WHAT WORKS TO ENHANCE INTER-PARENTAL RELATIONSHIPS AND IMPROVE OUTCOMES FOR CHILDREN

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Foreword

Healthy child development is the bedrock of a healthy, productive, and secure society. The central role of positive parenting practices in promoting this objective has been emphasised in past research and echoed in recent government policy. The Prime Minister has recently emphasised the importance of both relationship support and parenting as key elements in improving children's life chances. Traditionally these two areas of policy and practice have been seen as separate activities. Yet increasingly, the role of the couple relationship as a precursor to promoting positive parenting practices is recognised as an essential ingredient in delivering positive outcomes and long-term life chances for today's generation of children and tomorrow's generation of parents.

The Early Intervention Foundation (EIF) was founded as an independent charity and What Works Centre established in July 2013 to champion and support the effective use of early intervention for children with signals of risk. In so doing, we hope to reduce the human and economic costs of late intervention which is needed when problems become entrenched and difficult to reverse on the journey from childhood to adulthood.

EIF was commissioned by the Department for Work and Pensions to carry out a review of 'What works to enhance inter-parental relationships and improve outcomes for children'. The review was commissioned with a view to informing the 2015 Spending Review, as well as the government's 'Life Chances Strategy'.

EIF collaborated with Professor Gordon Harold, a world expert in child development and the role of the family in children's psychological development, and his team at the University of Sussex.

This review summarises state-of-the-art research evidence examining links between the inter-parental relationship, positive versus negative parenting practices, and long-term outcomes for children. It finds that the quality of the couple relationship serves as a substantive influence both on the quality of parenting that children experience and on their long-term mental health and future life chances. While everyday conflict between couples and parents is common in families, parents who engage in frequent, intense, and poorly resolved conflict put their children's mental health and long-term life chances at risk.

The case is made that by prioritising and investing in couple relationship support and intervention at key stages in children's lives, improved parenting and child outcomes will be promoted. This will lead to more sustainable outcomes for the present generation of children and the next generation of parents and families in the areas of education, health, employment, family stability, and the overall welfare of society, for example reduced anti-social behaviour, mental health, and related impacts.

In the context of present practice and policy, models of family and child intervention and support, the quality of relationship between parents and associated outcomes for child development is a neglected site for early intervention; it has had little attention in maternity, children's, and family services. But there are critical opportunities ahead with new investment in relationship support, parenting, mental

health, and Troubled Families to bring this focus centre stage. Given that the evidence is still at an early stage it will be vital to test and learn as we go along.

The principal objective of this report is to review and make accessible the very latest evidence highlighting the role of the couple relationship as an influence on children's development, with recommendations provided for policymakers, commissioners, and practitioners aimed at improving the life chances of modern-day families and the individuals that comprise them – adults/couples, parents, and children.

Carey Oppenheim, Chief Executive, Early Intervention Foundation

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Ultimately any errors and omissions are the responsibility of the authors and editor.

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Professor Gordon Harold

Gordon is the Andrew and Virginia Rudd Chair in Psychology and Director of the Rudd Centre for Adoption Research and Practice at the University of Sussex. He received his PhD from Cardiff University in 1998, was appointed Lecturer in Psychology the same year, and Professor of Psychology in 2008. He has held appointments as the Alexander McMillan Chair and Professor of Psychology at the University of Otago, New Zealand, and Professor of Quantitative Behaviour Genetics at the University of Leicester. He is an Associate Member of the MRC Social, Genetic and Developmental Psychiatry Centre, at the Institute of Psychiatry, Psychology and Neuroscience, Kings College London, and at the MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University. His primary research interests focus on the role of the family as a context for understanding children's normal and abnormal psychological development, the interplay between genetic and family relationship factors and children's psychological development, the analysis of longitudinal data and working with cohort longitudinal data resources, and implementing practice and policy recommendations from research relating to family influences on child and adolescent mental health. He is a consultant and advisor to several government departments in the UK and internationally.

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Daniel is an Evidence Analyst at the Early Intervention Foundation. He joined the Early Intervention Foundation from the Analysis and Insight Team at Cabinet Office. There he managed a range of research and evaluation projects in support of the Office for Civil Society and the Youth Policy teams. Before that, Daniel spent three years as a Research Associate at the Centre for Education Research and Practice at AQA Education where he published work on education policy as well as carrying out evaluations on assessment procedures. Previously, Daniel trained as a developmental psychologist, completing an MSc in Psychological Research Methods and a PhD in developmental psychology at the University of Nottingham.

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Ruth is a Research Fellow in the School of Psychology and the Andrew and Virginia Rudd Centre for Adoption Research and Practice at the University of Sussex. Ruth received a PhD in developmental psychopathology (2013) from Cardiff University and has recently been awarded an ESRC Future Leaders Research Fellowship, to commence in April 2016 in collaboration with Professor Harold and international collaborators in the US, New Zealand, and the UK through the Rudd Centre for Adoption Research and Practice. Ruth's research interests focus on the examination of risk and resilience processes underlying family influences on child psychopathology, with the core objective to illuminate understanding of mechanisms that explain the development of adverse outcomes and that can help to inform intervention and prevention strategies.

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Haroon is an Evidence Analyst at the Early Intervention Foundation, where he leads the analysis of costs, benefits, and impact in relation to early intervention. He has a background in economic research and analysis, having previously worked at the Institute for Fiscal Studies. There he carried out quantitative research into various issues around education and skills, including: socio-economic inequalities in children's education and behaviour, participation rates in further and higher education, the implications of school and higher education funding, and welfare-to-work policy. He also worked on impact assessments commissioned by government departments and the Education Endowment Foundation, and taught courses on evaluation and cost-benefit analysis.

Executive Summary

Chapter One – Background and introduction to the review

- The Early Intervention Foundation has been commissioned by the Department for Work and Pensions to carry out a review of 'What works to enhance inter-parental relationships and improve outcomes for children'. The review was commissioned with a view to informing the 2015 Spending Review, as well as the government's 'Life Chances Strategy'.
- The review has been led by Professor Gordon Harold, an expert on the role of the family in children's psychological development, and Dr Ruth Sellers from the Andrew and Virginia Rudd Centre for Adoption Research and Practice and School of Psychology at the University of Sussex, supported by a team led by Daniel Acquah at the Early Intervention Foundation.
- We have reviewed the literature on how and how much the parental relationship acts as an influence on child development and what the implications for policy are including through local intervention to support inter-parental relationships and promote positive child mental health and related outcomes.
- Inter-parental relationships are defined as relating to both intact and separated couples with children, with a focus on relationship behaviours (e.g. conflict management) rather than relationship status per se (i.e. married, divorced).

Chapter Two – Evidence on the importance of the inter-parental relationship for children's outcomes

- The second chapter provides a summary of the key findings in the field on the importance of the couple relationship for child outcomes. The science of how the quality of the relationship between couples impacts on children is described with in-depth consideration of key papers to set out the scientific case underpinning the inter-parental – child development link.
- As children cannot be randomly assigned to specific family environments, longitudinal studies (which track individuals over time) are important sources of evidence to test hypotheses about directions of causality. The majority of representative studies highlighted throughout the report employ longitudinal designs. This offers substantially more support for inferring cause than do cross-sectional studies (which look at a single point in time).
- The review also draws upon research using genetically sensitive research designs. These studies allow the estimation of the interplay between genetic and environmental (rearing) influences on children's development to understand their relative roles in explaining the link between inter-parental conflict and child outcomes. This review primarily draws upon adoption studies and studies of children born via assisted reproductive technologies.

