

Parents' experiences of being in the Solihull Approach parenting group, 'Understanding Your Child's Behaviour': An interpretative phenomenological analysis

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**Parents' experiences of being in the Solihull Approach parenting group,
"Understanding Your Child's Behaviour": An Interpretative Phenomenological
Analysis**

Short title: Parents' experiences of being in the Solihull Approach parenting group

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Conflict of interest

RJ is the Parenting Team Manager overseeing the coordination of a range of programmes including the Solihull Approach programmes.

Abstract

Background: Empirical evidence suggests that the Solihull Approach parenting group, “Understanding Your Child’s Behaviour” (UYCB) can improve child behaviour and parental wellbeing. However, little is known about parents’ in-depth experience of participating in the UYCB programme. This study provides an in-depth qualitative evaluation of UYCB, focussing on possible moderating factors and mechanisms of change that may inform programme development.

Method: Ten parents (eight mothers, two fathers), recruited from seven UYCB groups across two locations, were interviewed within seven weeks of completing the group, and again ten months later. Data were analysed using Interpretative Phenomenological Analysis.

Results:

Four themes were identified: “Two Tiers of Satisfaction”, “Development as a Parent”, “Improved Self-belief”, and “The ‘Matthew Effect’”. In summary, the majority of parents were immensely satisfied at both completion and follow-up: they valued an experience of containment and social support, and perceived improvement in specific child difficulties, their experience of parenting, their confidence and their coping. Most parents appeared to have developed more reflective and empathic parenting styles, with self-reported improved behaviour management. Theoretical material was well-received, although some struggled with technical language. Positive outcomes appeared to be maintained, even reinforced, at follow-up, and were associated with having few initial child difficulties, perceiving improvement at completion, and persevering with the recommendations. Two participants, whose children had the most severe difficulties, perceived deterioration and felt the group was insufficient for their level of difficulties.

Conclusion: Through in-depth analysis of parental experiences, UYCB appears to achieve its aims and communicate well its theoretical principles, although change may also occur through processes common to other group programmes (e.g. social support). Recommendations, stemming from the experiences of these parents, include simplified language, separate groups for parents with complex needs, greater emphasis on the importance of perseverance, and additional support for parents who appear to be struggling to make changes.

Introduction

Parenting groups are increasingly promoted by the UK government as an intervention for families experiencing difficulties with their children's behaviour (Department for Education, 2012, Department of Health, 2010, 2011). Evidence for their effectiveness is strong, including several controlled trials and meta-analyses (e.g. Barlow et al., 2011; Furlong et al., 2012). Qualitative evaluations are a rarer, yet important, complement to the evidence-base for parenting groups (Kane, Wood & Barlow, 2007; Moran, Ghate & van der Merwe, 2004). In-depth qualitative analyses are particularly helpful in identifying possible moderating factors and mechanisms of change that could lead to improvements in parenting groups (Mann, 2008).

The Solihull Approach parenting group, "Understanding Your Child's Behaviour" (UYCB, Douglas, 2006) aims to improve the wellbeing of parents and children experiencing common to moderately complex difficulties. It is widely delivered across the UK and increasingly internationally. The programme is based on the Solihull Approach model (Douglas, 2012), which proposes that *containment* in the parent-child relationship (supporting the child to process emotions, calm themselves, and regain the capacity to think, Bion, 1959) facilitates *reciprocity* (being in-tune with their child's emotions and developmental perspective, Brazleton, Koslowski & Main, 1974), which in turn facilitates sensitive and effective *behaviour management* (consistent boundaries appropriate to the individual and situation). As a parallel process within the group, parents are provided with a containing experience to reduce the impact of their own anxieties on their ability to think, enabling them to reflect on the meaning of their child's behaviour.

UYCB has an emerging evidence-base; three cohort studies have found that participation was associated with improved child behaviour and parental well-being immediately after the group (Bateson, Delaney & Pybus, 2008; Cabral, 2013) and three months later (Smith, 2013). In addition, two qualitative studies, using feedback questionnaires in the final session, found that parents were highly satisfied with the group, felt more confident and knowledgeable, and experienced improved family relationships (Cabral, 2013; Johnson and Wilson, 2012). However, little is known about parents' in-depth experience of the intervention or their reflective views over the longer-term.

The present study therefore aimed to examine in-depth the experiences and reflective views of parents who have attended a UYCB group. The main objectives were to understand how parents made sense of participating in the group, whether they have been able to implement new knowledge and skills, and how participation may have been relevant approximately ten months after completion. The methodology chosen was Interpretative Phenomenological Analysis (IPA), since this is a rigorous approach committed to understanding experiences in a specific context (Smith, Flowers, & Larkin, 2009). It was hoped that the findings would contribute to an improved understanding of possible reasons for the effectiveness of the UYCB group, of moderating factors, and inform future developments.

Method

Ethics

This study was approved by the National Research Ethics Committee West Midlands Committee (Ref:12/WM/0432).

