Evaluation of the Solihull Approach in Kent: Drawing Conclusions from the Data

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SUMMARY

- The Solihull Approach is both a theoretical framework and a comprehensive resource pack developed by practitioners for practitioners. It is designed to be used as a brief intervention and is supported by a comprehensive resource pack which contains evidence based information for practitioner, carers and young people. This framework has been rolled out across Kent county. Data from various sources has been collected over several years and has been summarised to offer some comment on the efficacy of the training.

- Using a training evaluation framework developed by Kirkpatrick (1998) various levels of impact were assessed including participant views of the training, perceptions of change in their behaviour and impact on outcomes for children and families.

- The course feedback shows a high level of satisfaction with the training in terms of content, framework and delivery. A survey of participants 1 year after the courses revealed that over 90% were using the skills, making use of the resources and felt more confident. However 40% were experiencing difficulties in accessing the practice development sessions.

- An evaluation of outcomes for children and families was undertaken using pre- and post work assessment measures. Despite the challenges encountered using measures in a frontline setting the data does suggest that there were positive outcomes for those children and their families who worked with a Solihull Approach trained practitioner. The Strengths and Difficulties Questionnaire both Parent and Child versions indicated that there were significant differences. The BAI also indicated that parent's anxiety levels had improved. It is important to bear in mind that these are only indicative as the number of participants was small.

- Parent interviews also indicate that based on their descriptions of what was helpful practitioners were making use of the model.

- Data from 2 qualitative research studies indicates the positive impact of the training. A mix methods study exploring and evaluating frontline education practitioners' experiences of The School Years Solihull Approach training within a multi-agency context revealed that the training has the potential to facilitate multi-agency working and enhance training practices within universal children's service more generally. The second study looked at the experiences of Solihull Approach trained school and community nurses, in use the Solihull Approach in their school drop-in sessions. The study also explored the experiences of pupils who have attended drop-ins with Solihull Approach trained nurses. This study revealed that participants were using the framework and that young people found these drop-ins useful.

- Taking the data as a whole it would appear that the Solihull Approach training is having both a positive impact on the practitioners being trained as well as on the young people and families they are working with.

1. THE NEED FOR TRAINING FOR FRONTLINE PRACTITIONERS

The need for all staff working directly with children, young people and their families, to have sufficient knowledge, training and support to promote psychological well-being and to identify early indicators of difficulty has been stressed by new policy developments and guidance in education, health and social services (e.g. The National Service Framework for Children, Young People and Maternity Services, DoH, 2004; CAMHS Review, 200).

The emphasis in Kent[1] on emotional well-being and mental health promotion and the need to develop primary prevention programmes all point to the need for early identification and intervention to enable children and young people to develop into healthy coping adults. There is also an emphasis on beginning this process as young as possible, to promote mental health and emotional well-being as well as identify problem areas early. There is growing evidence of the impact parenting has on the emotional well-being and development of children and young people.

Parenting has a strong influence on emotional and physical health and well-being in adult as well as child life. There is a growing body of evidence that the quality of care that babies and toddlers receive depends on the sensitivity, insight, attitudes and resilience of parents or carers. Good, high-quality, timely support for parents as their children grow up is likely to improve outcomes for children and young people in terms of their health, social and educational development and well-being, as well as benefiting the parents themselves. It is therefore vital that all frontline staff are trained in child and adolescent mental health and development and have a good understanding of the role parenting plays in this process.

Training universal frontline practitioners in the Solihull Approach was seen as an effective method of not only developing the skills in engaging more effectively with young people and their families but also provides them with a shared language to describe their work (vital for multi-agency working), increase their understanding of how emotional and behavioural difficulties develop within families and helps them identify trigger points for early referral to other specialist services.

2. THE SOLIHULL APPROACH

2.1. Summary of the Framework

The Solihull Approach is both a theoretical framework and a comprehensive resource pack developed by practitioners for practitioners.[2] Initially the approach was developed to aid health visitors, working with pre- school children with sleeping, feeding, toileting and behavioural difficulties. This has now been expanded to a school years pack, an antenatal pack and a pack for foster carers and adopters. They have also developed a parenting course based on the model. The Solihull

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[1] see Kent Chidlren and Young People's Plan, 2011/12; action plan from the CAMHS National Support Team recommendations; draft Kent Children's Trust Early Intervention and Prevention Strategy

[2] Douglas H. The Solihull Approach: helping health visitors to help families with young children. *YoungMinds Magazine 1999;* 40: 19-20.

