Scientific Research Publishing

Open Journal of Nursing, 2025, 15(3), 198-210
https://www.scirp.org/journal/ojn
ISSN Online: 2162-5344
ISSN Print: 2162-5336

Specialist Nurses' Experiences of Working with Parental Support in Each and Every Encounter, According to an Evidence-Based Model in Child Healthcare

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How to cite this paper: Bryggman, M., Berger, E., Bäck-Pettersson, S. and Olsson-Tall, M. (2025) Specialist Nurses' Experiences of Working with Parental Support in Each and Every Encounter, According to an Evidence-Based Model in Child Healthcare. *Open Journal of Nursing*, **15**, 198-210.
https://doi.org/10.4236/ojn.2025.153015

Received: January 16, 2025
Accepted: March 18, 2025
Published: March 21, 2025

Abstract

Aim: To explore specialist nurses' experiences of working with the evidence-based Solihull Approach in Child Healthcare. **Background:** In recent decades, changes in living conditions and lifestyles have affected child healthcare, shifting the focus towards children's mental health. Today's parents increasingly seek knowledge and information about their children's emotional needs and development. Research in Child Healthcare indicates a growing need for support in parenting and strengthening the parent-child relationship. **Design and Method:** The interview study used a qualitative approach, and a qualitative method was employed for content analysis. The request for participation was sent to a strategic sample of specialist nurses who had participated in the SA training program; the majority (n = 14) were interviewed. The COREQ checklist was used in this study. **Results:** The analysis reveals an overarching theme, four categories, and 13 subcategories that illustrate how the training affected the nurses' attitudes, values, and working methods. They have gained increased awareness of the relationship between parents and children, focusing on facilitating dialogue and individualized care. **Conclusion:** The study shows that the Solihull Approach significantly enhances specialist nurses' competencies in Child Healthcare, resulting in a more person-centred and relationship-oriented approach with parents and children. **Relevance to Clinical Practice:** The study revealed that specialist nurses focused more on the impact and quality of interactions between parents and children. Their ability to observe these interactions enabled them to work with parental support. **Patient or Public**

Contribution: This educational effort enhances how nurses collaborate with parental support, emphasizing the child's perspective during each visit to Child Healthcare centres.

Keywords

Child Healthcare, Specialist Nurses' Experiences, Qualitative Content Analysis, Evaluation of Solihull Approach Training, Consultation, Containment, Reciprocity, Empathetic Behaviour Management

1. Background

People's living conditions and lifestyles have changed in recent decades, affecting child healthcare and shifting the focus towards children's mental health. Research in Child Healthcare shows an increased need for support in the parental role. Today's parents seek knowledge and information about their children's emotional needs and development more than before. This demands that specialist nurses work systematically with parental support and promote responsiveness in parenting [1]. The importance of developing the ability of those working in Child Healthcare to manage interactions between young children and their parents has been described in several studies [2] [3]. Studies have shown that specialist nurses in Child Healthcare lack education and clinical training in working with attachment and interaction between parents and children [4] [5]. Essentially, these nurses rely on their own experiences and collegial support.

In Sweden, there is a comprehensive healthcare program that covers the physical health of children up to 5 years of age. Child Healthcare has a unique opportunity to influence the development of children's physical and mental health. A central task for specialist nurses in Child Healthcare is to create conditions for parents to understand and meet children's needs. Tell [1] conducted a study of all Child Healthcare units in Sweden to investigate whether the child health program was implemented uniformly, and which health visit methods were offered in the general program. Although Swedish Child Healthcare is often described as general and similar, the results showed significant differences across the country in terms of supply, methods, and follow-up. There is a particular need to focus on parental support and the interaction between parents and children.

Other studies have noted that specialist nurses in Child Healthcare lack methods focusing on the interaction between parents and children [3]-[5]. It is important to increase knowledge of attachment theory and methods focusing on working with the parent-child relationship.