Intervention

UYCB is a ten-week manualised parenting group for parents of children aged 0–18 years. The group content is summarised in Table 1. Sessions include a break and refreshments, and childcare if necessary. The groups are run in community venues and facilitated by two community practitioners (e.g. health visitors, family support workers, psychologists) trained in the Solihull Approach (a two-day training course) and group delivery (a one-day training course). The practitioners have prior qualifications in childcare, health, social care, and/or education, and experience of working with families. In addition, they are required to have used the Solihull Approach in their practice for at least three months.

Parents self-refer to the group, which is advertised through universally accessible children's services. However, the group is recommended to parents known to be experiencing difficulties. Generally, parents of children known to have very complex issues are directed to more intensive services.

Intervention fidelity

To enhance fidelity of the group, facilitators receive either regular supervision from an experienced practitioner, e.g. a Clinical Psychologist, or are invited to attend a delivery support group. Fidelity for this study was monitored using a checklist (Smith, 2013): facilitators indicated the degree to which they felt able to cover the goals for each session using a Likert scale (ranging from 0="not at all easy" to 5="very easy"). The average session score was 4.49 (SD=0.27, range=3.90 - 4.95), indicating that, overall, the facilitators felt able to adhere to the manual. One facilitator completed checklists for only seven of the ten sessions. Another facilitator combined sessions 9 and 10 due to time constraints.

Procedure

Participants were interviewed twice by the lead researcher: first within seven weeks of completing the group (Time 1, M=3.7 weeks, SD=2.2), and again nine to eleven months after completing the group (Time 2, M=9.8 months, SD=0.83). Participants were interviewed at their preferred location: seven at home and three in a clinic. Participants received a £10 voucher for each interview.

Recruitment and sampling

Eligible parents were at least 18 years old, able to communicate in English, attended the group voluntarily, had joined the group by the second session, and attended at least eight sessions.

Participants were recruited from the ten UYCB groups known to be running in the North and South of the West Midlands between March and June 2013. Each group was visited once by a researcher who described the study and requested contact details from interested parents. Eligible parents were posted the Information Sheet and Consent Form and asked to return the Consent Form by post. Following completion of the group, facilitators were asked to confirm eligibility of the consenting parents.

The predetermined sample size was ten participants, which is considered to be sufficient for IPA since it aims to achieve a detailed account of individual experience (Smith et al., 2009). To achieve a geographically balanced sample, all consenting parents from the North groups were approached for interview. For the South groups, one parent was chosen at random from

each of the five represented groups. Two parents were then chosen at random from the remaining sample to reach the predetermined sample size. The sampling procedure is summarised in Figure 2. One participant (P7) withdrew after the first interview.

Efforts were made to recruit participants who met the same inclusion criteria but did not complete the group. However, only one parent consented to participate; upon interview, she explained that her reasons for withdrawing were personal and not connected to the group. Further efforts to recruit parents who withdrew were unsuccessful. Therefore, the study focused only on parents who completed the group.

Participants' characteristics are summarised in Table 2.

Measures

Two measures were used:

- 1) *Strengths and Difficulties Questionnaire* (SDQ, Goodman, 1997) for parents of children aged three or older to provide information about their child's emotional and behavioural difficulties (completed immediately after the first interview). The facilitators provided pre-group SDQ scores (where available) as part of their routine evaluation.

- 2) *Semi-structured interview*. The interview schedule was developed following IPA guidance (Smith et al., 2009). The questions (see Appendix) were reviewed by an academic, expert in IPA, and the Parenting Co-ordinator. The interviews were audio-recorded and transcribed verbatim. The average interview length was 29 minutes. Participants had the opportunity to review their transcripts before analysis.

Data analysis

Data were analysed by the lead researcher following IPA guidance (Smith et al., 2009). On a case-by-case basis, the transcripts were read and re-read, and first reflections noted. The transcripts were then annotated and coded for emergent themes. Connections between the codes for each transcript were identified to generate a thematic structure for each interview. The final superordinate and subordinate themes were generated by comparing thematic structures.

Validity checking

A selection of codes were reviewed by authors GUL, REB, and an independent academic expert in IPA; the researchers checking the codes were satisfied with the lead researcher's interpretation. Authors LRV, GUL and REB reviewed and agreed the thematic structure. Further credibility checks were: 1) comparing experiences with pre- and post-SDQ scores (where possible, n=2); and 2) final review by a Clinical Psychologist who provides supervision to group facilitators.

Analysts' perspective

LRV is a Trainee Clinical Psychologist who has received training in the Solihull Approach. GUL and REB are CAMHS Clinical Psychologists who work using a variety of models, including the Solihull Approach.

Results

SDQ scores

Pre- and post-intervention SDQ scores are presented in Table 2.

Validity checks

The two participants for whom pre- and post-group SDQ scores were available both reported an improvement in their children's behaviour consistent with the change in their SDQ scores. The clinician reviewing the themes was satisfied that they were credible and consistent with her experience of working with facilitators and parents.