Findings

- We find that the quality of the inter-parental relationship, specifically how parents communicate and relate to each other, is increasingly recognised as a primary influence on effective parenting practices and children's long-term mental health and future life chances.
- Parents/couples who engage in frequent, intense, and poorly resolved inter-parental conflicts put children's mental health and long-term life chances at risk.
- Children of all ages can be affected by destructive inter-parental conflict, with effects evidenced across infancy, childhood, adolescence, and adulthood.
- The wider family environment is an important context that can protect or exacerbate child outcomes in response to exposure to inter-parental conflict. In particular, levels of negativity in parenting practices can exacerbate or moderate the impact of inter-parental conflict on children.
- Inter-parental conflict can adversely affect both the mother–child and father–child relationships, with evidence suggesting that the association between inter-parental conflict and negative parenting practices may be stronger for the father–child relationship compared to the mother–child relationship.
- We have not quantified a cost-benefit analysis for inter-parental relationship programmes. We leave this for future work. However, we set out a basic framework, which is that there are significant long-term personal and social benefits of improved childhood mental health, and that these may be improved by working to promote the quality of the inter-parental relationship.
- Evidence shows that child outcomes tend to be worse on average in lone-parent and non-married families, although such comparisons may not take into account socio-economic factors and other features of the family environment that may vary between families of different types. While family breakdown can be detrimental in itself, this review has found that the quality of parental relationships, level of parental stress, and quality of family functioning also have a significant impact on children's well-being, in both intact and separated families. Family structure, family breakdown, and family relationship quality are all closely intertwined, making it difficult to distinguish the causal effect of each factor.
- It is difficult to establish an empirical estimate of the cost of family breakdown. This is because it is difficult to ascertain empirically what proportion of public expenditure is directly attributable to people that have experienced family breakdown, and which would not have been incurred had that breakdown not occurred. The fiscal cost of family breakdown has recently been estimated to be £47 billion per year. However, this estimate does not capture potential fiscal costs incurred from poor parental relationships and family functioning in intact and separated families.
- Further research is warranted in order to obtain more precise estimates of the fiscal cost of family breakdown, but also to quantify potential fiscal costs of poor family functioning regardless of whether family breakdown occurs. The data requirements of this analysis present a significant challenge, but the Understanding Society data set provides what is likely to be the best available option for further exploration of this issue.

Chapter Three – A review of the international evidence base on programmes to support inter-parental relationships

- Chapter Three focuses on international programmes and evidence. It uses systematic methods to review the international peer-reviewed literature on intervention programmes.
- From a rapid systematic review 28 studies were found which evaluate the impact of interventions to support couples experiencing or at risk of conflict. See Appendix 2.
- 19 interventions had been evaluated by a Randomised Control Trial (RCT) or quasi-experimental design. A further 2 had pre-post designs with a control group. The remaining interventions were underpinned by evaluations using less methodologically robust designs, such as pre-post studies with no control group.
- Not all RCTs and pilots are implemented as rigorously as is necessary to demonstrate impact and so formal assessment of the quality of trials is important.
- It is clear though that this international evidence includes a number of rigorous trials and suggests that these interventions have the potential to help improve aspects of the couple relationship, including patterns of interaction and communication, benefitting improved parenting practices and promoting more positive outcomes for children.

Chapter Four – Assessment of the evidence for UK programmes to support inter-parental relationships

- Chapter Four focuses on the evidence base for programmes in use in the UK. We formally assessed the strength of evidence and cost for UK programmes and approaches that responded to our call for evidence.
- 15 programmes were found to be in scope and provided information to assess strength of evidence and cost (see Appendix 4).
- We assessed them in terms of child outcomes, couple outcomes, and strength of logic model (see Glossary of Key Terms p.81).
- The UK evidence of effective programmes to address inter-parental conflict with a view to improving child outcomes is still at an early stage. This is not surprising as these programmes have not had substantial investment to date and many were not designed with child outcomes as a principal objective. Only 1 of the 15 programmes has preliminary evidence of achieving impact on child outcomes (with existing longitudinal evidence mainly derived from international study evidence). This programme aims to strengthen fathers' relationship with their children, fathers' relationship with their children's mother, and to improve their co-operation as parents when children transition into school.
- Most of the programmes are in the early stages of evaluation and monitor impact on couple outcomes only. They vary in terms of their degree of specification and strength of logic model.

Review conclusions

- The science of the couple relationship as a focus of early intervention to improve outcomes for children and families is well established. There are strong theoretical and empirical foundations underpinning the core hypothesis that the couple relationship matters considerably for child outcomes.
- There is a growing international body of well-evidenced interventions which indicate positive impacts on both the couple relationship and child outcomes.
- The field in the UK is in the early stages of development with many gaps in knowledge about how to engage families effectively, how to replicate quality of intervention at scale, and how to evaluate and monitor impact on child outcomes.
- This indicates that the couple relationship is an important site for early intervention. It has implications for a wide range of policy areas from effective approaches to child mental health to managing child behaviours. In particular, it is important that policymakers and commissioners consider interventions and support for both the couple *and* the parenting relationship (both the mother–child and father–child relationships). Just targeting the parental–child relationship in the context of ongoing inter-parental conflict does not lead to sustained positive outcomes for children.
- Much more needs to be done to test and learn about what works, for whom, and in what circumstances, and about how to implement effective interventions, ensuring quality of practice, appropriate supervision and impact. It is important that any future investment from government and other funders builds in effective evaluation and enables commissioners and practitioners working on the ground to share learning.

Chapter One

Background and introduction to the review

The Early Intervention Foundation (EIF) is an independent charity established in July 2013 to champion and support the effective use of early intervention. By 'early' we mean early in the development of risks when activities that support children's development at any age can stop problems from becoming entrenched and irreversible. By 'intervention' we mean programmes and practices that target the needs of children and families who have an identified risk of negative life outcomes that may also carry a long-term social cost.

EIF is one of seven independent UK 'What Works' centres aiming to make the existing evidence more accessible and ultimately improving its strength. As a What Works Centre, EIF is asked to systematically collect evidence on interventions and practices and synthesise it in a clear and accurate way to inform the decision-making of policymakers and local commissioners.

EIF has been commissioned by the Department for Work and Pensions to carry out a review of 'What works to enhance inter-parental relationships and improve outcomes for children'. The review was commissioned with a view to informing the 2015 Spending Review, as well as the government's 'Life Chances Strategy'.

For this review, EIF has collaborated with Professor Gordon Harold – an expert in child development and particularly on the role of the family in children's psychological development, and Dr Ruth Sellers, an ESRC Future Leaders Research Fellow examining family influences on child psychopathology, who are both at the Andrew and Virginia Rudd Centre for Adoption Research and Practice and the School of Psychology at the University of Sussex. The Sussex Rudd Centre is focused on advancing scientific knowledge, practice improvements, and policy developments for vulnerable children and families, and constitutes a unique interdisciplinary partnership between the Schools of Psychology and Education-Social Work at the University of Sussex.

In collaboration with the EIF Evidence team led by Dr Daniel Acquah, the authors have reviewed the literature on how the inter-parental relationship acts as an influence on child development and what the implications for policy are including through local intervention to support inter-parental relationships in promoting positive child mental health outcomes and future life chances.

Although we are systematic in approach, in the time available we have not sought to review all of the relevant literature and available evidence as a full systematic review would. Rather, this is a rapid review comprising three components:

- Chapter Two provides a summary description of key findings on the importance of couple relationships for child development. Drawing on developmental science in particular, Chapter Two sets out the science of how the quality of the relationship between couples impacts on children. We set out brief summaries of key scientific papers which make clear that there is a strong basis for the proposition that the inter-parental relationship serves as a significant causal

influence on children's development. The cost of relationship breakdown is also considered.

- In Chapter Three, we use systematic methods to search the academic literature for studies that have evaluated interventions designed to improve couple and inter-parental relationships, both from the UK and abroad. We identified 28 relatively well-evidenced interventions that indicate that this type of programme can work and provide a description of the range of types of intervention available.
- Chapter Four is based on a 'call for evidence' and formal assessment of the strength of evidence for currently available UK couple/inter-parental relationship programmes. Programmes and services currently being delivered in the UK, or relevant and practical for implementation within the UK context, were eligible for review. In total the strength of evidence for 15 programmes and services was assessed in relation to EIF's standards of evidence through a panel review process. We have not assessed the strength of evidence for every service and programme available in the UK. Nevertheless, with the support and contribution of a key set of providers, we believe we have been able to make a sound assessment of the broad state of the evidence for programmes in the UK of this type at this moment in time.