The Solihull Approach (SA) is a well-established, evidence-based educational model that supports parent-child interactions and promotes secure attachment [6]. The SA is a training model for specialist nurses in Child Healthcare, aiming to enhance competence and confidence in strengthening parents in their parental

role. This kind of parental support is unique because it occurs in each individual encounter with the parent. The advantage of this method is that parental support is adapted to the needs of each parent, building a relationship over time. Generally, parental support programs consist of a limited number of encounters and are aimed at parents in groups. There is a lack of studies on training initiatives that focus on Child Healthcare's work with parental support in each and every encounter.

The SA was developed in Great Britain to educate professionals in child healthcare and is the result of a multi-professional collaboration that began in 1996 in Solihull, Birmingham. The SA is evidence-based and aimed at child healthcare professionals, it has been part of a collaboration between the Heart of England NHS Foundation Trust and the University of Central England in Birmingham since 2001 [7]. The SA originates in psychoanalytic theory, developmental theory, and learning theory, addressing the concepts of containment, reciprocity, and behaviour management.

Containment involves staff being responsive and available to a parent experiencing difficulties. It is a process where one becomes open to a parent's feelings and reflects together with the parent. The goal is to achieve a parallel process in which the parent is responsive and available to the child's needs and expressions. In the professional encounter, the parent can understand their reactions, consider their approach, and empathize with the child's perspective. Reciprocity is crucial for a child's development and requires understanding the child's developmental level and personality. It demands that parents tune in with the child, comply, and motivate and calm the child. Staff must also comply and understand the parents' perspective. Behaviour management involves recognizing when a child needs guidance based on their personality and development level. Staff and parents work together with the child to create reasonable limits. Containment and reciprocity form the basis for behaviour management.

The SA focuses on children's emotional development and well-being, including the parental role and the development of secure attachment. Attachment is the unique relationship that develops between a young child and their caregiver. It forms the basis from which the child explores early experiences and forms their self-image [8]. A secure attachment is developed through containment and reciprocity when the child receives adequate emotional support and can handle experiences with the parent. Containment, reciprocity, and empathetic behaviour management result in secure attachment and are prerequisites for optimal development of a child's brain. Even the relationship between parents and professionals needs to be mutual, balancing activity, passivity, sensitivity, and professional knowledge.

1.1. The Solihull Approach in the UK

Training in the SA has been continuously evaluated in Great Britain since 2001. For specialist nurses in child healthcare, studies show that training positively af-

fects competence and job satisfaction [6] [9]-[13]. Training efforts have been conducted in various areas, such as training group leaders for parental support. This training has been developed digitally into the program "Understanding Your Child". The Solihull Approach received the CANparent Quality Mark award from the National Health Service in 2014. In maternal healthcare, midwives have been trained to lead groups for expectant parents using the program "Understanding Pregnancy, Labour, Birth, and Your Baby". Evaluation of the educational effort shows demand for continued development and evaluation, even if it proves to have a positive impact on early attachment and motivation for breastfeeding [7].

1.2. The Solihull Approach in the Västra Götaland Region 2018-2021

The implementation of the SA in Swedish Child Healthcare began in 2015 through a digital collaboration between the English founder Hazel Douglas [6] [7] and two psychologists in the Västra Götaland region of Sweden. The psychologists underwent SA leadership training, and the model and study materials were adapted to Swedish conditions [14]. The model and the study were introduced and approved by the healthcare manager. In 2018, a pilot training for specialist nurses in Child Healthcare was conducted in the Västra Götaland region. This was the first of its kind in Sweden and was evaluated in 2020 [15]. The training included theoretical sessions over two half-days with lectures, reflection assignments, and practical examples. It continued with consultation groups, where participants met once a month for 1.5 hours for one year with a psychologist. The next step was to implement the model in a group of psychologists at the Clinic for Parenting and Young Children. The psychologists (n = 14), responsible for 15 municipalities, were trained in 2019. Psychologists subsequently trained specialist nurses in Child Healthcare in their respective areas of responsibility. Theoretical teaching and follow-ups in consultation groups were conducted. In 2020, the educational effort was affected by the pandemic, requiring some consultations to be conducted digitally. A midterm follow-up was offered digitally in the spring of 2021. In the spring of 2022, an evaluation of the educational effort was conducted digitally through individual interviews.