Approach is designed to be used as a brief intervention and is supported by a comprehensive resource pack which contains evidence based information for practitioner, carers and young people. It aims to help frontline workers to be more effective in their work, as they are in the ideal position to intervene early in any potential difficulty for a child.[3] It is an integrated psychodynamic/psychotherapeutic and behavioural approach for professionals working with children and families who are affected by behavioural and emotional difficulties. It also allows for the integration of other techniques and provides a useful set of resources for practitioners to make use of. The theoretical model has been developed from three concepts: containment, reciprocity, and behaviour management, taken from psychotherapeutic, child development and behavioural models respectively.

These concepts can be useful to practitioners in three ways:

- To help parents process any emotions and anxieties that are overwhelming, which in turn both restores the parent's ability to think and enables them to help the baby or child cope with his/her emotions and anxieties.
- To help practitioners and parents see how the parents and child interact – this can then provide the basis for feedback in order to facilitate the relationship.
- To help parents, practitioners/professional e.g. teachers, work with children and young people's behaviour.

2.2. The Training Programme:

The Solihull Approach Foundation training is offered in both the 0-5 years and school years training packages. Each of these courses is offered as a two-day package and each participant leaves with a Resource Pack, which not only covers the approach but also has many useful resources, activities and fact sheets relating to issues relevant to the particular age group. The 2 days training is followed up with 6 one and half hour practice development sessions in which practitioners bring cases to look at how they have used the approach in their practice.

The aims of the training are:

- To help practitioners become reflective in their work with children and young people and their families
- To help them acquire the language to describe and shape practitioner thoughts and experiences
- Increase practitioners understanding of how emotional and behavioural difficulties develop within families
- Provide a coherent model for assessment
- Build confidence and skill level
- Provide reference to evidence based practical advice and resources
- Develop a more consistent approach
- Identify trigger points for early referral to other specialist services
- Contribute to clinical governance

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[3] Zeanah CH. Handbook of infant mental health. NY: Guildford Press, 2000.

2.3. Rationale: Why this approach for training in Kent

Over the past few years there has been a need amongst universal frontline staff for some basic training in issues relating to the mental health and emotional well-being of children and young people. There was also a need for them to understand the role of parenting in the development of emotional well-being. There was also a need for a consistent approach and information that is shared with parents, schools and other frontline practitioners. The Solihull Approach offers a highly practical way of working with children, young people and their families within a robust theoretical structure. Although none of the content is new or revolutionary, what is new is the range of content that has been assembled and the synthesis of a thoughtful psychodynamic approach with practical child development and behavioural approaches.

The Solihull Approach has made a major contribution to the ways in which practitioners in health, education, voluntary and social care work with families to ensure that children have a good emotional start in life. Teamwork and collaborative working between different professionals using the principles of the Solihull Approach can help support parents in a consistent and creative way. The approach also provides practitioners with a shared language around issues of mental health and emotional well-being, which will aid multi-agency working and provide carers with a more consistent picture. This framework for engaging children, young people and families is relevant not only to health visiting and school nursing practice; they are also relevant to the work of many other professionals working with children and families.

Another important aspect of this approach is that it does not exclude other techniques for working with children, young people and their families from being included. The approach provides a useful theoretical as well as practical framework, which allows for the integration of other approaches and techniques.

There does appear to be mounting evidence of the impact this approach can have on the work of frontline professionals.

2.4. The evidence bases for the Approach

A number of research studies, both quantitative and qualitative have been carried out to evaluate the effectiveness of the Approach. Douglas & Ginty (2004) in an evaluation into change in the practice of health visitors using the Solihull Approach found that it increased the consistency of practice between health visitors, increased their job satisfaction and enhanced their confidence in their skills. There was also a broader understanding of how difficulties develop, the role of containment and reciprocity and working in partnership with parents and groups. The health visitors also felt able to plan their contacts more effectively.