Chapter Two

Evidence on the importance of the inter-parental relationship for outcomes for children

In this first section we describe the range of outcomes for children and adolescents that have been found to be associated with inter-parental conflict, where parents/couples engage in conflicts that occur frequently, are expressed with animosity/acrimony, and/or are poorly resolved. We discuss the strength of this evidence in terms of its ability to identify causal factors and consider why these outcomes matter as part of a wider approach to improving life chances. Representative studies are described in detail in box inserts to the main text. These highlight how the way couples communicate and engage with each other in managing relationship conflicts both affects their ability to engage in effective parenting practices and can influence children's mental health outcomes in infancy, childhood, and adolescence, with extended impacts on academic/educational attainment, physical health and well-being, employability, and future relationship stability in later life.

METHODOLOGY FOR THE LITERATURE REVIEW

- Studies reviewed in this section of the report highlight published findings linking the inter-parental relationship (and specifically conflict between couples/parents) to specific domains of child psychological welfare and well-being. Each of the 'outcome' areas presented in this section is supported by multiple published studies. The references provided represent studies that meet peer-reviewed publication standards and that have been replicated by studies measuring similar indices of inter-parental relationship functioning and child outcomes. Summary studies and associated research design, analytic methods, and related statistics are presented by way of providing example information linked to the profile of studies and primary outcomes reviewed in this section of the report. Other studies may also be relevant but not necessarily reported in this review.
- As children cannot be randomly assigned to specific family environments, longitudinal studies are important sources of evidence as they allow the examination of associations across time and development using sequencing or temporal and age dynamics to test hypotheses about directions of causality. Events are temporally sequenced to allow specific hypothesised processes (i.e. an order, or chain of events) to be tested, indicative of a likely causal process. Longitudinal studies therefore provide an important step prior to trialling interventions. The majority of representative studies highlighted throughout the report employ longitudinal designs. This offers substantially more support for inference of cause than do cross-sectional studies.
- The review also draws upon research using genetically sensitive research designs. Genetically sensitive research designs allow estimation of genetic and environmental (rearing) influences on children's development. Studies have used these designs to understand the interplay and relative role of shared genes and/or environmental experiences in explaining the link between inter-parental conflict and child outcomes. This review draws upon two types of design in particular:
    - *Adoption studies*: examine the resemblance between biologically related and unrelated relatives. Similarities between adopted children and their biological parents are assumed to be due to shared genes, whereas similarities between adopted children and their rearing parents are assumed to result from environmental influences.
    - *Studies of children born via assisted reproductive technologies*: children are genetically related or genetically unrelated to one or both of their rearing parents on the basis of the 'adoption' of gametes. These studies compare associations across parents and children that are genetically related and genetically unrelated to examine whether any associations are primarily genetically mediated (explained), environmentally mediated, or a combination of the two. These study designs examine associations using samples of parents and children who are *not* genetically related, thus eliminating shared genes as an explanation for similarities between parents and children, and emphasising the salience of rearing experiences for child outcomes.

Types of outcomes that children experience

Research evidence accumulated over several decades employing experimental [1, 2], longitudinal [3–5], and intervention [6] study designs has shown that children living in households marked by high levels of inter-parental conflict are at elevated risk of negative psychological outcomes across infancy, childhood, and adolescence (this chapter draws on the experimental and longitudinal evidence, with the next chapter reviewing the intervention evidence). The primary outcome domains for children that this research has focused on include externalising problems, internalising problems, academic problems, physical health problems, social and interpersonal problems, with research increasingly recognising that these problems may individually and/or cumulatively affect a child's long-term life chances, welfare, and intergenerational transmission of negative outcomes (i.e. child → parent → child). Further, these outcomes have been evidenced in children who experience conflict between their parents in family contexts not usually regarded as placing children 'at risk', not just where parents have separated/divorced and/or where domestic violence is a feature of conflict severity, with these areas representing a primary focus of past research and policy interest and with well-documented effects of inter-parental conflict on child outcomes [7, 8]. Research focusing on conflict between parents where parental separation/divorce and/or domestic violence is not a feature of family life has shown that children as young as 6 months evidence higher physiological symptoms of distress such as elevated heart rate in response to overt, hostile exchanges between their parents when compared to exchanges between non-parental adults [2]. Infants and children up to the age of 5 years show signs of significant distress by crying, acting out, freezing, as well as withdrawing from or attempting to intervene in the actual conflict itself [9]. Children between the ages of 6 and 12 years (middle childhood) and 13 and 17 years (adolescence) also show signs of emotional and behavioural distress when exposed to ongoing, acrimonious exchanges between parents [3]. Primary psychological and related domains are reviewed in this chapter.

Externalising Problems

One of the most common outcomes for children across all ages who witness severe and/or ongoing inter-parental conflict is an increase in a broad set of negative behavioural issues known as externalising problems. Externalising problems are characterised by behavioural difficulties such as aggression, hostility, non-compliant and disruptive behaviours, verbal and physical violence, anti-social behaviour, conduct disorder, delinquency, and vandalism in the extreme [10, 11]. While it is relatively common for very young children to exhibit features of externalising problems marked by temper tantrums before the age of 3 years [12], persistent aggression that is developmentally inappropriate is associated with a range of long-term negative outcomes including academic failure [13], substance misuse [14], peer victimisation [15], as well as elevated symptoms of depression and depressive disorder later in life [16]. Inter-parental conflict is recognised as providing a 'model' in terms of the management of emotional tone and relationship problem solving that may promote extended models of inter-personal conflict and violence [8], while

promoting frustration and anxiety in children and adolescents that lead to aggression and specific conduct problems/disorder [17]. Conduct disorder is recognised as a significant factor among children who experience disrupted family environments, including exposure to acrimonious inter-parental conflict [18].

REPRESENTATIVE FINDINGS ON EXTERNALISING PROBLEMS

- Harold et al. (2013): reported on two genetically sensitive samples (thus eliminating shared genes as an explanation for similarities between inter-parental hostility/parenting and child externalising problems). The two studies employed were (1) a cross-sectional UK-based study of over 700 children aged 4–8 years who were conceived through in vitro fertilisation (IVF), and (2) a US-based longitudinal study of over 200 children adopted at birth who were assessed at age 6 for the present study. The study examined associations among inter-parental conflict, parent-to-child hostility, and child externalising problems among genetically related and genetically unrelated mother–child and father–child groups. For both genetically related and genetically unrelated parents and children, associations were observed from inter-parental conflict to child externalising problems via mother-to child and father-to child hostility (R^2 = .21–.26). Associations between inter-parental conflict and parent-to child hostility were significantly stronger for fathers (β = .45/.58) compared to mothers (β = .33/.37) in both genetically related and genetically unrelated groups.
- Leve et al. (2012): reported on a longitudinal study employing two samples of girls that differed in terms of culture and level of risk: (1) a US-based sample of 100 girls in foster care who were making the transition to secondary school (age 11.5 at initial assessment), and (2) a UK-based community sample of 264 girls entering secondary school (age 11.6 at initial assessment). In both samples increases in depressive symptoms were associated with increased tobacco and alcohol use after adjusting for earlier levels of aggression and substance misuse (across the transition from primary to secondary school).
- Grych et al. (2003): reported on a longitudinal study of 298 UK-based (Wales) children (aged 11 to 12 years at initial assessment). Exposure to higher levels of inter-parental conflict predicted greater child self-blame appraisals, after taking into account earlier levels of adjustment and appraisals. Increased levels of self-blame were, in turn, associated with higher levels of externalising problems (full model R^2 = .62–.63). This pattern of findings was largely consistent across parent and child reports of inter-parental conflict.

Internalising Problems

Evidence demonstrates that exposure to inter-parental conflict also predicts increased rates of internalising problems. Internalising problems are characterised by symptoms of withdrawal, inhibition, fearfulness and sadness, shyness, low self-

esteem, anxiety, depression, and suicidality in the extreme [19–21]. Inter-parental conflict is associated with an increase in children's internalising problems, with studies evidencing higher rates of anxiety and depression in pre- and post-adolescent-aged children who witness ongoing acrimonious inter-parental conflict [22]. Whilst studies hypothesise a specific direction (that inter-parental conflict leads to internalising problems), some of the evidence employs cross-sectional designs and therefore it is not possible to infer direction in relation to inter-parental conflict and child outcomes. Where longitudinal studies have been used, they do support the direction of inter-parental conflict leading to internalising problems, specifically anxiety and depression.

