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

*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


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


- 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.*


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


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


• 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'


• 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.

- 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


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


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.

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.


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.


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.

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.

Published articles on the Solihull Approach


Related publications


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


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 - 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


**CANparent Quality Mark**

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.