More recently Whitehead & Douglas (2005) examined these issues in more depth. The emergent themes reveal that there are a lot of benefits associated with the health visitors' use of the Solihull Approach, both for the health visitors and the families they work with. Health visitors' approaches and understanding has changed

and they feel more positive about their roles. The Solihull Approach is perceived to empower parents. In terms of the wider service there have been improvements in referral processes and relationships between health visitors and other professionals. However, some concerns were also raised and these have generated a number of recommendations. When any programme is put into practice it is not enough to only carry out the initial training, as this alone will not embed the new practice. It is also clear that, as well as further training, on-going support needs to become more established. This evaluation provides further information on how the Solihull Approach can change health visitor practice. Health visitors are able to play a crucial role in facilitating the relationship between parent and child, empowering the parent and creating resilience for the child [5,4]. The Solihull Approach can increase health visitor's skills and confidence in this role. However, this evaluation indicates that there does need to be further support after the initial training.

A preliminary study by Douglas & Brennan (2004) has considered clinical effectiveness. Thirteen families took part in this research and measures of symptom severity and parental anxiety were taken at three points over the intervention; pre, post and at follow-up. The results showed a very significant reduction in both the severity of the symptom and parental anxiety about the symptom. In addition, the study found that parents become less anxious in general, their anxiety decreasing by about 66 per cent. A study by Milford, Kleve, Lea & Greenwood (2006) supports this piece of research.

This study used quantitative methods to assess effectiveness of Solihull Approach using an experimental and a control group. Results showed statistically significant decrease in distress, parental perception of child difficulty in favour of experimental group. There was also greater reduction in overall stress levels in experimental group. The views of Solihull Approach trained Health Visitors more closely matched parents' view of problems than control group.

At present most of the evaluation and research has been on the 0-5 year work with Health Visitors. Further work will need to look at the effectiveness of this in the school years and in other multi-agency setting outside of the health sector. The Solihull Approach in Kent has attempted to remedy these 2 short-coming and various data sources will be reviewed in order to do this. However several challenges have been encountered in trying to measure outcomes in multi-agency settings which focus on prevention and early intervention.

3. CHALLENGES IN MEASURING OUTCOMES IN FRONTLINE SETTINGS

In attempting to collect evidence of the effectiveness of the Solihull Approach in other settings and in the school years several challenges were identified (Hassett, 2008).

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[4] Department for Education and Skills. Promoting children's mental health within early years and school settings. London: DfES, 2001.

3.1. Conceptual Issues

The first set of issues were conceptual issues related to measuring outcomes in a universal setting, where the focus is on prevention and early intervention. What do we use to measure outcomes of promotion, prevention and early intervention? Long-term public health data and educational outcome data can be utilised however this is far too long a term strategy for a service or a training course to utilise as evidence of outcome in the short term. In terms of the role of frontline staff in working with young people's emotional well-being and mental health, it raises the question of what is it they do? What counts as an intervention? Speaking to a mum at the school gate? How do we assess this? Using scales developed to measure young people who have mental health problems? Most validated and reliable outcome measures have been developed in clinical settings to screen or assessment mental ill health. Not only does this pathologies the child it is also not at the level at which universal children and young people's practitioners are working at. To further complicate this issue is the fact that the Solihull Approach is a framework that is broader than mental health, it is a framework for engaging children, young people and their families, in educational and social care settings and thus has a wider remit than emotional well-being. However the expectation in most studies has been was to measure mental health outcomes (e.g. using the Strengths and Difficulties Questionnaire). In some cases the work does not relate to the child at all – it may have to do with conflict in the family, a housing issue etc. and an SDQ would not measure this.

3.2. Practical Issues

There were also some very practical issues facing universal frontline staff in conducting routine outcome measures. A key barrier for frontline staff was they felt that measuring can get in the way of the relationship and the way the frontline practitioners engages with the family or young person. Also many of them had not had experience of administering questionnaire or the understanding of what the validated scales were measuring. This led to anxiety amongst the practitioners about their ability to undertake the outcomes measures but also about what it mean about their work.

A practical issue for the outcomes research was that of a comparison group. It was difficult to ensure that the control group (those not trained) remained untrained over the period of the research. In the case of the SDQ it was required that there be a 6 month period between the first time the measure is administered and the second administration. During this time participants were often offered places on courses and trained which meant data could not be used as they were neither trained nor not trained.