Evidence suggests that ongoing conflicts between parents and the emotional strain placed on children (across all ages) put children at significant risk for heightened anxiety and depression [23]. While internalising and externalising problems represent distinct profiles of problems, particularly as children progress from childhood to adolescence, recent theoretical perspectives have highlighted the link between externalising problems (e.g. antisocial behaviour) and internalising problems (e.g. depression) in explaining the long-term sequelae of children's poor life outcomes. Patterson and Capaldi (1990) propose a failure model, whereby antisocial behaviour problems lead to depression due to the negative consequences that behavioural problems have for youth development, including academic failure, peer rejection, and increased family conflict [24]. For example, antisocial behaviour problems may interfere with the ability to develop competent social skills, resulting in negative reactions and rejection from peers (e.g. Capaldi & Stoolmiller, 1999 [25]). Such behavioural problems may also evoke hostile and rejecting parenting [26], leading to decreased feelings of self-worth and self-competence. This combination of low self-competence and negative reactions from others may cause pervasive failures in adjustment (e.g. academic failure, inability to build social support networks, and relationship failures), making a child vulnerable to depressive disorder [27–30], with the economic impacts of depression recognised as attaining rates of global significance by 2020 [31]. The salience of the inter-parental relationship in promoting both negative internalising and externalising problems for children across childhood and adolescence has been highlighted in several recent studies (e.g. Harold and colleagues [3, 32–34]).

REPRESENTATIVE FINDINGS ON INTERNALISING PROBLEMS

- Rhodes (2008) reported the results of a meta-analysis which examined the relationship between children's adjustment and children's cognitive, affective, behavioural, and physiological responses to inter-parental conflict. The literature search was conducted in September 2007. Inclusion criteria were: (1) the study was published in English, (2) the study included at least one measure of child adjustment, and (3) the study included at least one measure of children's cognitive, emotional, behavioural, or physiological responses to inter-parental conflict. The author examined 5 databases and contacted experts in the field for any unpublished works. 71 studies were considered as part of the meta-analysis. The methodological quality of each study was continuously scored with studies receiving one point each for utilising: (1) daily diary reports, (2) audio or video vignettes of inter-parental conflict, and (3) observation of child behaviour problems and/or child responses to inter-parental conflict. Small to moderate effect sizes were found for the relationship between the child's adjustment and child responses to inter-parental conflict: the association between cognitions (about inter-parental conflict) and child adjustment (internalising and externalising) (weighted aggregated effect size) was $r = .18$, $p<.001$; the association between negative affect and child adjustment (weighted aggregated effect size) was $r = .14$, $p<.001$; the association between physiological responses and child adjustment (weighted aggregated effect size) was $r = .12$, $p<.001$. Effects were larger for internalising than externalising problems. Age significantly moderated the majority of effect sizes, with effects being larger for older children than for young children. Effects did not differ by child gender.
- Rice et al. (2006): used a UK-based longitudinal twin design of 934 twin pairs aged 5–16 years (at first assessment) to test whether the influence of family conflict (including inter-parental conflict) in predicting depressive symptoms varied according to genetic liability (inherited factors that increase children's sensitivity to effects of being exposed to conflictual environments). Results suggested gene–environment interactions (interaction b = .18), such that children at genetic risk for depression evidenced elevated symptoms in the context of high level of family conflict, with the regression model accounting for 38% of the variance in depression symptoms ($R^2 = .379$). This study shows that family conflict predicts depressive symptoms in young people; children with a family history of depression may be at increased risk of developing depression symptoms in response to family conflict marked by high levels of inter-parental discord.

Academic Problems

Inter-parental conflict has also been associated with children's academic performance, including reduced academic performance among UK-based children [5]. A range of processes have been hypothesised to explain these outcomes, including early disruptions to sleep patterns with consequent implications for neurobiological (early brain) development and associated academic capacity/performance, negative peer relationships formed as a product of exposure to hostile inter-parental relations, and negative perceptual/attributional processes engendered in children as a product of exposure to hostile and acrimonious inter-parental relations. The first of these explanations focuses on children's sleep problems as a result of inter-parental conflicts [35, 36], whereby disrupted sleep patterns predict difficulties with attention and concentration at school (with evidence suggesting that very early disrupted patterns, i.e. children <3 years, may have impacts on brain development through neurobiological disruptions specific to areas of the brain associated with cognition (understanding and learning) [37]). For example, one study found that sleep difficulties explained the impact of inter-parental conflict on primary school children's academic performance, with children from high-conflict homes achieving lower scores on maths, language, and verbal and nonverbal school ability scales, after controlling for a range of background risk factors [36]. A more recent study highlighted the impact of inter-parental conflict on children's sleep problems among children aged 9–18 months, showing the adverse effects on this primary area of early child development, with regulated sleep being recognised as an essential requirement for children's early brain development [38]. Another explanation of academic difficulties centres on children's adjustment at school [39–41]. Children who develop negative representations of the relationship between their parents (and with their parents) are more likely to develop negative expectations of other relationships, including relationships with peers [42]. Longitudinal data following children from the start of school (age 6) in the US highlights the significant role of children's representations of the inter-parental relationship in explaining attention problems [41], as well as general emotional and classroom difficulties up to 2 years later [39]. Among adolescent children, and specifically employing a sample of UK-based adolescents, longitudinal evidence shows that children who blame themselves for their parents' inter-parental conflicts are more likely to have poor academic attainment, even after controlling for early behaviour problems and levels of parenting behaviour, than children who do not blame themselves for parents' inter-parental conflict [5].

REPRESENTATIVE FINDINGS ON INTER-PARENTAL CONFLICT AND ACADEMIC ACHIEVEMENT

- Harold et al. (2007): in a longitudinal UK-based study of 230 schoolchildren (aged 11–13 years) assessed in 1999, 2000, and 2001, examined associations between inter-parental conflict and child academic achievement using multi-informant assessments. After controlling for children's initial levels of aggression, inter-parental conflict was associated with child appraisals of self-blame (but not negative parenting), which in turn was associated with child academic performance (R^2 = .15–.17). This suggests that the attributional processes in children who live in households marked by high levels of inter-parental conflict and hostility have important implications for their long-term academic success.
- Mannering et al. (2011): in a longitudinal study of 357 families, examined the association between marital instability (e.g. whether either parent had considered divorce, general quarrelling, relationship dissatisfaction) and child sleep problems (e.g. restlessness, irritability) for ages 9 to 18 months using multi-informants in a genetically sensitive design (thus eliminating shared genes as an explanation for similarities between parenting and children). Marital instability at child age 9 months predicted child sleep problems at 18 months (β = .10) but sleep problems at 9 months did not predict marital instability at 18 months (β = .06). This effect was found when models were conducted separately for mothers and for fathers.
- Sturge-Apple (2008): carried out a 3-year longitudinal multi-method and multi-informant study of 229 kindergarten children (age 6 years at initial assessment). Inter-parental conflict was associated with children's insecure representations of the inter-parental relationship (β = .14). In turn, children's insecure representations of the inter-parental relationship were associated with children's emotional adjustment (intercept β = .31; slope β =-.24) and classroom difficulties (intercept β = .20).

Physical Health Problems

Evidence suggests that children's physical health is also at risk in the context of a volatile and disrupted inter-parental relationship [9, 43]. Multiple research studies have shown that inter-parental conflict is associated with physical health difficulties (e.g. elevated illness) including fatigue [44], abdominal stress, headaches [45], as well as reduced physical growth [46]. Inter-parental conflict is thought to impact on physical health through its effects on different physiological responses such as the autonomic nervous system (i.e. the body's fight/flight system), and hormonal systems that manage stress response processes such as cortisol and adrenaline [47–49]. Inter-parental conflict may also impact on risky behaviours in children such as smoking and substance abuse, as well as early sexual activity [50–52]. Mechanisms involved are thought to include aspects of the parent–child relationship and

disruptions to consistent parental monitoring/care-giving impacted by inter-parental conflict [53, 54], or young people's substance use/misuse ('self-medication') to manage distress associated with a family environment marked by high levels of inter-parental conflict [52].