1.3. Consultation during training

Consultation during the training differed from traditional consultation. Traditional consultation is based on participants' questions about current issues and themes. The psychologist is responsible for structure but does not control the content. In the context of the study, an important difference was that the consultant controlled the content based on the study material and encouraged participants' reflections based on the SA [16]. The consultant, in this case, a psychologist, actively transferred knowledge and conveyed the model's basic concepts. This facilitated the parallel process in consultancy, specifically the specialist nurses' work with parents and children. The consultant took a passive role in problem-solving

but actively supported participants' reflections and encouraged them to draw on their own knowledge and experience.

The consultation was based on study material processed during the training days [14]. Before each consultation, participants were given a task based on the study material. They were encouraged to connect reflection tasks to their everyday clinical life. The consultation focused on participants' reflections on their encounters with parents and children. The consultant's task was to integrate the SA into current issues. The consultant's approach during the consultation was based on the model, with containment and reciprocity as parallel processes to the participants' work with the families. The purpose of this study was to explore specialist nurses' experiences of working with the evidence-based Solihull Approach in Child Healthcare.

2. Method

2.1. Design

The study uses a qualitative approach, and a qualitative method was applied for content analysis [17]. This method originates from structuralism and communication theory, with an epistemological basis in various scientific methods. Here, the manifest message is considered a phenomenological description, and the latent meaning is considered a hermeneutic interpretation. The method involves interpreting variations and identifying differences and similarities in the content against the background of the authors' pre-understanding. In the analysis, the following concepts were used: meaning units, condensed meaning units, codes, subcategories, categories, and theme. In this method, categories express the manifest content of the text, while the theme expresses the latent content [18]. The study involved psychologists who conducted the training and researchers who performed the interviews and analyses. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for reporting this study [19].

2.2. Study Environment and Sampling

The interviews were conducted in West Sweden. An invitation to participate was sent to a strategically selected sample of specialist nurses (n = 15) who had participated in the training for more than one year. The majority (n = 14) were interviewed. One was unable to participate due to a high workload.

The participants' ages ranged from 35 to 65 years. All participants had specialist training, including district nurse training (n = 8) and pediatric nurse training (n = 6). All but one had worked for more than 5 years in child healthcare. At the time of the study, they were working in either private or public child healthcare clinics, some centrally located and others in rural areas. These clinics were situated in areas with varying socioeconomic structures.

2.3. Data Collection

Data collection was carried out in 2022 by two authors (MOT, SBP). Fourteen

individual interviews were conducted using an interview guide with semi-structured questions [20] to explore participants' experiences of the training. The interviews were conducted digitally after the educational effort was completed. Participants were interviewed at their workplaces in rooms ensuring privacy. They were asked to describe what they learned during the training and how it affected their daily work. The interviews lasted 45 to 60 minutes and were recorded and transcribed verbatim.

2.4. Data Analysis

The interviews were analysed inductively using a qualitative content analysis method [17]. All interviews were read to understand the overall context. The text was divided into meaning units, which were then condensed without losing the core content. These condensed meaning units were labelled with codes based on their content. Codes with similar content were sorted and formulated into subcategories. In the next step of the analysis, subcategories with similar content were grouped into the same category and labelled based on the manifest content. Finally, the theme emerged based on the latent content [18]. During this process, the researchers compared the results with the original text and adjusted some wording. The four authors then critically discussed the results (**Table 1**).

Table 1. Examples of the analysis steps include meaning units, condensation, coding, subcategories, and categories.

Meaning units	Condensed meaning units	Code	Subcategories	Categories
I focus more on the child than I have before. I ensure that the parents have the best possible relationship with the child. I think that is the most important thing. I try to make them understand that it is a constant interaction, where they, as parents, must give and take.	It makes parents more aware of the importance of interacting with their child and the give-and-take in the parent-child relationship.	Interaction	I am more observant of the interaction between parents and children.	I changed approach towards parents.