The challenges for those providing preventative services will be around finding ways of providing evidence of the efficacy of the work they are doing. A similar challenge faces those rolling out training in the area of mental health promotion and prevention need to find ways of demonstrating efficacy. It maybe that measures such as the Goals Based Outcomes measures will offer a more appropriate way of measuring outcomes for these families and young people.

Given the challenges to measuring outcomes of training in this area it was important that data from various sources was triangulated. Triangulation is a technique that facilitates validation of data through cross verification from more than two sources. In particular, it refers to the application and combination of several research methodologies in the study of the same phenomenon (Bogdan & Biklen, 2006). Kirkpatrick's model for evaluating training provided a framework in which to collect these various forms of data to make more reliable and valid judgement on the efficacy of the Solihull Approach training in Kent.

4. A MODEL FOR THE COMPREHENSIVE EVALUATION OF TRAINING PROGRAMMES: KIRKPATRICK'S FOUR LEVELS OF TRAINING EVALUATION

The evaluation of training programs in the public sector in general, and in the field of mental health and psychological well-being, in particular, remains very disparate in terms of the level of comprehensiveness employed. Most evaluations rely on post-test only, "reaction type" evaluation forms completed by trainees at the end of the training session or programme. In a small number of instances, training evaluations also include assessments of the "knowledge gain" of participants using evaluation designs that employ pre-tests and post-tests (Hassett, 2008).

Currently there does not appear to be one specified or well-developed theory for the evaluation of mental health training programmes. However a generic framework developed by Kirkpatrick (1998; 1994) is available that was designed for the evaluation of development interventions more generally. Kirkpatrick' s (1998) framework for the evaluation of training programmes is widely used and accepted as an appropriate tool to investigate learning (Phillips & Phillips 2001). It is being utilised with increasing frequency in the private sector and in a growing number of public sector organisations (Olsen, 1998; Mitchell, 2001; Sirianni & Frey, 200).

Kirkpatrick's (1998) model of training evaluation addresses four levels of evaluation: reaction; learning; behaviour or transfer; results or value to the organisation. These four levels of Kirkpatrick's evaluation model essentially measure:

- reaction of participant – what they thought and felt about the training, a measure of participants' initial reactions to a course, usually assessed through surveys.
- learning – the resulting increase in knowledge or capability; a measure of the amount of information that participants learned, usually assessed using criterion-referenced tests.
- behaviour (transfer) – extent of behaviour and capability improvement and implementation/application; a measure of the amount of material learned that participants actually use in everyday work, usually assessed using observations and interviews with co-workers.
- results – the effects on the organisation or environment resulting from the trainee's performance; a measure of the impact of the training course on the outcomes of the organisation, assessment for this level is not clearly defined.

All these measures are recommended for full and meaningful evaluation of learning in organizations, although their application broadly increases in complexity, and usually cost, through the levels from level 1-4.

Using the training evaluation framework developed by Kirkpatrick (1998) various levels of impact were assessed including participant views of the training, perceptions of change in their behaviour and impact on outcomes for children and families.

5. KENT DATA

5.1. Training Feedback

The course feedback shows a high level of satisfaction with the training in terms of content, framework and delivery. In terms of relevance to their work 77% thought it was highly relevant and 22% thought it was quite useful. The presentation by the trainers was rated excellent by 61% and good by 39%. The participants identified the following as key things they have learnt from this training: Impact of early years on brain development (34%); Signs of reciprocity, containment and behaviour management (32%); A common framework (22%), Importance of Good communication (listening and observation) (7%). Participants felt that they would use the approach when meeting with parents and families; working with young people; working with other agencies to consolidate approach and that they would refer to the handbook / using forms / assessment tools / audiovisual materials.