REPRESENTATIVE FINDINGS ON INTER-PARENTAL CONFLICT AND PHYSICAL HEALTH

- Troxel & Matthews (2004): conducted a literature review examining the association between inter-parental conflict and child physical health. Studies were required to be written in English, assess marital satisfaction, marital conflict, or marital structure, and assess child physical health. Reference lists of identified papers were also examined. Studies were excluded that examined single-parent families, child abuse, or assessed symptom management of pre-existing conditions. 22 studies were identified, 10 of which were cross-sectional. The review found consistent evidence demonstrating the association between marital conflict (and to a lesser extent, parental divorce) and children's physical health. The evidence reviewed also demonstrates links between marital conflict and parenting, highlighting both direct and indirect effects for child health (including physical health, cognitive and behavioural functioning, and mental health).

Social and Interpersonal Relationship Problems

Inter-parental conflict can also impact on the child's own social and interpersonal relationships [55]. Children from high-conflict homes are more likely to have poor interpersonal skills, problem-solving abilities, and social competence [56–58]. A high-conflict home is associated with greater parent–child conflict [59], more hostile relationships with siblings [60], and elevated conflict with peers during primary and secondary school [58, 61]. For example, Finger et al. (2010) found a link between inter-parental conflict and young children's ability to get on with their peers in reception and early primary school in a sample of children followed from the age of 1 through to 4 years old [58]. Difficulties also extend into adolescence and adulthood, with research documenting difficulties in personal and future romantic relationships [56, 62]. For example, Cui and Fincham (2010) found adolescents from high-conflict homes were more likely to be involved in poor-quality romantic relationships marked by conflict [63], with elevated rates of relationship breakdown evidenced among children and adolescents who experience acrimonious inter-parental relations [64].

REPRESENTATIVE FINDINGS ON INTER-PARENTAL CONFLICT AND SOCIAL AND INTERPERSONAL RELATIONSHIP PROBLEMS

- Feldman and Masalha (2010): carried out a longitudinal study using observational methods to examine mother–child and father–child interactive behaviours as early antecedents of child social competence in Israeli and Palestinian couples. Results highlighted the link between early relational experiences (parent–child relationship, inter-parental cohesion) and children's social competence. Cultural differences were also observed for specific parenting practices and associations with child social engagement. For the entire model (including parent sensitivity, child social engagement, parental control, reciprocity, cohesion, and interaction terms), R^2 total mother–infant interaction (5 months) = .32; R^2 total father–infant interaction (5 months) = .31; R^2 total mother–infant interaction (33 months) = .28; R^2 total father–infant interaction (33 months) = .37.
- Lindsey et al. (2006): carried out a multi-method study of 173 Caucasian and African American boys (mean age 8 years) from divorced and non-divorced families which used interviews and self-report measures. Boys from divorced families had fewer friends and lower-quality friendships. Specifically, 64% of boys from non-divorced families had a mutual friend in school, whereas only 37% of boys from divorced families had a mutual friend in the classroom. Furthermore, 36% of boys from non-divorced families had two or more best friends in the classroom, whereas 19% of boys from divorced families had two or more friends in the classroom. In terms of friendship quality, boys from non-divorced families were more likely to have friendships characterised by more warmth (effect size d = .28) and less animosity (effect size d = .32) than boys from divorced families. Conflict-resolution strategies mediated associations between inter-parental conflict and boys' friendships (number of mutual friends, and friendship quality).
- Du Rocher Schudlich (2004) adopted a cross-sectional multi-method design, involving observation, questionnaire, and a 'family stories' task. The study assessed 47 children aged between 5 and 8 years. The study demonstrated associations between inter-parental conflict and children's peer conflict strategies. Children's internal representations of parent–child relations mediated the association between inter-parental conflict and children's conflict behaviour towards peers. Regression analyses including maternal/paternal covert/overt conflict and negative child representations of parent–child interactions showed R^2 ranging from = .23 – .40. These findings demonstrate that children's perceptions of both covert and overt inter-parental conflict, directed to either parent, impact on their conflict behaviour directed to peers.

Future Life Chances

The evidence reviewed so far indicates that family relationships impact on risk for poor psychological, social, physical health, interpersonal, and academic outcomes. In addition, accumulating evidence suggests that these outcomes then converge and accumulate across childhood and adolescence to cause significant reduction in overall life chances for individuals themselves (and associated costs for society) – as well as setting the stage for these problems and patterns of relationship behaviours to be repeated and replicated across generations. For example, a child exposed to frequent, intense, and poorly resolved inter-parental conflict is at heightened risk of more negative emotional (e.g. anxiety, depression) and behavioural problems (e.g. conduct problems, antisocial behaviour), which in turn may lead to more negative academic outcomes, deviant peer engagement, substance use/misuse, poor future relationship chances, low employability, heightened interpersonal violence, reduced partner/couple and parenting proficiency, and future disrupted family and child outcomes. Inter-parental conflict is now recognised as a significant 'upstream' (early) risk factor for substantial 'downstream' (short- and long-term) negative outcomes with associated economic and societal costs across health, mental health, education, employment, as well as the family and criminal justice systems (see Harold & Murch, 2005 [65]).

REPRESENTATIVE FINDINGS ON INTER-PARENTAL CONFLICT AND FUTURE LIFE CHANCES

- Masten et al. (2005): in a longitudinal, multi-method study, examined a cascade model for the development of academic achievement in a normative US urban sample of 205 schoolchildren (initially 8–12 years old). In a cascade model, it is hypothesised that changes in one area of functioning can trigger a sequence (or cascade) of events that can have large effects on development. Externalising problems undermined child academic competence which impacted on later internalising problems. Effects did not differ by gender, and were not attributable to the effects of IQ, parenting quality, or socioeconomic differences.

Why does the inter-parental relationship matter?

Having reviewed evidence focusing on the outcomes associated with inter-parental conflict across childhood, adolescence, and later life, what does research evidence tell us about *why* inter-parental conflict affects children's mental health and future life chances, and in particular what processes or mechanisms explain effects on children?

Research examining family relationship influences on children, including parenting and inter-parental relationship influences, has historically emphasised an 'outcome-oriented' approach to understanding impacts. That is, the question is asked, 'what are the outcomes for children exposed to specific family risk factors, such as parental divorce, maltreatment, negative economic conditions, parent psychopathology (e.g.

depression, anti-social behaviour problems), negative parenting and/or inter-parental conflict'? While research of this type has advanced our understanding of the types of problems children experience as a result of specific family risk factors (e.g. inter-parental conflict), it has also highlighted that not all children respond in the same way to the same experience. Specifically, individual differences exist in how children may experience and respond to the same event or stressful experience. Where children do not show negative outcomes (e.g. depression, aggression) as a result of exposure to stressful events or experiences (e.g. neglect, maltreatment, negative parenting, inter-parental conflict), this is often referred to as evidencing 'resilience', and constitutes an expanding field of research [66]. Importantly, the essence of this important area of research is less about describing whether or not children experience problems as a result of stressful experiences, and more about highlighting the particular processes and mechanisms *through which* differences in children's responses may be explained. In other words, what are the factors that explain 'why, when, and how' children are affected by stressful events or experiences rather than simply asking 'if' children might be affected by certain experiences more so than others. A more contemporary approach to examining family influences on children is therefore to employ what is known as a 'process-oriented' perspective in order to examine and illuminate specific mechanisms (mediating and moderating factors) that underlie individual differences in children's adaptation to specific risk factors (e.g. inter-parental conflict). By better identifying the mechanisms that operate to explain this important distinction in risk-related adaptation, we are better equipped to develop more targeted intervention programmes aimed at reducing the negative effects of inter-parental conflict (and other related family risk factors) on children, parents, and future families by more precisely targeting the specific processes through which effects operate.

