurses D(78)=0.32; p<0.001.

Our findings showed the results from family support workers and HVs/nurses were not significantly different from one another. On the Utility of the Three Concepts in Practice Theme, family support workers (mnd=2) and HVs/nurses (mnd=2) scored: U=5244, z=1.36, ns, p<0.09. For the Enhanced Practice Theme, family support workers (mnd=2) and HVs/nurses (mnd=2) scored: U=30980.5, z=4.6, ns, p<0.02. This was also demonstrated in the remaining seven items that formed the Changes to Training and Team Ethos themes, as well as item number eight (see Table 1).

This study sets out to evaluate the effects of the SA training in different health professionals who work with families with young children. It specifically aimed to assess whether the SA training requires adaptation depending upon profession; whether it enhances professionals’ perception of their clinical practice; whether it
**Table 1: Median scores for family support workers and HVs/nurses on the eight independent questionnaire items**

<table>
<thead>
<tr>
<th>Questionnaire item (reversed-items are marked in blue and had been rephrased in the affirmative for ease of reading herein)</th>
<th>Family support workers*</th>
<th>HVs/nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1: The language and concepts of the SA are easy to grasp</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Item 2: I have felt the need for additional SA training since the initial two-day one</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Item 3: It is essential to have regular SA supervision/consultation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Item 4: It is essential to have a manager who supports the SA in order to incorporate the training in my practice</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Item 5: Team members who have done the training gained a shared language and understanding of the training</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Item 6: Untrained team members are as involved as trained members</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Item 7: The training helped me to understand relationships within my team/organisation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Item 8: The SA principles are appropriate for my practice</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*1 corresponds with strongly agree, 2 with agree and 3 with neither agree nor disagree

Impacts team ethos, and whether the three core concepts (containment, reciprocity, behavioural management) are appropriate to the work of different professionals. Overall, the study found no significant differences between family support workers and HVs/nurses relating to the perceived efficacy of the SA. These are discussed below.

**Utility of the Three Concepts in Practice**

HV's/nurses and family support workers reported the three SA concepts of containment, reciprocity and behavioural management as useful in their clinical work. The usefulness of the behaviour management concept in this study is similar to previous research in which HVs highlighted the importance of the first two concepts only (Douglas and Ginty, 2001; Whitehead and Douglas, 2005). This may reflect the more diverse category, which includes nurses as well as HVs, for whom behavioural management has proved useful. Additionally, the wording within this questionnaire highlighted all three concepts (directly asking about containment, reciprocity and behavioural management) whereas previous studies may have relied more on an 'open response'.

**Enhanced Practice**

Both groups agreed the SA training improved their practice. Considering the individual items within this theme, the training enhanced practice by providing useful guiding theory and language, and enriching professionals' understanding about parent-child relationships and their influence on the problem. Participants' work became more focused on parent-child relationships and encouraging parents to notice their interactions with their child.

The training increased respondents' confidence in their practice and equipped them to incorporate its principles in their work, in agreement with previous findings with HVs (Douglas and Ginty, 2001; Whitehead and Douglas, 2005). Of particular importance appears to be the relational focus of the approach, as it links it to the value of attachment theory and the notion that meaningful changes tend to occur in the context of strengthening relationships on all levels (Douglas, 2007).

**Non-themed items**

HV's/nurses and family support workers were not significantly different concerning the remaining items. These depict the crucial role of managerial support in incorporating the training principles in practice and the need for supervision or consultation. Further SA training was not seen as necessary, a dissimilar finding in comparison with HVs requesting to extend the two-day training in Whitehead and Douglas's study (2005). This difference possibly relates to the availability of supervision and/or consultation as recently suggested elsewhere (Stefanoupolou et al., 2011). Such sources of support may have reduced the need for further formal training for the current participants. The idea that managerial support, supervision and consultation can provide emotional containment for professionals resonates with Douglas and Ginty's (2001) findings about the need to provide containment for HVs in their challenging work, for instance, by offering regular telephone consultation slots.

The remaining items concern the effect of the SA training in multidisciplinary teams. HVs/nurses and family support workers described the utility of the training in considering relationships within their team or organisation. Ottmann's participants, likewise, described how team members used SA ideas within their team interactions, promoting closer relationships among team members. Such a positive impact on relationships within teams alludes to the wider service influence of the training, to relationships between team members from different professional backgrounds.