5.2. Survey Feedback

A survey of participants 1 year after they had attended the courses was undertaken. Five hundred questionnaires were sent out to practitioners trained in the Solihull Approach. Of these 140 questionnaires were completed, a response rate of 28%. The majority of those taking part work in Education (45%) and Health (38%), 6% were in Social Services, 4% in the Voluntary sector and the remaining 7% work in other fields. The results revealed that over 90% reported they were using the skills, making use of the resources and felt more confident. Of the participants who responded, 34% felt that the training was extremely informative, 35% found it very informative, 21% found it quite informative, 7% thought it was fine, 2% thought it was sufficient, but only 1% found that it was not very informative. No attendees rated it extremely uninformative. A total of 97% rated the training good to extremely informative. The vast majority (94%) reported having used skills which they learned in the training. Eighty nine percent reported feeling more confident as a practitioner following the training. Ninety two percent report having referred to the resource pack since attending the training. They particularly liked the parent handouts and assessment tools.

Sixty percent report that they have attended the practice development sessions offered after the Solihull Approach training. However 40% were experiencing difficulties in accessing the practice development sessions. Thirty four percent of

participants reported that there have been barriers to them implementing the Solihull Approach. Examples of these were: time constraints (19%), the lack of other trained staff (1.5%), and level of clients' needs (1%). On a positive note, one person did mention that their workplace had made a commitment to undertake the training and commit time to training there and providing practice development time for others.

5.3. Outcomes Evaluation

An evaluation of outcomes for children and families was undertaken using pre- and post work assessment measures. Despite the challenges encountered using measures in a frontline setting the data does suggest that there were positive outcomes for those children and their families who worked with a Solihull Approach trained practitioner. The Strengths and Difficulties Questionnaire both Parent and Child versions indicated that there were significant differences. On the parental SDQ for hyperactivity, emotional problems, conduct problems, peer problems, pro social behaviour and total difficulties: All the scores time 1 to time 2 for both the untrained and trained group were in the 'right direction' (e.g. difficulties going down, strengths going up) from time 1 to time 2. All these differences time 1 to time 2 for the untrained group were non-significant ($p > .005$) except conduct problems ($p = .049$). All the differences time 1 to time 2 for the trained group were significant ($p < .005$) except emotional problems ($p = .136$). On the child measure all the scores time 1 to time 2 for both the untrained and trained group were in the 'right direction' (e.g. difficulties going down, strengths going up) from time 1 to time 2. All these differences time 1 to time 2 for the untrained group were non-significant ($p > .005$). For the trained group the differences on the hyperactivity, emotional problems and total difficulties was significant ($p < .005$). The differences on the conduct problems ($p = .117$), peer problems ($p = .809$) and pro-social behaviour ($p = .08$) were non-significant.

On the Beck's Anxiety Inventory (BAI – measuring parental levels of anxiety) the mean total scores went down (improved) for both untrained and trained group. The untrained groups difference was non-significant (greater than .05, $p = .859$). The trained group difference time 1 to time 2 was statistically significant (less than .05, $p = .008$).

This data indicates that the outcomes for parents and young people working with a trained practitioner were significant. It appeared that parent's perception of their own anxiety had lessened and that their perception of their child's overall difficulty indicated an improvement particularly in the areas of conduct, hyperactivity, and peer problems. The child measures offered a similar picture with young people indicating that overall they felt there had been a significant improvement. Although this shows a promising results it is important to bear in mind that these are only indicative as the number of participants was small (n=35).

5.4. Parent interviews

Interviews with 4 parents who had received input from Family Liaison Officers who had been trained in the Solihull Approach revealed the following about their experience. All of the parents found the work with the FLO extremely helpful. All of them report not only improvements in their children's behaviour at school and at home but also in their own mood and behaviour. They all felt that the relationship with the FLO was crucial and was based on good listening, being non judgemental/ not critical and friendly. The parents report that there was a good mix of support and advice given by the FLO. They felt that they were not patronised by the worker and didn't feel blamed for the issues. Three of the parents felt that they were supported to find their own solutions and that this gave them confidence in dealing with these issues. Two parents report that after spending time with the worker they gained some perspective on the problem.   Two also felt they had gained a better understating of their children's behaviour and this enabled them to respond differently. They all reported that the FLOs had made very appropriate referrals for them and their children when it was needed.

This data supports that those FLOs who were trained in the Solihull Approach do appear to be putting the approach into practice with the parents and young people they are working with. However we cannot conclude form this that this was due to the Solihull Approach training as we do not have data from parents who have been supported by workers who have not had the training.

