Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group

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Abstract
We have developed a new parenting group based on National Institute for Health and Clinical Excellence guidelines for parenting groups for conduct disorder and the Solihull Approach, a multi-agency approach to improve the parent-child relationship and behaviour management.

Our aims were to create a parenting group that was theoretically coherent, of proven effectiveness, time efficient, for universal through to more complex problems, for parents of children from birth to 18 years, accessible to parents with literacy difficulties, able to be run by community practitioners such as health visitors and school nurses, and supported by a cost-effective and uncomplicated staff training model. This article describes the development of the Solihull Approach Parenting Group and the results of its first large-scale pilot evaluation. The results show an improvement in child behaviour and reductions in parental anxiety.

Key word
Parenting group, Solihull Approach

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Introduction

Running a parenting group has become a political endeavour. Gone are the days when enthusiastic practitioners could write their own parenting group programmes and run them without evaluation. Of course, this is only right and proper. In the modern NHS, we must operate within the context of National Institute for Health and Clinical Excellence (NICE) guidelines, (1) the National Service Framework (2) and Every child matters, (3) among the many documents outlining the expectations upon us. We are tasked with using taxpayers' money efficiently while providing the best treatments on offer, including well-evaluated parenting programmes that we know work. There is a lot of guidance about what kind of parenting group is effective, but the task of evaluation remains a difficult and at times a complicated one for busy clinicians.

In its parenting support guidance, (4) the government asks local authorities to develop 'a joined-up approach to the design and delivery of parenting support services'(p2). We have done this in Solihull by using the Solihull Approach (5) across numerous agencies, in work with both individual families and groups. The Solihuil Approach is a model of how to work with families, based on a coherent theory that integrates elements of psychotherapy (containment), child neurodevelopment (reciprocity) and learning theory (behaviour management). It offers a new understanding in this field by clearly linking sensitive and effective behaviour management to aspects of the parent-child relationship. One of the cornerstones of the model is emotional containment, the process by which a person is helped to identify, acknowledge and understand emotions that may be getting in the way of their relationships. According to this model, providing containment to parents, such as those attending a parenting group, can reduce their anxieties. Since anxiety can undermine a parent's capacity to think clearly about what their children's behaviour is communicating, containment enables them to tune in better to what their child's behaviour means. This can enable parents to become more sensitive and effective in their management of their child's behaviour. Evaluation projects have been conducted around the UK (6-8) and these support our local experience--that the Solihull Approach is effective in addressing a wide range of concerns, families benefit from this approach, it helps practitioners feel more confident about their work, and it improves communication between professionals by providing a common language.

In 2004, we wanted to offer more parenting groups, so we began by reviewing what was currently available. There were already many parenting group programmes available, so initially we had no intention of writing a new one. However, we were surprised at how hard it proved to find a programme that met all local and national expectations. We wanted a parenting group programme that was:

- Of proven effectiveness
- Cost efficient
- Able to address problems from the universal to more complex (Common Assessment Framework9 levels 1 to 3) in a wide range of families
- Helpful to parents of children from birth to 18 years
- Accessible to parents with learning and literacy difficulties
- Able to be run by community practitioners such as health visitors, school nurses and children's centre workers
- Supported by a robust, cost-effective, yet uncomplicated training model
- Consistent with the Solihull Approach by prioritising the parent-child relationship
- Able to meet parental expectations about help with behaviour management.

After several months of searching the existing market, we decided to address these multiple expectations by writing our own group programme. This article summarises the key findings of the first large-scale pilot evaluation of the Solihull Approach Parenting Group (SAPG).

A working group of health visitors, school nurses, psychotherapists, psychologists, training consultants and a learning disabilities nurse wrote the SAPG programme. We drew from our knowledge and experience of the Solihull Approach, plus ideas from group theory, messages from research, and the work of expert practitioners such as Scott (10) and Hutchings and Lane. (11) The whole course was designed without the need for any parent to read or write at all. The early drafts were piloted and reviewed several times to take into account feedback from parents and group facilitators.

Parenting groups: what works?

The NICE guidelines (1) are specific to parenting programmes for conduct disorder. Nevertheless, they set a quality standard for this area and provide a robust review of the latest research findings about what works in parenting groups. For other helpful reviews, see Hutchings and Lane (11) and Richardson and Joughin. (12) Hutchings and Lane note that effective parenting groups teach principles (which empower parents for a variety of situations) rather than techniques (which parents may see as applicable to specific circumstances only), and we built this in to the SAPG.