Themes

Four themes were identified (Table 3).

Theme 1: Two tiers of satisfaction

All of the participants expressed at least some appreciation of the group. However, the degree and nature of their satisfaction appeared to reflect two types of experience: a) those (the majority) who were extremely positive about their experience of being in the group and its effects on their experience of parenting; and b) those (a minority, P2 and P6) who valued the group context, but felt that, as parents of children with developmental disorders, it was

insufficient support for their level of difficulties. The two types of experience reflect two tiers of satisfaction, which we discuss below.

a) *Tier 1 - Immense satisfaction within and beyond the group:*

i. Valuing the group context

Participants described a containing environment, in which they felt welcome, comfortable to share their experiences, and cared for. P4 and P6 indicated feeling comfortable to the extent that they shared upsetting emotions with the group, and received helpful responses:

“There was one time I think I cried because something obviously touched me, and they were all, like they’re all really supportive, like they all come round and put their arms round me, it was like a little family” (P6, Time 1)

There was appreciation of the offer of on-going support from the facilitators, and the provision of refreshments was linked to feeling at ease:

“It was a really relaxed atmosphere, which was really nice, as you know, cups of tea and biscuits and stuff, and I think that makes a really big difference to helping people relax and chat and share experiences.” (P8, Time 2)

Participants also felt they had benefited from hearing the experiences and views of other group members. They described learning new things, and most found it reassuring to hear that other parents also experienced difficulties, which appeared to reduce their perception of isolation and their child’s difficulties, and feelings of inadequacy:

“Just sharing erm, firstly, having... one of the good things about the group of course is that you realise erm, ‘Oh God, I’m not the only one who’s in this situation.’” (P9, Time 1)

Reduced perception of their child’s difficulties appeared to have been achieved through favourably comparing their child to the children of other parents in the group:

“The group’s taught me obviously that some of the people did have children with difficulties and stuff, and I’m like well I know he’s not, he is just being a normal two-year-old, so it’s helped me realise that I’ve got to stop looking for reasons, and it’s just him, he’s just the way he is” (P4, Time 1)

The opportunity to engage in shared problem-solving was valued; being able to offer suggestions to others may also have contributed to a sense of validation:

“It was a brilliant group, they really was all good, friendly, all talked and listened, learnt from each other’s different things, because everyone’s got different problems that they want help with, and [...] because I’ve got a few kids, I could help with some of their problems, they help with, we just shared different experiences, so that it helps.” (P4, Time 1)

ii. Improved experience of parenting

Positive changes included perception of increased control, reduced stress, and an improved relationship with their child. For example:

“They like to do their own thing. But now, if I go anywhere now, ‘I’m coming Dad, I’ll come with you’, even if it’s for the shops, ‘can I come with you Dad?’ ‘Yeah, come on then’. Wherever I’m going, they want to come, [...] and I think that’s nice [...]. Makes you feel nice inside.” (P1, Time 1)

iii. Improvement in specific difficulties

Participants appeared immensely satisfied with the effectiveness of new ideas or strategies, including rephrasing requests to consider the child’s perspective, and taking more time to listen. This was interpreted from participants’ use of strong positive adjectives or the confidence with which they described sharing new strategies:

“I have got a few close friends, and I’m just like, ‘just try sitting down with them’, ‘I haven’t got time for that’, [I] said ‘you’ll be surprised’, and my one friend has phoned back, ‘Oh my god, it has made a difference, just that 5 seconds of listening!’” (P4, Time 2)

b) Tier 2 – Satisfied, but insufficient for complex difficulties

Both P2 and P6 expressed appreciation of the group context, as outlined above. However, overall they felt that the group was insufficient support for their level of difficulties:

“The group don’t really seem to, um, how can I say? [pause] to apply to me really, you know [...] I mean, you know, about keeping calm and that sort of thing [was helpful], but, so at the end of the day, I don’t think it really, I don’t think it really knew how severe [child] was.”

(P2, Time 2)

Moreover, their perception that their problems were more severe than those of the other parents appeared to make them feel worse:

“You think you’re doing your best, and then when you hear somebody else say, ‘Well you know, I’ve done it this way and it works for me’, and you just get disheartened because you think you’re trying your best so hard, that you think, ‘Well why’s nothing working for me?’”

(P6, Time 1)

c) A word about “reciprocity”

Across both tiers, information about “reciprocity” was clearly valued; however, the word was perceived as difficult to pronounce and unnecessarily technical:

“Reciprocity is not a word that I hear in, you know, everyday language, so it was quite a big complicated word that I don’t know if it’s, you know, to do with, you know, the psychology of things, but I think it was just too, I don’t think it was needed, yeah.” (P5, Time 1)

Theme 2: Development as a parent

a) Increased reflection

All participants indicated that the group had increased their tendency for reflection. This included increased: i) reflection on situations; ii) consideration of their child’s perspective; iii) mindfulness of their own behaviour; iv) reflection on their values; and v) consideration of psychological theory.

