STRENGTHENING CHILD-PARENT RELATIONSHIPS

Rebecca Baladi, Rebecca Johnson and Gary Urquhart Law explored the efficacy of a parenting programme based on the Solihull Approach, assessing its impact on child-parent relationships.

Researchers undertook a review of the ‘Understanding your child’s behaviour’ (UYCB) programme among parents with children aged 0 to 18 with some degree of behavioural difficulty.

- Data were collected from 46 groups in two West Midlands cities over 14 months.
- Of the 119 parents, 92% were women, mostly in the 30 to 39 age group.
- The mean age of children was 5.07 years, and 17% of children were reported by parents as having an ‘additional need’.
- Parents were asked to complete questionnaires at session 1 of the UYCB course (‘pre’), session 10 (‘post’), and three months later (‘follow-up’). Of the 119 who completed both questionnaires, 35 also returned the follow-up questionnaires.
- Measured across the three time-points were child emotional and behavioural difficulties; self-reported symptoms of parental depression, anxiety and stress; and parental perceptions of conflict and closeness in their relationship with their children.

‘Understanding your child’s behaviour’ (UYCB) is a group for parents based on the Solihull Approach (Douglas, 2012).

Developed in the late 1990s through the collaboration of Hazel Douglas, a child psychotherapist and clinical psychologist, and local health visitors, the Solihull Approach proposes that if a parent is supported to process their own emotions (containment), this will ‘free them up’ to think about the meaning of their child’s behaviour and what emotions their child is trying to communicate (reciprocity). Consequently, through the processes of containment and reciprocity, parents should be more able to effectively and sensitively manage their child’s behaviour (behaviour management).

UYCB introduces parents to the Solihull Approach model, with an emphasis on the links between behaviour and emotions, and parental as well as child emotional regulation. It explores issues such as ‘tuning in’ to children, exploring feelings, parenting styles, what is being communicated through a behaviour – such as temper tantrums – sleep patterns and behavioural difficulties.

Health visitors and school nurses were key contributors to the early development and ongoing delivery of training for professionals and facilitation of parent groups.

There have been a number of studies demonstrating the effectiveness of the Solihull Approach for professionals in community practice (Maunder et al., 2007; Whitehead and Douglas, 2005; Douglas and Ginty, 2001) and for supporting parents to improve children’s behaviour and their own wellbeing (Bateson et al., 2008; Douglas and Brennan, 2004).

UYCB has been shown to have high parental satisfaction, and lead to improvements in family relationships (Cabral, 2013; Johnson and Wilson, 2012), and parents have reported enhanced self-belief, alongside the development of more reflective and empathic parenting styles (Vella et al., 2015).

UYCB is widely delivered across the UK, is included as an implementation example in the NICE guidance on the management of conduct disorders in children (NICE, 2013), and is increasingly being adopted internationally.

PARENTAL WELLBEING ALSO SIGNIFICANTLY IMPROVED BY THE TIME PARENTS HAD COMPLETED THE GROUP

UYCB is a programme for parents of children aged 0 to 18 consisting of 10 weekly sessions of two hours each. Groups are run in community venues by a range of practitioners such as health visitors, school nurses, education workers and support workers, trained as Solihull Approach group facilitators. Each UYCB group is facilitated by
two practitioners, who have access to a manual outlining the content and delivery methods for each session. Mentoring is also provided throughout the 10-week period to support effective functioning in the facilitators and ensure programme fidelity. UYCB groups are advertised through universally accessible children’s services, and parents can self-referral.

**ANALYSES AND MEASURES**
Two analyses were undertaken: first, pre- and post-group scores of the 119 parents who completed an UYCB programme were compared, second, scores were compared for the smaller group of 35 parents who completed pre- and post-group questionnaires and a follow-up questionnaire three months later.

The same three measures were used across the three time-points: baseline (T1), completion (T2) and after three months. These were as follows:

1. **The Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) is a widely used 25-item screening measure for child emotional and behavioural difficulties, which assesses conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties, and pro-social symptoms. The SDQ ‘impact’ score (an assessment of distress and impairment caused to the child by any difficulties) was also used to explore change.