2.5. Ethical Considerations

This study was approved by the Swedish Ethical Review Authority on 2021-05-24 [Dnr 2021-02780]. The ethical principles outlined in the Helsinki Declaration were followed [21]. All participants received written and oral information about the study before agreeing to participate. Each participant signed an informed consent form at the beginning of the data collection process.

3. Results

The overview below presents the results as one overarching theme consisting of four categories and 14 subcategories that illustrate the participants' experiences of working with Solihull Approach (**Table 2**).

Table 2. Overview of overarching theme, categories, and subcategories.

Theme	The Solihull Approach changes specialist nurses' attitudes, values, and ways of working with parents and children.			
Category	1) Implementation	2) Study material	3) Consultation	4) Altered approach
Sub-category	Scheduled working hours	Extensive, takes time to grasp and discuss	Concretise the concepts	Focus on the different needs of families
	Working technology	Question guides are suggested	Deepen the insight into families' various issues	More observant of the interaction between parents and children
	More consultation occasions	Films and examples need to be tailored to Swedish conditions	Promote the collegial exchange of experience	The children's perspective is the overall focus
			Put the model into action	

This overarching theme emerged from the analysis: the Solihull Approach changes specialist nurses' attitudes, values, and ways of working with parents and children.

3.1. Category 1: Implementation

The analysis reveals that implementing the educational effort requires support from operational management. Before conducting the training, certain prerequisites should be met. Digital technology must be accessible wherever the nurses are located to support the study tasks. The consultation component should be scheduled throughout the educational effort, including time for reviewing the study material. More consultation opportunities would facilitate gaining insights. The nurses justified their position by stating that the underlying theories and concepts of the model take time to learn and internalise.

"*We were given tasks before each* [*consultation*], *so we knew what to read and think about. However, we didn't have time to read, because one day, when we were scheduled at the child healthcare unit, we were suddenly needed to help with other tasks at the reception. It didn't work. I feel like I'd have to go through the training again to grasp it all, to be honest* (*Nurse* 1)."

More consultation opportunities were requested. The nurses expressed a strong desire for an in-depth course on the model and its application. Additionally, they urged the leadership of Child Healthcare to confirm whether the SA should be used in the continued development of Child Healthcare.

"*More training opportunities are needed, as the consultations have been very useful. By the end of this year, it feels like our efforts are disappearing into the sand. I would like the support to continue indefinitely. We need to determine if the Solihull Approach is the model we should use in our work moving forward* (*Nurse* 3)."

3.2. Category 2: Study Material

The study material was extensive and took time to understand and discuss, as it

contains many challenging concepts that require reflection to internalize. However, the participants found it practically useful, with many good examples that explored the meaning of parental support.

"*The study material was excellent. I tried to read it thoroughly, but there hasn't been enough time to fully immerse myself in it. The discussions based on the examples presented were insightful. We must consider the importance of caring for children and parents, which may pose challenges from the perspective of the Child Healthcare Unit* (*Nurse* 10)."

The nurses stated that the films and examples in the study material should be tailored to Swedish conditions and reflect complex situations. They recommended producing a folder that briefly describes the Solihull model for both staff and parents.

"*Imagine if we could apply Solihull's approach to parents when they face difficulties or have concerns. Perhaps a leaflet—something short and simple that reinforces what we've discussed, which they can take home and talk about* (*Nurse* 2)."

3.3. Category 3: Consultation

The SA was implemented during consultation sessions. Through these consultations, the model's meaning was clarified, and the consultant helped participants relate the model's concepts to their own situations. The discussions deepened participants' understanding of various issues that families raised during the visits. Training in asking questions rather than providing ready-made solutions helped implement the model.

"*It was very developmental, like personal growth. She never told us what to do. Instead, she asked,* "*What are you thinking here?*" *It was sometimes challenging not to have a manual, but it was beneficial. Afterwards, I felt somewhat like parents might feel with the Solihull approach—figuring out the answer yourself is what helps you grow. That's the difference between this consultation and other tutorials* (*Nurse* 8)."