Contextualising the Role of Inter-parental Conflict Relative to Other Family Influences on Children

Children are affected in different ways across a range of negative outcomes as a result of negative family conditions marked by hostile levels of inter-parental conflict. Indeed, multiple family influences have been identified in past research as serving as risk factors for children's negative psychological development. Children raised in households exposed to acute or chronic economic strain [67], heightened levels of parent psychopathology (e.g. depression, [68]), inter-parental conflict and violence [8, 69], negative parent–child relations [70], and parental divorce [71] have been shown to experience a variety of negative psychological outcomes, including increased anxiety, depression, aggression, hostility, anti-social behaviour/criminality, and other outcomes. Researchers point out, however, that rather than operating as single influences on specific outcomes for children (e.g. economic pressure/problems leading to child problems), these factors may work in concert with each other such that harsh economic conditions affect parents' (both mothers and fathers) mental health (specifically their symptoms of depression), which adversely affects levels of couple relationship quality (i.e. inter-parental conflict), which in turn affects parenting practices, which *then* affect children's symptoms of psychological distress [67]. A central proposition of this 'process model' of family influences on children [67, 72, 73] emphasises a key policy message that earlier environmental and economic influences impact parents' ability to provide the type

of home environment necessary for children's long-term well-being [17]. While past research has focused on promoting positive parent–child relationships (predominantly mother–child relationships) as a primary site in remediating such family stress effects on children, this internationally replicated theoretical model (see Figure 1) highlights the quality of the *inter-parental relationship* as a central mechanism, filter, or conduit through which earlier family stresses (economic or social stress, parent mental health etc.) affect both parenting *and* children's long-term psychological outcomes.

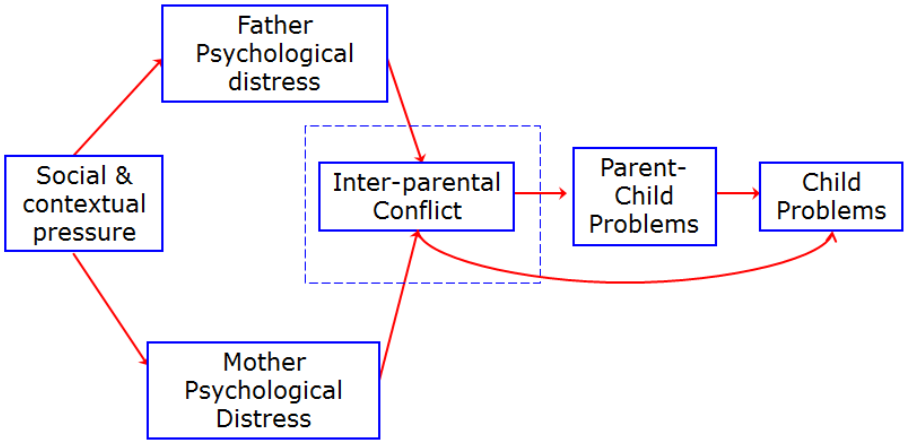

FIGURE 1 **A PROCESS MODEL OF FAMILY STRESS EFFECTS ON CHILDREN'S MENTAL HEALTH PROBLEMS: THE CENTRAL ROLE OF THE INTER-PARENTAL RELATIONSHIP**

Inter-Parental Conflict and Child Psychological Outcomes: What Processes Explain Effects?

Past research highlights two primary processes through which inter-parental conflict has been shown to exert effects on children: (1) disruptions in the parent–child relationship and (2) the negative emotions, cognitions, and representations of family relationships engendered in children as a result of exposure to acrimonious inter-parental conflict.

Inter-Parental Conflict, Parenting, and Child Development

A notable review study in this area highlights that parents embroiled in a hostile and distressed couple relationship are typically more hostile and aggressive towards their children and less sensitive and emotionally responsive to their children's needs [70]. The primary underpinnings of this well-evidenced theoretical model aimed at explaining the effects of inter-parental conflict on children hypothesise that the effects of conflict between parents are deemed to occur *indirectly* through a 'spillover' of emotion from the couple relationship to the parent–child relationship, suggesting that couples who are agitated/frustrated in their own relationship are more likely to be distressed or aggressive in their role as a parent, conveying effects through the parent–child relationship. In support of this proposal, there is a robust association between levels of conflict in the inter-parental relationship and levels of conflict in the parent–child relationship [70]. Indeed, the evidence base supporting

this link serves as the primary platform for interventions targeting parenting support (primarily mother–child parenting support) as the primary support mechanism for children who experience disrupted family relationships (e.g. divorce etc.). Based on the proliferation of research in this area in the 1980s and 1990s, one group of researchers (Fauber & Long, 1992) went so far as to suggest that the evidence for the association between inter-parental conflict and child outcomes was so robust in favour of the role of the parent–child relationship, that the core mechanism through which effects are explained is primarily at the level of parenting [74], and that interventions should only target parenting practices [74].

However, if conflict between parents only ever affected children via disruptions in the parent–child relationship, children would be adversely affected irrespective of whether or not they actually witnessed or were aware of conflict occurring between their parents [75]. That is, children who both witnessed or were aware of conflict occurring between their parents *and* children who did not witness or were not aware of conflict occurring between their parents would be influenced equivalently – through disrupted parenting practices. As described below, research evidence does not support this conclusion.

Inter-Parental Conflict, Children's Perceptions of Parental Behaviour, and their Psychological Development

Research conducted over the past several decades has shown that overt inter-parental conflict to which children are exposed has a greater impact on child distress than covert conflict to which children are not exposed (see Cummings & Davies [2, 49]). This finding has led researchers to consider a second set of hypotheses that focus on the underlying psychological processes engendered in children who live in households marked by hostile inter-parental relations. Three primary theoretical perspectives have emerged that emphasise the importance of children's own understanding, interpretation, and expectations pertaining to parental behaviour when explaining the effects of inter-parental conflict on children's psychological development. Grych and Fincham (1990), in their cognitive-contextual framework, propose that the specific beliefs and attributions children assign to their parents' relationship arguments account for effects on well-being [69]. Davies and Cummings (1994) emphasise the importance of attachment processes and highlight the role of children's emotional insecurity in the context of inter-parental conflict, beyond that of the more traditional focus on the mother–child relationship, as a factor in explaining negative effects on psychological outcomes [76]. Harold and Conger (1997) offer an integrative theoretical model and propose that the specific attributions that children assign to conflict occurring between their parents affect the expectations they have for how parents (mothers and fathers) engage or behave towards them (mother–child, father–child conflict), which in turn affects their psychological outcomes [75].

The Role of Children's Attributions for Inter-Parental Conflict

Grych and Fincham (1990), in their cognitive-contextual framework, propose that children's psychological responses to inter-parental conflict occur through their cognitive (attributional) processing of the conflict [69]. According to this perspective, the impact of conflict on children's psychological outcomes depends both on how it is expressed and on how children interpret its meaning, as well as perceived

implications for their well-being. These authors suggest that there are two stages of cognitive processing underlying the link between children's exposure to conflict and their interpretation of its meaning. The first of these, primary processing, is a stage where the child first becomes aware that conflict is occurring and experiences an initial level of arousal. They suggest that specific characteristics of the conflict episode, such as its frequency, intensity, and resolution potential, as well as contextual factors such as the quality of the parent–child relationship(s), child temperament, child gender, and history of exposure to conflict influence this initial stage of appraisal/interpretation.

This primary stage of processing may then lead to a more elaborate secondary stage, during which the child attempts to understand why the conflict is occurring and what he or she should do in response. Secondary processing involves making sense of the cause of the conflict, ascribing responsibility and blame, as well as considering how best to cope with the conflict [69]. Children who view conflict as threatening or who feel unable to cope effectively may experience more anxiety and feelings of helplessness. Children who blame themselves for parental disagreements or feel responsible for not helping to end them experience guilt, shame, and sadness/depression. If conflict is frequent, intense, and poorly resolved, these attributes are believed to increase children's risk of serious emotional and behavioural problems [69, 77].

Many of the hypotheses drawn from the cognitive-contextual framework have been supported empirically (e.g. Kerig, 1998 [78, 79]; Grych, Raynor & Fosco, 2004 [80]). In a longitudinal study, Grych, Harold and Miles (2003) showed that children's attributions of threat and self-blame accounted for (or mediated) the relationship between inter-parental conflict and children's internalising symptoms (depression, anxiety) and their externalising problems (aggression, hostility) [32]. Specifically, girls' threat-based attributions emanating from the conflict exacerbated their symptoms of depression and anxiety (internalising) more so than for boys, while boys' attributions of self-blame and responsibility exacerbated their aggressive, hostile, and anti-social (externalising) behaviours more so than for girls [32]. These findings have important implications for understanding children's responses to conflict between parents and, importantly, why boys and girls may be differentially at risk in the context of acrimonious inter-parental relations (with implications for patterns of behaviour in their own future relationships).