Increased reflection on situations was interpreted from multiple descriptions of thinking before reacting, *“I just think more now before I shout. Sometimes I still shout, but I do think more about what the situation is, and why it’s happening”* (P4, Time 1). This description also reveals a greater effort to identify the cause of difficulties. Related to this, parents indicated that they were now more considerate of their child’s perspective. This was interpreted through descriptions of increased empathy, thinking from their child’s perspective, considering their child’s developmental limits, reflecting on their own childhood experience, applying knowledge of their child, and observing non-verbal communication.

Increased consideration of psychological theory reflected reports of conscious application of psychological theories introduced in the group. “Reciprocity” was most frequently alluded to, and described in a variety of contexts: for example, P8 described how it influenced her interaction with her son:

“Before, I might have tried to get his attention again. I think through that, [reciprocity] I understood that actually no, that’s him signalling the end and he needs time to process that, and me trying to engage him is something again because I still want to play, it’s not what he wants or what’s best for him.” (P8, Time 1)

“Containment” was less frequently alluded to, but described in practice: *“if she gets angry I’ll explain why I think she’s angry, and let her explain to me why she thinks she’s angry, and we’ll, we’ll try and resolve it”* (P5, Time 2).

b) Strategic behaviour change

All the participants indicated that the group had influenced their behaviour. This included a broader repertoire of behavioural strategies, such as distraction and withholding attention from tantrums, *“now I just, when he’s having a tantrum I leave him to it, and he knows that I ain’t gonna entertain him while he’s like that”* (P6, Time 1), and setting firmer boundaries.

Other changes were consistent with the teaching on reciprocity and containment. For example, making an effort to stay calm with tantrums, making more effort to listen and talk

with their children, and asking their child to explain why they were distressed or naughty; for some, this was a dramatic change:

“He kept hitting himself, whereas usually I would just be like, ‘Stop doing that, you shouldn’t do that’, and shout, whereas I took his hands away and just sat him down, and went ‘talk to Mummy, what’s the matter?’ and he told me then what was the matter.” (P4, Time 1)

Theme 3: Improved self-belief

a) Increased confidence

The majority indicated that their confidence to be effective parents had increased since completing the group, *“I think confidence was a big thing that I got from the group, confidence in [...] my own judgement and my own ability.”* (P8, Time 2).

This was linked to specific aspects: having their child’s behaviour normalised, gaining new knowledge, being offered a more flexible view of parenting, and experiencing success having made the recommended changes.

b) Improved coping

Participants also indicated that they felt less overwhelmed when facing situations that had previously caused them distress and now coped better with difficulties. For some, this was conveyed as feeling more able to persevere with challenges, which P3 linked explicitly to increased parental strength:

“I think back about [the facilitator] says every time she [daughter] gets out of bed, ‘Just keep doing it, don’t give up, just keep doing it, be consistent with her’. And it has like given me willpower to keep going.” (P3, Time 1)

Some expressed increased resilience to feeling judged about their parenting, enabling them to follow their preferred course of action. For example, P9 (Time 2) described choosing to tolerate feeling judged negatively (by his partner) to pursue his values:

“After dinner, [I want to] put all the stuff away, wipe the table clean and all that and stuff, you know, the kids are doing their own thing, probably watching telly while all that’s happening. Occasionally I think ‘Sod all that, I’ll do that tonight’. The house is a mess when [partner] comes in, but, you know, the kids have had a much better time because I’ve spent time with them rather than clearing up after them, which can wait.” (P9, Time 2)

Theme 4: Follow-up: the “Matthew Effect”

At follow-up participants divided into those who had experienced improvements in their experience of parenting and continued to do so (the experientially “rich”, seven participants), and those whose experience had become worse and felt that the group had been of little benefit (the experientially “poor”, P2 and P6). The experience of cumulative advantage/disadvantage is known as the ‘Matthew Effect’ (Merton, 1968).

Similarities between the experientially “poor” were: i) they were among the five parents describing negative experiences of being a parent; ii) they were the only parents not to have perceived an improvement in their child’s difficulties at Time 1; iii) their children had the highest post-group scores on the SDQ; and iv) they were among the three parents whose children had a developmental disorder.

In contrast, the remaining participants were experientially “richer” to start with, either beginning the course with a largely positive experience of being a parent, having a child who was too young to present significant challenges, and/or had perceived an improvement in at least one of their difficulties with all their children at Time 1.

The most striking improvement between Time 1 and Time 2 was expressed by P10. She initially described parenting as “*stressful*”, and “*tiring*”, but was not experiencing significant challenges with her two-year old, wondering if the group was relevant to her. Moreover, her overall evaluation of the group was that the advice given did not always work. However, her account at Time 2 indicated that she had regained authority, and become closer to her son:

“He has been a lot more, ‘Mummy can I have a cuddle, Mummy can I have a kiss?’ and it is, it is quite nice actually.”