Parenting groups should be structured and have a curriculum informed by principles of social learning

The SAPG is a structured and manualised programme, based on a coherent theory integrating principles from psychotherapy, child neurodevelopment and learning theory.

Parenting groups should include relationship-enhancing strategies

Each session of the SAPG focuses on a different aspect of the parent-child relationship, and how this affects a child's behaviour.

Parenting groups should offer enough sessions (usually between eight and 12)

The SAPG is a 10-session course.

Parenting groups should help parents to identify their own parenting goals

Parents are actively encouraged to identify their own goals when they first meet the group facilitators before the group. Session one of the SAPG includes an activity for parents to set their own goals. The idea of tailoring behaviour management techniques to each family's particular objectives is integral to the Solihull Approach.

Parenting groups should incorporate role play during sessions, and homework between sessions

Role play and homework are key features of our programme, and have been thoroughly considered to ensure they are used sensitively and effectively

Parenting groups should be delivered by appropriately-trained and skilled facilitators, who are supervised, have access to necessary on-going professional development, and are able to engage in a productive, therapeutic alliance with parents

The SAPG is run by community practitioners who have already received the two-day foundation training in the Solihull Approach, have practised it with families for a minimum of six months, have attended the one-day parenting facilitators training, and are then supervised throughout the 10-week group. The manual includes detailed advice on the establishment of therapeutic relationships in groups.

Parenting groups should adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme

The SAPG facilitators manual (13) is a comprehensive resource guide including detailed directions for each session and resources, which may be photocopied.

Method

The evaluation took place amid the realities of normal practice in busy clinics and schools. Groups were run by community practitioners such as health visitors, school nurses, child and adolescent mental health service (CAMHS) workers, family workers and nursery nurses, in health clinics, children's centres and schools. Not every parent could attend every session of the 10-week groups, and 22% of parents dropped out (n=23). We wanted to know if the SAPG could be robust and effective in this environment.

Ethics

This evaluation was approved by the local NHS regional ethics committee, and registered and audited by our regional research and development consortium. The main ethical issues were the lack of pre-existing evidence supporting the efficacy of this new parenting programme, and the need for formal statistical advice to ensure that our results would be valid. We were able to argue that the SAPG is based on a robust model of theory and practice, which has been shown to be effective in individual practice, and is sufficiently different from other programmes to warrant piloting. We were very grateful to the research and development consortium for their part-funding of a statistician.

Design and questionnaires

Three questionnaires were used in a pre- and post-measures design--the Becks Anxiety Inventory for Adults (14) (BAI), the Strengths and Difficulties Questionnaire (15) (SDQ) and the Child Behaviour Checklist (16,17) (CBCL).

The CBCL and the SDQ measure parental reports of child behaviour. The CBCL can be used with children aged two years and older, and the SDQ with children four years and older. Despite comprehensive searches for child behaviour measures for children under two years, none were found that were sufficiently user-friendly and statistically robust to be included in this evaluation.

The CBCL has three scales: externalising behaviours (typically seen by adults as troublesome behaviours, such as aggression, defiance), internalising behaviours (typically seen as symptoms of distress such as withdrawal, tearfulness), and the total score.

The SDQ measures parents' reports of problematic child behaviours and positive social behaviours. It has four problem subscales (conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties) that form the total score, all of which should show a reduced score where there are improvements in the child's behaviour. The score from the fifth subscale, called pro-social behaviour, increases if the child exhibits more positive social skills.

The BAI is a self-rating scale of anxiety for adults. It was an important inclusion in this evaluation because we wanted to explore the relationship between parental anxiety, their ratings of child behaviour, and how these may change together over the course of the parenting group.