Inter-Parental Conflict and Children's Emotional Security (Attachment) Processes

Davies and Cummings (1994) offer a complementary perspective suggesting that a child's sense of 'emotional security' is threatened in the context of inter-parental conflict [76]. Derived from attachment theory [81], these authors propose that the effects of destructive and badly managed conflict between parents are explained through disruptions to three conceptually related areas of children's emotional functioning and general feelings of security within a family context. First, feelings of *emotional reactivity* may be affected such that children feel angry, sad, or scared in the context of conflict. Second, their *representations of family relationships* may be affected such that conflict between parents affects children's expectations that conflict will occur elsewhere in the family system (e.g. the parent–child relationships). Third, children may feel motivated to *regulate exposure to inter-parental emotion* so that they directly intervene in, or actively withdraw from, the

immediate vicinity of the conflict. The impact of conflict on children is explained by the extent to which one or more of these aspects of emotional security is adversely affected and how well children can manage to regulate overall emotional disruption.

Initial tests of this perspective by Davies and Cummings (1998) found that exposure to inter-parental conflict led to differences in how emotionally secure children felt, and that these in turn explained the impact of conflict on children's emotional and behavioural problems. Specifically, children who felt sad, angry, or scared and who regarded the conflict episode as an immediate and potentially longer-term threat to the quality of other family relationships (e.g. parent–child relationship) showed heightened symptoms of emotional and behavioural distress [82].

Inter-Parental Conflict as a Catalyst for Children's Perceptions of Other Family Relationships

Building on the proposal that children's perceptions and understanding of inter-parental conflict are an important factor in explaining its impact on their psychological development, Harold and colleagues (1997) offer a 'family wide model' suggesting that both inter-parental *and* parent–child conflict sequentially exert adverse effects on children's psychological development [3]. Importantly however, these authors propose that how children perceive their parents to behave towards each other (i.e. inter-parental conflict) determines how they expect their parents to behave towards them (parent–child conflict), which in turn affects their symptoms of psychological distress. What is significant about this approach is that it combines explanations aimed at accounting for the effects of inter-parental conflict on children through parenting (i.e. the spillover of negative emotion from the couple relationship to the parent–child relationship [70]) with more recent theoretical perspectives emphasising the importance of considering children's perceptions of inter-parental behaviour in explaining effects on psychological development [69]. This model also emphasises the importance of examining both mother–child and father–child relationships in explaining effects on children, when children live with or experience ongoing acrimonious inter-parental relations. From an intervention standpoint, this model has significant implications for programmes that target parenting efficacy *when* inter-parental conflict levels are high. Specifically, this model highlights that when parenting behaviour is targeted in the context of inter-parental conflict, the source of influence on disrupted parenting practices may be missed, thereby missing out on the actual contextual 'point-of-origin' through which children's outcomes are influenced – the inter-parental relationship.

Collectively, these theoretical models highlight the importance of considering the child's individual perspective (understanding) in delineating how exposure to conflict between parents adversely affects their psychological well-being. By highlighting the active role that children's perceptions and understanding of inter-parental conflict play in explaining its effects on their well-being, we may better understand why some children seem relatively unaffected by inter-parental conflict while others go on to develop long-term, serious (clinically significant) emotional and behavioural problems and broad-based diminished life chances.

This conclusion is underscored by an important longitudinal study conducted by Harold and colleagues (2007) involving a UK sample of early adolescent children [5]. This study involved a community sample of children and their parents (n>300) and

examined the role of inter-parental conflict (frequency, intensity, poor resolution properties), assessed when children were 11 years of age, on children's standardised academic scores (English, Maths, Science) when children were 13 years of age. Importantly, three core mechanisms through which inter-parental conflict may affect outcomes for children were examined: (1) disruptions in positive parenting behaviour (parent–child conflict), (2) children's own behaviour problems (teacher reports of aggression), and (3) children's perceptions and attributions of self-blame and responsibility for conflicts between their parents, all assessed 12 months after levels of inter-parental conflict were assessed (age 12 years). Children's early behaviour problems (aggression) were also assessed at age 11, to remedy the possible alternative explanation that adverse academic outcomes for children are more a product of early behaviour problems than inter-parental and wider (parent–child) family conflict experiences. Results confirm that the central mechanism through which inter-parental conflict affects children's long-term academic performance (as assessed in this study, age 11–13 years) is through the specific self-blaming attributions that children assign to their experiences of inter-parental conflict, not through adverse impacts on parenting or children's own levels of aggression or behaviour problems. Intervention programmes therefore that target hostile or negative parenting practices or that focus on children's specific behaviour problems *when* inter-parental conflict is a factor in children's lives may substantively miss out on a core mechanism through which child outcomes are explained – the specific attributional processes engendered in children who live in households marked by high levels of inter-parental conflict (see Figure 2). Promoting improved knowledge regarding partnership skills, not just parenting skills, in the context of inter-parental conflict may provide significant dividends for child outcomes; not only in relation to improved emotional and behavioural outcomes, but also academic attainment – a key indicator of future life chances (e.g. employment, mental health [83]).

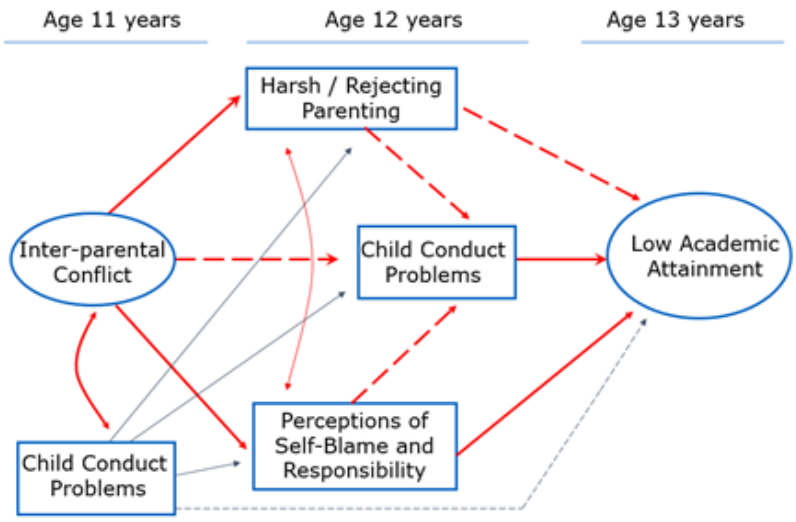

FIGURE 2 THE ROLE OF CHILDREN'S PERCEPTIONS OF INTER-PARENTAL CONFLICT

Challenges to the Hypothesis that Inter-Parental Conflict Affects Outcomes for Children

The Role of Genetic Factors in Explaining Children's Adaptation to Inter-parental Conflict

A fundamental challenge to the hypothesis that specific child-rearing experiences (including inter-parental conflict) impact children's psychological outcomes is that associations between such experiences and their psychological symptoms may be explained by genetic factors passed on from parents to children, more so than specific features of the child-rearing environments provided by parents. A limitation of past research examining family influences, including inter-parental conflict and negative parenting practices, on children's mental health outcomes is that the vast majority of research has been conducted with biologically related parents and children. Studies that involve only biologically related family members make it difficult to understand the relative roles of shared genetic (i.e. genes passed on from parents to their children) and/or environmental experiences (e.g. inter-parental conflict, negative parenting practices) as influences on child outcomes. That is, in examining the relative role of genetic and environmental factors (rearing experiences) on children's psychological symptoms, genes (passed on from parents to children) may not only affect aspects of a child's emotional well-being or behaviour but may also affect the family conditions or environment that children experience, such as a child's exposure to inter-parental conflict or hostile parenting practices [84, 85]. This can be illustrated with reference to research with children of divorced parents. For example, children of divorced parents are at increased risk for a variety of negative psychological outcomes [84, 85], as outlined previously. Whereas this association may be explained by exposure to acrimonious conflict between parents before, during, and after divorce (see Harold & Murch, 2005 [65]) and the family environment/rearing conditions that this conflict creates for children, it could also be explained by a shared genetic predisposition for negative emotionality and relationship problems [86]. This raises the question as to whether exposure to acrimonious inter-parental conflict is sufficient as an influence in its own