She attributed this transformation to perseverance:

“At the start it was like, ‘Oh, my God, it’s not working’, but now because I keep doing it, it’s working, so you can’t just do it overnight, it doesn’t work to stop that, so I’ve actually just, I’ve realised that now.” (P10, Time 2)

Likewise, P3 and P4 felt that perseverance had been crucial in improving their children’s behaviour.

Discussion

This study investigated the experiences of parents attending the Solihull Approach parenting group, UYCB. An IPA analysis of interviews at two time points revealed four major themes.

“Two tiers of satisfaction”: All participants expressed some appreciation of the group. However, the extent of their satisfaction appeared to fall into one of two tiers. The majority, the first tier, were immensely satisfied with both the group context and their subsequent experience of parenting. Within the group, these participants valued an experience of containment (feeling safe to express their anxieties, helped to feel less overwhelmed and more able to think) and social support; beyond the group, they perceived improvement in specific difficulties, closer parent-child relationships, and enhanced well-being. This is consistent with previous feedback, in which most participants indicated that they found the group relaxing and effective at improving their children’s behaviour (Johnson & Wilson, 2012). Participants in the second tier expressed satisfaction with the group context but felt that it was insufficiently tailored for children with additional developmental needs. The theoretical content of the UYCB programme was generally well received within both tiers, although the word “reciprocity” appeared to be off-putting.

“Development as a parent”: Participants reported many changes in their thoughts and behaviour. Overall, they appeared to have developed more reflective and empathic parenting styles, with greater motivation to understand difficulties from their child’s perspective. These changes are consistent with the possibility of enhanced reflective functioning (Fonagy, Steele, Steele, Moran, & Higgitt, 1991), and may underpin the perceived improvement in parent-

child relationships (Fonagy & Target, 1997; Grienenberger, Kelly, & Slade, 2005). The participants also reported greater use of strategies and boundaries, suggesting improved behaviour management. However, for a minority, the recommended strategy of staying calm with aggression or tantrums seemed to be misinterpreted as ignoring the behaviour, which is only recommended in the context of emotional support to down-regulate (i.e. containment, Douglas, 2006).

“Improved self-belief”: Participants indicated increased confidence in their ability to parent, or ‘parenting self-efficacy’ (Bandura, 1982; Kendall & Bloomfield, 2005), and improved coping. There is considerable evidence that parenting self-efficacy is associated with parenting quality (Jones & Prinz, 2005) and enjoyment of parenting (Coleman & Karraker, 2000), consistent with our findings. Participants felt their confidence had increased through gaining new knowledge and experiencing success with new approaches, which are hypothesised to contribute to self-efficacy (Coleman & Karraker, 1997). They also attributed normalisation of their difficulties to increased self-belief, which is recognised as a mechanism by which parenting groups are therapeutic (Webster-Stratton & Herbert, 1993).

“The ‘Matthew Effect’”: Reflecting the two tiers of satisfaction, participants described either further improvement or further deterioration in their experience of parenting at follow-up, depending on whether they had advantaged or disadvantaged baseline characteristics, respectively. For example, the two parents reporting deterioration at Time 2 were the only parents to have a child who scored in the abnormal difficulty range on the SDQ (post-group); in addition, they had children with developmental disabilities, and perceived little improvement at Time 1. Their lack of perceived improvement may not be surprising since serious behaviour problems lie beyond the scope of the universal version of the group; furthermore, ongoing deterioration of self-esteem is typical for parents of children with ADHD (Mash & Johnston, 1983). However, other moderators might include a failure to experience improvement soon after the group, and failure to experience normalisation of their difficulties following self-comparison with other group members. These factors may reduce parental motivation to persevere with recommended changes, which was identified as important by participants perceiving longer-term improvement.

Comparison with other parenting groups

The results of our analysis are consistent with findings from qualitative studies of other parenting groups. For example, evaluations of the Incredible Years parent programme (IYPP, Webster-Stratton, 1998) have also identified themes of improved parent-child relationships, increased parental confidence through normalisation, effective use of behavioural strategies, and improved perseverance and resilience (Furlong & McGilloway, 2014; Patterson et al., 2005). However, parents' understanding in these studies appears to reflect material that is specific to the IYPP; for example, enforcing rules on a base of play and praise, was understood by IYPP parents in the same way that the UYCB-specific ideas of containment and reciprocity were understood.

Interestingly, the 18-month follow-up carried out by Furlong and McGilloway (2014) identified a pattern similar to the "Matthew Effect" of longer-term divergence in outcome: some parents continued to experience improvement, while others experienced deterioration. However, in contrast to the present study, deterioration following the IYPP was attributed to external stressors preventing perseverance, rather than child disability. One explanation for this difference is that participants attending the IYPP were aware that the group was intended for parents of children with behaviour problems, whereas participants in the present study were aware that the group was available to all parents; the parents experiencing deterioration therefore perceived their children to have more severe problems than other children in the group and felt it was too general for them.