Our findings suggest the language and concepts of the SA are easy to grasp and provide a shared understanding — a sort of commonality which Ottmann's participants referred to as the 'team ethos'. This is likely to benefit a multidisciplinary team where members come from different professional backgrounds and training.

Interestingly, the results across the two professional groups were similar, despite differences in professional practice and in the length of time since SA training. On average, the family support workers group were trained in the SA less than two years, compared with two to four years in the HVs/nurses group. These findings suggest the benefits of this relatively short training are evident immediately after training and last for (at least) several years.

Overall, although the SA training was originally developed for the needs of HVs, the present findings provide evidence for its suitability in other professional groups. The effects of the SA training also seem to extend from professionals' work with clients to team/organisational interactions.

**Methodology**

The larger-scale nature of this study enabled greater generalisability of findings but compromised participants' role specificity. The collapsing of 32 distinct professions into six professional categories meant that four groups were too small for statistical comparison; although, descriptively, their results appear similar to the two larger ones.
The two-day Solihull Approach (SA) training was found to be equally beneficial to the work of family support workers and HVs/nurses in enhancing their practice and confidence.

All three SA principles of containment, reciprocity and behavioural management are relevant to family support workers’ and HVs/nurses’ roles.

Managerial support, as well as supervision and consultation, were seen as crucial in maintaining family support workers’ and HVs/nurses’ use of the SA approach, its principles and ethos.

The SA training enhances team work by providing a shared conceptual understanding and encouraging attention to professional relationships within peer groups.

The results from the present questionnaire, which was developed for this study, highlight the need for further developmental work on measurement issues in evaluating the SA training, both conceptually and empirically.

At the same time, the four were too professionally dissimilar to be combined to a larger category and, consequently, the analyses relied on data from the two larger groups.

A further limitation concerns the variety of specific roles within the family support workers group, which may have produced within-group differences in participants’ roles, responsibilities and competencies. This is an organisational as well as a research issue as the term ‘family support worker’ can imply a range of roles and is carried out by individuals with differing levels of training.

The questionnaire items were based on themes drawn from the testimonies of five professionals and it had not been validated before its use in this study. On reflection, the ‘Changes to Training’ items were quite diverse and, therefore, perhaps did not reflect a single construct. With regard to ‘Team Ethos’, it may have been that participants’ training varied according to whether they were trained as individuals or teams.

Research into the effects of the SA training has been limited with respect to scope and professional variety. As the training has been provided to a variety of professions it is crucial for additional research to evaluate its impact in different professional practices. With further development and validation, the two themes that emerged in this study and the non-themed items may form the basis of a training evaluation tool, to generate a database of participants’ views of training. This may be of particular benefit in assessing the longer-term effects of the training.

Future studies are needed to examine whether the present results in family support workers and HVs/nurses will be replicated in larger samples of additional professional groups. Gathering more comprehensive information about professionals’ training, skills and experience could uncover whether any of these factors are associated with the acceptability and utility of the SA training in practice.

Clinically, the present findings suggest the benefits of the training possibly extend beyond professional-client relationships, enriching working relationships within organisations and teams. Although the results indicated team members’ involvement did not depend on whether they were SA trained, the emphasis on managerial support and supervision imply the importance of managers ‘buying in’ to the SA. Ensuring managers’ participation in the training and offering guidelines on how to implement its principles may support managers in offering SA inspired support within their organisations and teams. This fits the ‘Russian dolls’ analogy that is sometimes used in relation to the concept of containment; the baby’s anxiety is more likely to be contained if the parent’s anxiety is contained by the practitioner who, in turn, is more likely to have the capacity to contain if she is appropriately supported herself.

Additional research could also clarify whether the processes of supervision, consultation and managerial support, truly substitute for professionals’ need for additional SA training, and help plan how to best support professionals following their SA training.

It may be that the ‘deceptively simple’ (Douglas, 2007: 122) basis of the SA gives it an application across professional and family divides, and enables a more shared understanding of issues that arise. Our findings on the SA training in different health professionals suggest family support workers were not significantly different to HVs in perceiving the training as useful for their practice and within their teams. Therefore, this work provides initial support for the current expansion of the SA training to different professional groups. This support is especially relevant as the SA framework resonates with national health initiatives (eg, the Healthy Child Programme) and given its delivery through children’s centres where family support workers are typically employed.

A preliminary questionnaire for evaluating the SA has been introduced, with initial support for the reliability of two of its themes. This measure could be further developed to enhance the evaluation and modification of both the SA training and post-training support.

References