5.5. Practitioner Changes and Use of the Approach

Two independent pieces of research were undertaken by 2 educational psychology doctoral students.   The (abridged) abstracts of the studies below indicates the positive impact of the training.

5.5.1). Front line Education Practitioners' Experiences of Multi-Agency School Years Solihull Approach Training (Sodhi, 2009)

The purpose of this concurrent mixed methods study was to explore and evaluate seven frontline education practitioners' experiences of The School Years Solihull Approach training within a multi-agency context. A concurrent design with triangulation and complementarity was adopted. Personal Construct Psychology was used to explore the relationship between participants' experience of the training course and the way that they construed their practitioner role. At the same time the experience of the training was captured through individual semi-structured interviews and analysed through Interpretative Phenomenological Analysis (IPA).   Seven themes emerged from the IPA analysis: Theme 1: New Awareness, Ways of Thinking and Understanding, Theme 2: The Training Gives Direction and is Empowering, Theme 3: Multi-Agency Brings Richness? Theme 4: Permanency and Change: Is it too Late to Help?, Theme 5: Connecting with the Training on a Personal Level Makes it Make Sense, Theme 6: The Feeling in the Training Space: Comfort, Reciprocity and Containment and Theme 7: Applicability: How Can I Use it in My Work?. The majority of participants construed themselves carrying out their practitioner role more positively following the training. Findings are discussed in

relation to literature from four areas: Solihull Approach evaluation studies, effective multi-agency training, effective training and adult learning theories. In conclusion this study highlights that the Solihull Approach Multi-agency School Years training is a potentially valuable resource in developing multi-agency working and empowering frontline professionals with conceptual tools that they can use to enhance their work with children, young people and their families on a daily basis.

5.5.2). The Solihull Approach: Its use by school and community nurses in school drop-in sessions (Derry, 2009).

This study looked at the experiences of Solihull Approach trained school and community nurses, asking if and how they use the Solihull Approach in their school drop-in sessions. The study also explored the experiences of pupils who have attended drop-ins with Solihull Approach trained nurses.

This study used semi-structured interviews with nurses and pupils. It was found through thematic analysis of the transcripts that school and community nurses use two of the main elements of the Solihull Approach; containment and reciprocity in their drop-in work. It was found that nurses used containment prior to Solihull Approach training, although naming the process is itself suggested as helpful. Although nurses report not using reciprocity in their drop-ins, their descriptions of their behaviour and pupil accounts of the sessions indicate nurses use reciprocity in their drop-in sessions. It was found that nurses do not think reciprocity is relevant to their drop-in work but is relevant in the home, particularly to the parent and child relationship. Additionally, the findings indicate what pupils' value about drop-in sessions; privacy and confidentiality being paramount to them.

5.6. Conclusions

As Kirkpatrick (1998) argues, to get a full picture of the outcomes of a training programme it is essential to collect data from a variety of sources and from different levels of outcomes. In summary the course feedback shows a high level of satisfaction with the training in terms of content, framework and delivery. A survey of participants 1 year after the courses revealed that over 90% were using the skills, making use of the resources and felt more confident. However 40% were experiencing difficulties in accessing the practice development sessions. An evaluation of outcomes for children and families was undertaken using pre- and post work assessment measures. Despite the challenges encountered using measures in a frontline setting the data does suggest that there were positive outcomes for those children and their families who worked with a Solihull Approach trained practitioner. The Strengths and Difficulties Questionnaire both Parent and Child versions indicated that there were significant differences. The BAI also indicated that parent's anxiety levels had improved. It is important to bear in mind that these are only indicative as the number of participants was small. Parent interviews also indicate that based on their descriptions of what was helpful practitioners were making use of the model. Data from 2 qualitative research studies indicates the positive impact of the training. A mix methods study exploring and evaluating frontline education practitioners' experiences of The School Years Solihull Approach training within a multi-agency context revealed that the training has the potential to facilitate multi-

agency working and enhance training practices within universal children's service more generally. The second study looked at the experiences of Solihull Approach trained school and community nurses, in use the Solihull Approach in their school drop-in sessions. The study also explored the experiences of pupils who have attended drop-ins with Solihull Approach trained nurses. This study revealed that participants were using the framework and that young people found these drop-ins useful.

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