Participants

The groups were marketed by leaflet and word of mouth through schools, Sure Start centres, nurseries, health visitor clinics and the CAMHS department. The SAPG is designed for parents facing the universal challenges of raising children through to those experiencing additional difficulties (Common Assessment Framework levels 1 to 3 (9)). We attracted a diverse group of parents, many already known to some services, but all of whom had an interest in improving their

Table 1. CBCL data for children >4 years old

Variable	Pre-and post group means	t	p-value
Total CBCL	35.9; 28	2.698	0.010 *
Total T	56.7; 52	3.220	0.003 *
Internalising	7.1; 5.3	1.844	0.073
Int T	51.2; 47.3	2.342	0.025 *
Externalising	14.4; 10.5	3.871	<0.001 *
Ext T	57.4; 53.1	3.301	0.002 *

(n=39), * = statistically significant

Table 2. SDQ data

Variable	Pre-and post group means	t	p-value
Emotional	2.3; 1.8	1.984	0.055
Hyperactivity	4.6; 4	1.605	0.117
Conduct	3.3; 2.4	3.520	0.001 *
Peer	2.1; 1.7	1.987	0.055
Total score	12.3; 9.9	3.866	<0.001 *
Pro Social	6.9; 6.9	0.106	0.916

(n=37), * = statistically significant

relationships with their children. We redirected families with particularly complex problems, such as domestic violence, child protection concerns, or significant mental health issues, to other local services, including Mellow parenting groups. (18)
To improve access and help avoid the reputation that Solihull Approach groups were 'only for people with lots of problems', we invited parents to 'register' for a group rather than be 'referred'. They could complete and return the registration form themselves, or ask someone else, such as a health visitor, to do this for them. All groups were free of charge and offered a free crèche. All registrants were offered a pre-group home visit (last-minute registrants were telephoned) to meet the facilitators and discuss their needs.
A total of 83 mothers completed SAPGs between September 2005 and May 2007. Three of the women attended with male partners. We received 72 data packs, though not all questionnaires were answered in all packs, so our final data comprised of 72 completed BAI sets, 63 completed CBCL sets and 37 completed SDQ sets. The children ranged in age from four months to 14 years.

Procedure
Each registered family was invited to participate in the evaluation this was done in person, either at the pre-group home visit, the pre-group coffee morning or at the first group session. This variability is inevitable in everyday practice--while some parents registered for the group early and were pleased to accept a pre-group home visit and/or attend the pre-group coffee morning, some registered at the last minute, only one or two days before the groups started. Every participant was offered support from a research assistant to complete the questionnaires.
The sealed questionnaire packets were returned to the evaluation team, comprising a psychologist and a volunteer research assistant, who were not involved in the day-to-day running of the groups.
Everyone who completed the groups was invited to complete the post-group questionnaires and these were returned by hand or post.
The data were analysed by a statistician from the University of Birmingham.

The groups
Each parenting group ran for two hours a week for 10 weeks. They were themed for either preschool or school-age children, though in practice many parents had children across these age ranges. Each group was run by two facilitators who received one hour of reflective practice per week with a psychologist from CAMHS.

Findings
All scores followed normal distribution except the BAI scores. Wilcoxon signed-rank tests were used to compare the BAI scores, paired sample t-tests were used for CBCL and SDQ scores (see Table 1 and Table 2).

Child Behaviour Checklist
The CBCL version we used has two validated forms--one for children two to three years old and one for those aged four years and older.
In the two- to three-year-olds group, a significant decrease was observed between the pre- and post-externalising score (t=2.374, df=23, p=0.026), but not on the internalising or total scores.
In the four years and older group, excepting the internalising score, significant differences were observed between the pre- and post-scores of all types of CBCL measurements.

Strengths and Difficulties Questionnaire
The SDQ is validated for use with children aged four years and older. Scores decreased on all four problem subscales, but only the conduct subscale and total scores were statistically significant. The pro-social behaviour
subscale scores were virtually identical between pre- and post-intervention.

Becks Anxiety Inventory for Adults
There was a highly significant difference between pre- and post-BAI scores (Wilcoxon signed-rank test Z= -3.609, p<0.001). For parents of 45 children, the post-BAI score was lower than the pre-BAI score (pre-group mean 16.6, post-group mean 8.9). For parents of 20 children, the post-BAI score was higher (pre-group mean 11.1, post-group mean 16), and for parents of seven there were no changes. Significant differences were observed in both age groups (two- to three-year-olds p=0.003, four years and over p=0.032).
To see if there is a relationship between changes in CBCL and BAI scores, correlation coefficients were calculated for the difference between pre- and post-CBCL score (all types) and that of BAI score for both the age groups separately.
In the two- to three-year-olds group, change in BAI score showed a significant positive correlation with change in:

- Internalising score (Pearson's correlation coefficient, r=0.466, p=0.022)
- Internalising T score (Pearson's correlation coefficient, r=0.424, p=0.039).
- In the four years and older group, change in BAI score had significant positive correlation with change in:
- Total CBCL score (Pearson's correlation coefficient, r=0.412, p=0.009)
- Internalising score (Pearson's correlation coefficient, r=0.345, p=0.032)
- Internalising T score (Pearson's correlation coefficient, r=0.334, p=0.038)
- Externalising score (Pearson's correlation coefficient, r=0.324, p=0.044).