Other differences are that Furlong & McGilloway placed less emphasis on changes in understanding the child's perspective, and greater emphasis on utilising family and community resources. It is likely that this reflects differences in the theoretical underpinnings of the programmes: UYCB focuses on empathy and relationships, while the IYPP focuses on behavioural and communication strategies. As might be expected, the findings of a qualitative study of an attachment-based parenting group identified themes of empathy, and improved communication (Polansky et al., 2006), consistent with the present study.

In summary, therefore, it appears that parents' experience of being in the UYCB group is similar to parents' experience of other parenting groups, with the usual benefits of being in a

supportive group of parents. To some extent, the overlap with other parenting groups is unsurprising since UYCB integrates both attachment and behavioural ideas. Moreover, analyses identifying the efficacious elements of parenting groups (e.g. Kane et al., 2007) are likely to result in a convergence of material. However, the information on reciprocity and containment, as well as the containing environment, appear to be influential and distinctive features of the UYCB experience.

Limitations

A limitation of this study is that, without a control group, it is not possible to ascertain the effect of a child or parent's normal development on the resolution of any difficulties. However, several participants attributed a perceived improvement at Time 1 to the group, making normal development unlikely to be a significant effect. Another limitation is that this study did not include parents who withdrew from the group, potentially biasing the sample towards parents who had a positive experience. Assessment of the children's difficulties was limited by use of the SDQ, which is suitable only for children aged three years and older and therefore inappropriate for four of the participants. Moreover, pre-group SDQ scores (administered by facilitators as part of routine evaluation) did not appear to have been completed by three participants, and one participant completed pre and post-group SDQs for different children. As a result, the comparison of pre and post-group SDQ scores was based on only two participants. Finally, participants were sent a summary of the findings after analysis, rather than reviewing the interview questions and codes, which could have provided an additional validity check.

Conclusion and recommendations

The majority of participants were immensely satisfied with the group and reported improvements in their children's behaviour, their experience of parenting, their confidence and coping. They appeared to have developed as parents by becoming more reflective and empathetic, applying psychological theories conveyed by the group, and using behaviour management strategies more effectively. The containing atmosphere and peer-support were valued elements of the group.

These findings are encouraging and suggest that UYCB is a helpful and valued programme for parents of children with common to moderate behaviour problems. While the experiences of these participants have much in common with the experiences of parents attending other groups, the reported effects of participation do appear to reflect the specific ideas taught in the group. Moderating factors may include having a child with severe difficulties, failing to perceive early improvement in difficulties, difficulty persevering with recommendations, and a perception that the child's difficulties are significantly worse than those of others in the group. Further research to clarify these factors may involve qualitative methods that test theories with ongoing recruitment to saturation (e.g. Grounded Theory, Glaser and Strauss, 1967).

These findings lead to some recommendations for the future delivery of UYCB:

- Excluding parents of children with severe difficulties or developmental disabilities, even in the absence of more appropriate support. This study showed that such parents may become distressed by unfavourable comparisons to families with typically developing children. We therefore support the recent development of disorder-specific UYCB programmes, such as Autism Spectrum Disorder and ADHD, and/or groups for parents of children with complex needs, including social work involvement;
- Substituting a plain language term for 'reciprocity';
- Greater emphasis on the distinction between staying "calm and containing" and "distancing themselves" to avoid parents ignoring aggressive behaviour where there is a need for containment and emotion regulation;
- Placing greater emphasis on the importance of perseverance;
- Offering additional support to parents unable to perceive any improvement in their difficulties towards the end of the course.

Key messages

- Qualitative studies of parenting groups are an important complement to quantitative studies. This study presents an in-depth qualitative evaluation of the Solihull Approach parenting group, “Understanding Your Child’s Behaviour”, which has an established quantitative evidence-base.
- From the parents' perspectives, UYCB is successfully achieving its aims and communicating its theoretical principles (i.e. reflection and nurturing through containment, reciprocity, and sensitive behaviour management), although change may also occur through processes common to other group programmes (e.g. social support).
- Moderating factors associated with poorer outcomes (a minority of participants) may include having a child with severe difficulties, failing to experience early improvement in difficulties, difficulty persevering with recommendations, and a perception that a child’s difficulties are significantly worse than those of others in the group.
- UYCB could be improved by using simpler language, running separate groups for parents with complex needs, placing greater emphasis on the importance of perseverance with the recommendations, and providing additional support to parents for whom change is more difficult.
- Making these changes and carrying out further research to develop more effective versions of the programme is consistent with strategies to increase the provision of evidence-based parenting groups.