"*It is important for the supervisor to guide us from theory to practice and for supervisors and colleagues to reflect our approach* (*Nurse* 5)."

Participants stated that the SA deepens their understanding of various family issues, making it useful in interactions with parents from different cultures. Additionally, the model provided structure and depth to discussions, and the concepts were made concrete, resulting in a deepened collegial exchange of experiences.

"*It took several sessions to understand the Solihull model. Initially, we discussed as we had done before. Our consultant had to remind us that the discussion must be based on the model and its concepts* (*Nurse* 7)."

During the encounters, the consultant encouraged the nurses to relate their experiences and reactions to their own cases, as well as to the model and its central concepts. In this way, the model was put into action.

"*To maintain the Solihull mindset, we discussed various concepts during each meeting. We then applied the model to our patient cases. It was important to articulate what was happening in the encounter, how we were thinking, and how Solihull supported our work at the child healthcare unit* (*Nurse* 11)."

3.4. Category 4: Altered Approach

The nurses mentioned they had changed their way of working. They focused more on the fact that families have different needs rather than giving general advice. They became more observant of the interaction between parents and children, developed a more family-centred approach, and adapted their methods to families' needs and situations.

"*It's taken some of the burden off my shoulders because I feel like I don't have to solve the family's problems right away. Now, I act more like a sounding board, helping the family move forward. It's more of a process than going from A to B. It is a winding road, and I guide them along the way. It's good* (*Nurse* 12)."

The model has made the nurses' work easier. Instead of giving advice, they ask open-ended questions that encourage parents to reflect and suggest solutions that suit their family.

"*I used to be quick to give a lot of advice, but I'm not anymore. I think it is more important to start a dialogue and discussion about how they think. Now, I ask more open-ended questions and let the parents describe the situation and come up with their answers* (*Nurse* 13)."

"*My task is to first sow the seed of a small thought. Instead of solving the problem on this visit, I must follow up on it on several occasions. It needs to resonate with the parents I meet* (*Nurse* 9)."

Through educational efforts, participants became more observant of how parents and children interact during the visit.

"*Previously, when a connection did not work, it was unclear what certain connection patterns indicated. However, with this model, it has become clearer. I have learned to better interpret the interactions and understand what a child's difficulties may be due to* (*Nurse* 14)."

"*I pay close attention to the child's behaviour and the parents' interactions, including how they comfort or don't comfort the child and whether they make eye contact with the child. I find an approach for a conversation, even if the parents do not specifically mention this issue* (*Nurse* 8)."

The training helped nurses focus on the children's perspective instead of parents' frustrations and boundary-setting issues. They emphasized helping parents understand their children and their reactions. Nurses learned to empower parents in their parental role and to understand the children's perspective.

"*Setting boundaries is difficult. It's easier to discuss being straightforward and setting limits when a child throws a tantrum. However, if someone is harsh with their child, I think it's more challenging to discuss* (*Nurse* 2)."

"*If the parents are weak, I usually ask if they think the child should always get*

what they want and what causes the child to react with tantrums. This is something Solihull has taught me, and it has been incredibly rewarding (*Nurse* 5)."

4. Discussion

4.1. Methodological Considerations

The analysis aimed to highlight specialist nurses' experiences with an evidence-based working model in child healthcare. After analysing 14 interviews, no new perceptions emerged to develop existing codes, subcategories, and categories. Credibility and validity are based on the transparency of the research process presented in this article. We recruited a strategic sample of specialist nurses who participated in the training (n = 14). They were knowledgeable and willing to share their experiences about the training's advantages and disadvantages [20]. They provided several examples of how the training affected their professional practice and suggested ways to simplify, improve, and incorporate the training into regular work.