Conclusions
Attendance of the SAPG was associated with decreased externalising child behaviour problems in children over the

years, and decreased parental anxiety. Additionally, there was a relationship between the change in parental anxiety and the change in child internalising behaviours (for two-and three-year-olds) and both child externalising and internalising behaviours in children aged four years or over.

We cannot say for sure that the parenting group itself is responsible for these improvements because this was not a randomised controlled study. We know that parents benefit from most group experiences (12) and there is the potential for all problems to improve over time in any case. However, these findings are very positive. We believe that having met their initial expectations, we can now legitimately return to the ethics committee and research and development consortium, and seek out new academic partners in the hope of further research that can address the limitations of this study.

Limitations of this study

The lack of a control group is a major limitation of this study, and one that will need to be addressed in future evaluations if we are to rule out competing variables that might otherwise explain the changes between pre-and post-group scores. However, using a control group would require very careful consideration of the ethical issues, including how to delay (or deny, through randomisation) a parenting group place to a family asking for help. One possible solution would be to use a waiting list control group, or compare the Solihull Approach group outcomes against another standardised parenting group. However, the CAMHS department in particular are monitored for patient waiting times, so the use of a control group for evaluation purposes would need to be weighed against the Trust's expectations of clinical care. Also, training staff in more than one parenting programme quickly becomes very resource intensive, and is again hard to justify against clinical priorities. Indeed, this is only one of many issues that demonstrate how hard it is to develop and evaluate to an empirical standard the work of community practitioners, and parenting programmes in particular.

The lack of parental data regarding the behaviour of children under two years of age is another limitation, and we will continue to look for appropriate measurement tools for our future work.

We have yet to conduct a follow up of this study to look at how the changes are maintained over time, though we hope to do so. It was important to us that we evaluated our real experience of the parenting groups, in the context of busy clinics and schools. This meant our participants came with a wide range of family circumstances and types of difficulties--cultural and social.

However, the lack of demographic analysis of our data inevitably undermines our capacity to identify those variables, which may have had an important influence on how parents responded to the groups. We do need to know more about the needs and responses of fathers who attend SAPGs, as this pilot evaluation was completed exclusively by women.

While our drop-out rate of 22% compares favourably with other programmes, (19) this does limit the conclusions of our evaluation.

Discussion

It is interesting that a parenting group programme, which prioritises parent-child relationship skills as necessary precursors to behaviour management, may be associated with the reduction of problematic behaviours in children. Further research is required, but these findings are consistent with the idea that it is the quality of the parent-child relationship that holds the key to sensitive and effective behaviour management. Barlow et al (20) have already suggested that there is an important added benefit for parents from programmes that combine behavioural and affective strategies focusing on feelings, relationships within the family and the parents' own experience of being parented. Additionally, this evaluation offers some potential support to the theory of a relationship between parental anxiety and child behaviour. Our tenet is that providing containment, the idea taken from psychotherapy and one of the cornerstones of the Solihull Approach, can reduce parental anxiety. This improves the parent's capacity to think clearly about their child, and ability to 'tune in' to what their child's behaviour means. This, we postulate, enables parents to become more sensitive and effective in their management of their child's behaviour.

In developing a new parenting group programme, there are multiple expectations to meet--government expectations to work within NICE guidelines (1) and policy documents and to audit, evaluate and publish our work, academic expectations to take into account messages from research, parents' expectations to be able to answer their questions about how to change their child's behaviour or their relationship with their child, manager's expectations to work to clinical priorities within resource constraints and evidence-based practice, market expectations to offer something different from what is already available, and our own expectations to produce a theoretically coherent and practically-effective group programme that is as highly accessible as possible to both parents and staff.

In developing the SAPG, we believe we have made a good start in trying to meet these multiple expectations.

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