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Table 1. *Session content for UYCB*

Session	Title
1	Introduction
2	How are you and your child feeling?
3	Tuning into your child’s development
4	Responding to your child’s feelings
5	Different styles of parenting
6	Parenting child partnership – having fun together
7	The rhythm of interaction and sleep
8	Self-regulation and anger
9	Communication and attunement – how to recover when things go wrong
10	Celebration

Modes of delivery include: video, group discussion, small group discussion, role-play, and homework

Table 2. Participant profile

Participant	Location	Sex	Age (yrs)	Ethnicity ¹	Parental mental health problems (self-disclosed)	Education	Relationship status	Ages of children (yrs) at Time 1, post-intervention	Age of child for SDQ (yrs) ²	SDQ total difficulties score and classification ³		Parent-report of child mental health problems
										Pre-group	Post-group	
P1	North	M	51	WB	None	CSE	Single	28, 26, 24, 16, 12, 9	9	NC	15	ADHD (9 and 16 year old)
P2	North	F	43	WB	None	Apprenticeship	Married	16, 10	10	NC	21	ASD and psychotic episode between Time 1 and 2
P3	North	F	21	WB	None	NVQ Level 1	Single	3	3	NC	14	None reported
P4	South	F	39	WB	None	NVQ Level 2	Single	15, 13, 11, 6, 2	N/A	N/A	N/A	None reported
P5	South	F	37	WB	None	Degree	Married	19 mths	N/A	N/A	N/A	None reported
P6	South	F	38	WB	Depression	NVQ Level 1	Single	6, 4, 16 mths	6	NC	28	“Sensory issues” and under assessment for ADHD (4 year old)
P7	South	F	22	W/BC	None	GCSE	Single	5, 2	5	16	4	None reported
P8	South	F	28	WB	Anxiety	PG Diploma	Married	8.5 mths	N/A	N/A	N/A	None reported
P9	South	M	35	WB	None	Degree	Married	7, 5, 3	3	16 ⁴	14	None reported
P10	South	F	29	BB	None	AS Level	Single	2	N/A	N/A	N/A	None reported
Mean			34.3								16	
<i>SD</i>			<i>9.4</i>								<i>8.0</i>	

¹ WB = White British, W/BC = White and Black Caribbean, BB = Black British

² N/A = not applicable for children younger than three years

³ NC = incomplete or missing response by participant as part of routine evaluation; SDQ scoring classification for Total Difficulties: 0 – 13 = normal, 14 – 16 = borderline, 16 – 40 = abnormal

⁴ Due to an administrative error, this parent completed the 4 – 16 year old version of the SDQ for his three-year old son. This might have reduced the total pre-group difficulties he reported. He completed the 3 – 4 year old version post-group.

Table 3. *Theme summary*

1. Two tiers of satisfaction

- a) Immense satisfaction within and beyond the group
- b) Satisfied, but insufficient for complex difficulties
- c) A word about reciprocity

2. Development as a parent

- a) Increased reflection
- b) Strategic behaviour change

3. Improved self-belief

- a) Increased confidence
- b) Improved coping

4. Follow-up: the Matthew effect

- a) Further improvement for those with mild initial difficulties or perceived improvement at Time 1 (majority, the experientially “rich”)
- b) Deterioration in parenting experience for those with the most difficulties and least perceived improvement at Time 1 (minority, the experientially “poor”)

