

A3 - Frequently Asked Questions

New sites: online support for parents from antenatal to 19 years

Age range: The courses go from conception up to 19 years, in 4 courses.

Universal?: These courses are for everyone: mothers, fathers, partners, grandparents, other family and involved friends. Some areas aim to reach thousands of their population.

Targeted?: It can also be used with targeted populations e.g. parents who can't/won't go to groups, or for parents that the practitioner has some concerns about but there is no group available. Health visitors and family workers have used the online course to work with the parent. In addition, if the partner is unable to be there, they can also access their own course later. In a modified group (i.e. not as anxiety provoking for some people) computers have been made available in a room for a few parents to work on the online course, with a facilitator in attendance to answer questions and run a discussion at the end. See the section on Supported Self Help in the User Guide.

Timeframes: Once you have the right people around the table it usually takes about 3 months to set up the distribution systems and decide on the marketing and communication plan. We have found that the 'right people' varies according to the area. Most convene some type of Working group at some point.

Staffing resource requirements: No-one has appointed extra personnel, but someone needs to take on the role of Implementation Lead. Where there is a strong parenting team, they have been the lead, although a Public Health overview can be very helpful. Some Public Health teams have led the implementation. Both models are working.

Content: if you are running the equivalent Solihull Approach face-to-face courses, the content is the same. All evidence based, with published research.

Outcomes: the courses all have inbuilt evaluation. These show very positive results. 99.9% of people who complete a course will show a benefit.

Adding information: we can't add content into the actual course, but when we set up your access plan we can add tailored questions or statements before your learners start the courses. Another way is in your marketing materials you direct people to your particular web page rather than the course web page, with information and reminders on it and from that page direct them to the course web page.

Costs after 12 months: It is likely that we will keep the costs the same for a few years. Some areas are now planning for 2,3 or 4 years.

Access to user data: we can report back to you uptake by groups of postcodes (e.g. Ward or area) or by LSOAs or Early Help areas. Whatever suits you. You can log in any time and retrieve the pre and post results for your cohort on the outcome questionnaires, and compare them to national data. We can collect and report on demographic data, but this needs to be balanced against the need to engage parents, as our experience is that the more you ask the less people engage.

Implementation kits: We have an Implementation Kit for the lead person, with helpful questions to consider. These have arisen out of our Early Implementer sites and subsequent cohorts of sponsors. We also have Launch Packs for professionals and schools that can be easily disseminated. Please let us know if you have suggestions for the kit.

Information Governance: The Solihull Approach is part of the University Hospitals Birmingham (formally Heart of England NHS Foundation Trust) and the website and courses have been subject to a PIA here; a technical assurance check; risk assessment; and is held on a secure server. This has enabled us to get IG approval from our Information Governance Officer. The privacy policy on www.inourplace.co.uk/privacy/ is GDPR compliant.