2. **Depression Anxiety Stress Scale (DASS-21)** (Lovibond and Lovibond, 1995) is a standardised, widely used 21-item measure of well-being, which assesses self-reported symptoms of depression, anxiety and stress.

3. **Child-Parent Relationship Scale (CPRS)** (Plantea, 1992) is a 15-item scale measuring parental perceptions of conflict and closeness in their relationship with their child. A total relationship score can be derived by calculating the average item score.

**STUDY FINDINGS**

**Child behaviour (SDQ)**

The results show that, at the conclusion of the UYCB programme, parents reported statistically significant improvements in their child’s behavioural and emotional functioning. Attendance at UYCB improved pro-social behaviour, hyperactivity, emotional problems, impact of difficulties, conduct problems and the total difficulties in a large sample of parents. ‘Peer problems’ did not reach statistical significance, but did show a clinically significant improvement, for example with scores moving from the SDQ ‘borderline’ to ‘normal’ range.

**Child-parent relationship (CPRS)**

There were also improvements in the child-parent relationship as a result of attendance at the 10-week group. There were highly statistically significant improvements on CPRS ‘total relationship’ scores, with a significant increase in the ‘closeness’ subscale score between T1 and T2, as well as a significant decrease in the ‘conflict’ subscale score. Overall, there was evidence of significant improvements in the child-parent relationship. Closeness and conflict scores also showed an improvement from T1 to subsequent time-points in the smaller sample that responded to the follow-up.

**CONCLUSION**

This study provides evidence that parents who have completed a UYCB group report positive impacts in the areas of children’s behavioural and emotional functioning, parental depression, anxiety and stress, and in the child-parent relationship. These results show that after the conclusion of a UYCB group there is evidence for the maintenance, although not for further improvement, of effects at three months. Limitations of the study include the small sample size at the follow-up, the reliance on parental self-report, and the lack of a control group. Strengths include the use of a child-parent relationship measure, follow-up time-point and use of current clinical practice pathways for recruitment to strengthen the real-world validity and application of the study’s findings.

UYCB should continue to be offered as part of an evidence-based parenting strategy by trained community practitioners. Where possible, follow-up or booster sessions may help to maintain and possibly see further improvements in parents’ understanding of their child and ability to support their child’s emotional development. Parents can also be encouraged to engage in the online version of the course.

**Future research should try to ascertain in greater detail if the true effectiveness of attendance at UYCB can be demonstrated both at completion and longer-term follow-up.**

**Parental wellbeing (DASS-21)**

DASS-21 total scores also decreased significantly. Overall, both subscale and total scores showed an improvement in well-being. However, no statistically significant changes in the mean depression, anxiety or stress scores for parents were found in the smaller sample after three months.

**Depression, anxiety and stress (DASS-21)**

Parental wellbeing also significantly improved by the time parents had completed the group.

Parents in the larger sample reported significant improvements in their own depression, anxiety and stress between T1 and T2. DASS-21 total scores also decreased significantly. Overall, both subscale and total scores showed an improvement in well-being.

UYCB improved pro-social, emotional functioning, parental depression, anxiety and stress, and in the child-parent relationship. These results show that after the conclusion of a UYCB group there is evidence for the maintenance, although not for further improvement, of effects at three months. Limitations of the study include the small sample size at the follow-up, the reliance on parental self-report, and the lack of a control group. Strengths include the use of a child-parent relationship measure, follow-up time-point and use of current clinical practice pathways for recruitment to strengthen the real-world validity and application of the study’s findings.

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**Improved parent-child relationship could lead to additional benefits over and above a behavioural approach, both at an individual and societal level, such as improvements in family relationships, emotional self-regulation in the child and resilience against mental health difficulties in the long term.**

**Policies should include programmes which have an effect on both behaviour and parent-child relationships.**