To evaluate the accuracy of the findings, four criteria—credibility, dependability, confirmability, and transferability—were used [22]. To achieve credibility, data were collected from all participants. After collecting relevant data and conducting interviews, all authors' opinions were used to confirm the accuracy of the coding process. The researchers improved the validity of their findings by allocating sufficient time for prolonged engagement with the data and by following a step-by-step data analysis process. The opinions of two experts were also used to check the accuracy of the categories, data analysis, and extraction process. To allow the research to be audited, the research steps were carefully recorded. Detailed descriptions of the participants were provided to enable the transferability of the findings to similar contexts, situations, and individuals [23].

4.2. Discussion of the Results

The study shows that participants' attitudes and values shifted towards a more person-centred and relationship-oriented approach in every encounter with parents and children. Participants stated they reflected more on the importance of interaction, which increased their awareness and observational abilities. Previous evaluations of the educational effort indicate similar findings [15].

The Solihull Approach (SA) was introduced through two half-day sessions, which included lectures, presentations of educational material, and reflection exercises. The goal was to reinforce the value of focusing on strengthening parental skills and to highlight the importance of interaction in the parent-child relationship. The training continued in consultation groups for a year with a child health psychologist.

The results suggest the study material could be improved by concretizing theoretical concepts through case descriptions. The SA is theoretically extensive and was found by some participants to be time-consuming to understand. The model requires repeated training sessions and reinforcement of basic concepts and their

meanings. Participants reported difficulties due to the lack of a manual with practical guidance and ready-made solutions. Specialist nurses expressed a need for a leaflet about the SA to distribute to parents. The consultation sessions, where participants discussed and applied the theories, were the most significant part of the SA. During these sessions, participants reflected on their experiences and communicated how they applied the SA.

The consultation was the main part of the educational effort, where the work material was developed. Theory was integrated into practical application. During the consultation, the specialist nurses reflected on their own experiences and how they could apply the model. This form of learning, where participants connect theory to practice and reflect on their actions, facilitates the integration of knowledge.

In the training and implementation of the SA, consultation is vital and necessary. Due to the COVID-19 pandemic, consultations often had to be conducted digitally. This was accompanied by challenges such as a lack of technical equipment and a loss of multidimensional interactions. In some cases, staff shortages required nurses to switch to other tasks. Participants indicated that training should be scheduled over a year, with consultations planned with a psychologist. Without continuous consultation, the working method cannot be implemented in child healthcare. Consultation is essential for competence development and quality assurance in child healthcare. The interviews highlighted the importance of operational managers understanding the model to enable staff to fully implement the educational effort. Conducting a longitudinal process evaluation using both quantitative and qualitative methods would be valuable to assess the educational effort's impact on developing evidence-based child healthcare.

The goal of this educational effort by specialist nurses is to create a consensus and understanding of the importance of working with parental support in each and every encounter with parents and children. Parental support aims to strengthen parents' ability to meet their children's emotional, cognitive, and social needs. Winnicott [24] emphasizes the critical role of parenthood in children's development and living conditions, as well as the environment's influence on a child's ego development. Empowering parents can lead to long-term societal benefits through improved living conditions for children and can reduce the need for societal interventions.

4.3. Implications

This study shows that educational efforts have led to a more person-centred and relationship-oriented approach with parents and children. To promote competence development for specialist nurses in Child Healthcare, continuous education on the SA is recommended for all employees. We propose including the model in the basic and further education of specialist nurses. Operational management is responsible for implementing and maintaining work according to the model. The evaluation of the Solihull model has led to further development of

educational efforts, including digital interactive materials intended for a training package for specialist nurses in child healthcare. Implementation of the SA approach is currently in progress, and the SA model will be researched longitudinally.

Acknowledgements

The authors would like to express their gratitude to the nurses who participated in this study.

Contributions

Study design: MB, EB, SBP and MO-T. Data collection: SBP and MO-T. Data analysis SBP and MO-T and manuscript preparation: MB, EB, SBP and MO-T.

Funding

The study was financed by a grant from the Local Research and Development Council Fyrbodal (Ref. Dnr 2021-02780) in Region Västra Götaland, Sweden.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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