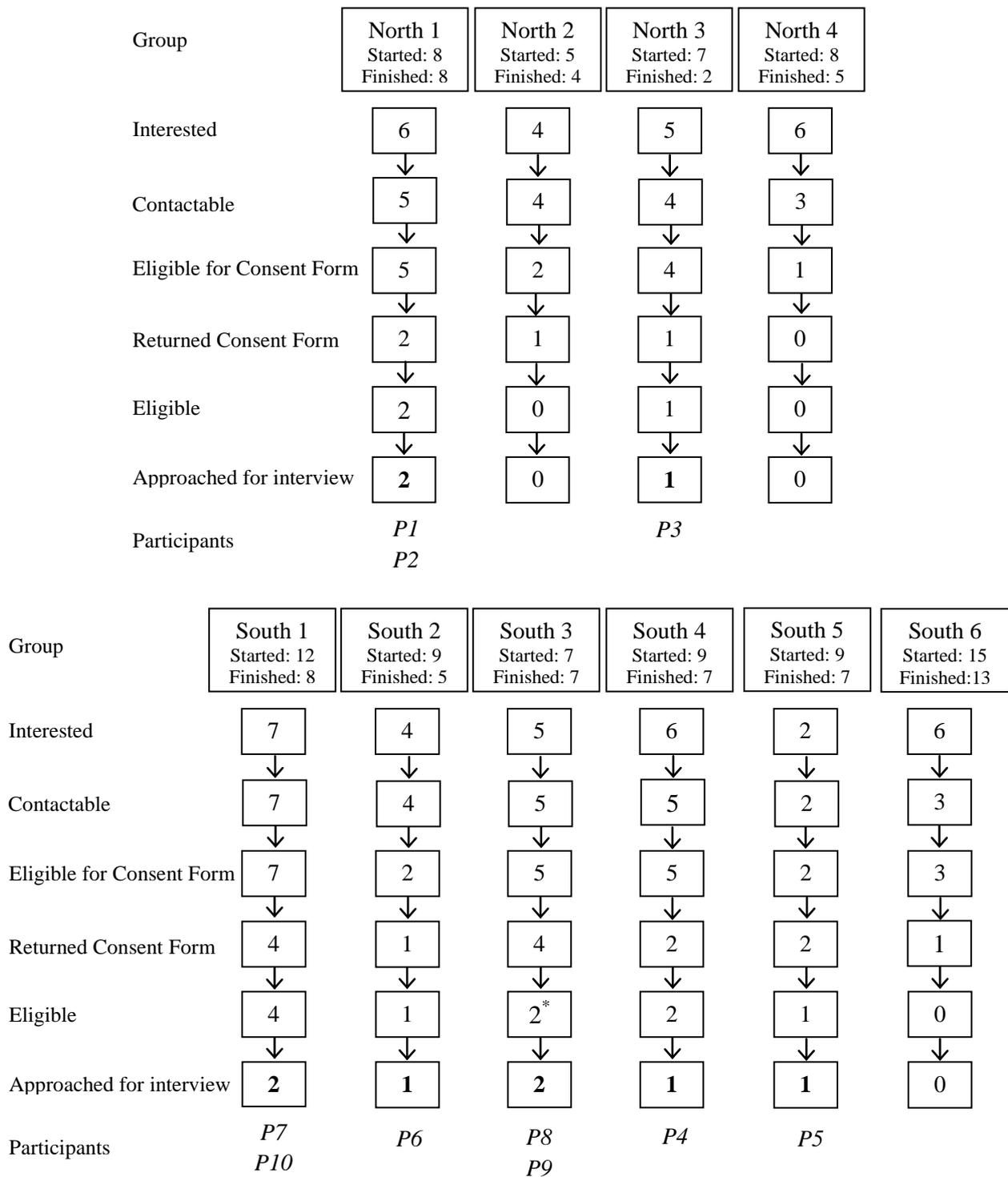


Figure 1. Participant recruitment from UYCB groups in the North and South of the West Midlands

Figure 1 shows: i) the numbers of parents starting and completing each UYCB group known to be running in North and South of the West Midlands between March and June 2013; ii) the number of parents expressing initial interest in participating in the research; iii) the number of interested parents who could be contacted by telephone; iv) number of parents who were eligible to be posted a Consent Form; v) the number of parents who returned the Consent Form; vi) the number of parents who were still eligible to participate in the research; and vii) the number of parents approached for interview.

*The first parent selected for interview could not be contacted and a second parent was selected at random.

Appendix: Interview Schedules

Interview 1 (immediately after the group)

1. Can you tell me who's who in your family? (Prompt: children, parents, ages of family members and participant)
2. Until you started the group, how would you have described what it is like to be a parent?
3. How did you come to join the group?
4. [If relevant] Was there anything that helped you to make that first step into the group?
5. What did you think the group would be like?
6. What was it like being in the group?
7. What kind of things did you do in the group?
8. How has the group made you feel about yourself and your parenting skills?

Prompt: Can you think of any times when you did things differently with your child to how you would have done before the group?

Prompt: Have you found yourself thinking about things covered in the group?

Prompt: Have you talked to anyone else about what you covered in the group?

9. Were there aspects of the group that were helpful?
10. Were there aspects of the group that didn't make sense or you didn't like? [anything about the group...]
11. [If relevant] What have you noticed, if anything, about your relationship with your child since being in the group? [*prompt: is this new? Do you have a sense of what has made this difference?*].
12. [If difficulties] Have your difficulties with your child changed since attending the group?
13. Were there some sessions that you did not attend? What was the reason?
14. Do you have suggestions for how the group could be improved?
15. What would you say to a parent who was thinking of dropping out after the first couple of sessions?

Interview 2 (9 – 11 months after being in the group)

1. You know that I'm interested in your experience of parenting. Since you finished the group, how have things been? [prompt: child's behaviour, relationship with child]
2. [If relevant] Last time we met, you mentioned some issues around X. How have things been in relation to X since we last met?
3. Could you tell me a little bit about whether you are still thinking about the group and using these ideas?

Prompt: Can you think of any times when you did things differently with your child to how you would have done before the group?

Prompt: Have you found yourself thinking about things covered in the group?

Prompt: Have you talked to anyone else about what you covered in the group?

4. I'm interested in hearing about what, if anything, has been most helpful on a day-to-day basis from the group?
5. Since you attended the group, what changes, if any, might your child have noticed in you if I were to ask them?
6. Are there aspects of the group that you have not been able to try, or have not worked? Why do you think this is?
7. How has completing the group made you feel about yourself and your parenting skills?
8. Do you have suggestions for how the group could be improved?