right to affect children's psychological development or whether this association is the result of children's biological predisposition towards psychological difficulties arising from their genetic makeup. Recent studies have attempted to address this substantive question by using samples of parents and children who are *not* genetically related to each other, thereby providing insight into the role of the family environment as a unique influence on children's psychological development, over and above explanations confounded by shared/common genetic factors [38, 87, 88]. For example, Mannering et al. (2011) examined the direction of effects between parental relationship instability (e.g. general quarrelling and relationship dissatisfaction) and children's sleep problems (e.g. restlessness and irritability) when children were 9 months and 18 months, respectively. The researchers found that parental relationship instability (inter-parental conflict) when children were 9 months old predicted children's sleep problems at 18 months. Sleep problems did not predict relationship difficulties, thereby allowing the conclusion that relationship problems affect children's early sleep patterns (critical for early brain development), not the other way around. This study utilised a US-based sample of more than 500 children adopted at birth into non-family member homes which means that the link between parental relationship instability (inter-parental conflict) and children's sleep problems *cannot* be explained by common genetic factors [38]. Similarly, Harold et al. (2012), utilising a UK sample of parents and children where children were conceived through *in vitro* fertilisation (IVF), looked at the role of parenting behaviours, such as warmth or hostility, in explaining the links between inter-parental conflict and child behaviour problems (e.g. conduct problems). Results suggested that harsh mother–child and father–child parenting practices explained associations between inter-parental conflict and child conduct problems among genetically related and genetically unrelated mother–child and father–child pairings [88]. The fact that these associations were statistically significant among genetically unrelated parent–child groupings means that these associations (inter-parental conflict, harsh parenting practices, child conduct problems) cannot be explained by common underlying genetic factors, thereby affirming the role of the rearing environment as an influence on child outcomes, and specifically associations linking inter-parental conflict, negative parenting, and child conduct problems.

What is most important about this very recently developed evidence base is that the magnitude and statistical significance of associations linking inter-parental conflict, negative parenting practices (parent–child conflict), and child outcomes (emotional, behaviour problems) replicate associations from past studies that primarily involve biologically related parents and children. At a practical level therefore, we can have greater confidence in the role of hostile inter-parental relations and negative parenting practices as substantive influences on child outcomes, as these studies allow us to conclude that associations cannot be explained by shared genetic makeup alone, and that intervention and support programmes targeting environments marked by hostile inter-parental relations may lead to substantially improved outcomes for parent–child relationship quality, child outcomes, and potential remediation of the inter-generational transmission of negative relationship behaviours and diminished life chances within and across generations.

The Role of the Father–Child Relationship

As outlined previously in this review, past research examining associations between inter-parental conflict and child outcomes has highlighted the role of parenting as a mediator (mechanism) through which associations may be explained. A limitation of this research is the predominant focus on the mother–child relationship to the relative neglect of the father–child relationship in examining and better understanding outcomes for children. However, the role of fathers is increasingly recognised as an important influence on child development [89]. Research has often focused on the negative effect that divorce has had on father–child impacts (primarily through father absence or disrupted father–child relationships) [275]. Building on this, research is increasingly suggesting that where positive father–child relationships can be promoted and sustained through family breakdown, positive outcomes for children can be facilitated [276]. Specifically relating to associations between inter-parental conflict, hostile parenting, and children's psychological outcomes, recent studies suggest that fathers' parenting may be more sensitive to couple relationship problems than mothers' parenting. For example, Harold, Elam, et al., 2013, using an IVF and adoption-study research design, highlighted the role of inter-parental conflict and child externalising problems as mediated by both disrupted mother–child *and* father–child parenting practices. Associations between inter-parental conflict, mother–child and father–child hostility, and child externalising problems were significant for both genetically related and genetically unrelated parent–child groupings, with a notable additional finding that the association between inter-parental conflict and father–child hostility was significantly stronger, compared to that for mother–child hostility; this finding also held across genetically related and unrelated groupings [88]. In the context of intervention studies, Cowan and Cowan (2002) further highlight that fathers' engagement in family-focused interventions (including inter-parental and parenting programmes) increases efficacy in relation to sustained outcomes for children [6]. Building on this evidence base, it may be proposed that programmes that recognise (1) the dynamic between mothers and fathers and (2) the impact of this dynamic on both the mother–child and father–child relationships and associated outcomes for children will likely lead to improved outcomes compared to those that solely focus on the mother–child relationship in addressing adverse family influences on children.

Consideration of additional factors that may affect how inter-parental conflict influences children

An important question in fully addressing the relative risk of children's exposure to hostile inter-parental conflict is to examine factors that may accentuate or ameliorate effects/impacts on children. This is important in the design of effective interventions in response to inter-parental conflict. In the scientific literature, these factors are referred to as 'moderating' influences. As mentioned previously, evidence suggests that similarly aged children exposed to similar levels of inter-parental conflict and discord may respond in very different ways. A comprehensive understanding of the impact of parental conflict therefore requires consideration as to why some children are more vulnerable to its impact than others. Profiling these factors will also have implications for the efficacy of intervention programmes as the

fidelity of any programme will be required to be responsive to factors that may impact programme effects on targeted processes and associated outcomes. The scientific literature has identified three main areas of moderating influence that have implications for the severity of impacts (or not) for children who witness hostile inter-parental relations. These are (1) specific characteristics of the child (e.g. temperament), (2) characteristics of the family (e.g. parent mental health, household economic circumstances), and (3) other factors including social factors (e.g. peers) and ethnicity. These are now summarised briefly.

Child Characteristics

Child Age/Developmental Stage

The role of child age/developmental stage on child outcomes related to exposure to inter-parental conflict is an emerging domain of knowledge in this area. While evidence confirms that children of all ages, from infancy through to adolescence, are adversely affected by acrimonious inter-parent conflict, the specific mechanism through which these effects occur may be different for younger and older children [22]. Child appraisals of conflict and coping strategies are thought to be particularly relevant in explaining age differences. Very young children (<2 years) may not have developed the cognitive ability to generate and process thoughts or appraisals about the parental conflict that may be harmful [32], yet evidence shows physiological arousal in the context of inter-parental conflict [44, 90]. Children (age 1–5 years) are also more limited by the types of coping strategies they can employ (e.g. El-Sheikh & Cummings, 1995 [91]) with pre-schoolers being more likely to ascribe self-blame, threat, and fear of conflict (e.g. Jouriles et al., 2000 [92]). An alternative explanation is that younger children may have the ability to appraise events as they occur, but may stop thinking about or dwelling on the conflict once it has been resolved [22]. Indeed some evidence suggests that adolescents are more successful than children (age <9 years) at identifying cues to ascertain whether a conflict has been resolved [93]. Older children (>11 years) may become more sensitive to parental conflicts, as they have been exposed to these conflicts for a greater period of time [94].

Child Temperament

Another important child characteristic that may moderate the impact of inter-parental conflict on child outcomes is child temperament, a trait that can be observed very early in child development (early infancy). Children with a difficult temperament (e.g. inclined to have negative mood, be more intense, and be less compliant or flexible) are thought to be more susceptible to the negative effects of inter-parental conflict [76, 95–97]. For example, studies suggest that infants prone to irritability and negative emotionality who were from high-conflict homes were more likely to develop behavioural problems compared to children with more positive temperaments [98].

Some traits are considered to be protective against the negative impacts of inter-parental conflict. Adolescents exposed to inter-parental conflict who had a more positive attitude towards life were less likely to develop internalising problems compared to children who had a less positive attitude towards life [99]. The ability to regulate emotions, behaviour, and attention may also be protective against exposure to inter-parental conflict [100].

Child Gender

Evidence suggests that the effects of inter-parental conflict may be similarly damaging for boys and girls, but that boys and girls may react differently to hostility and conflict between parents [32]. Although boys and girls are both likely to see inter-parental conflict as a threat, boys are more likely to interpret inter-parental conflict as a threat to themselves [32], whereas girls are more likely to perceive inter-parental conflict as a threat to the harmony of the family. In addition, compared to boys, girls may be more likely to blame themselves for inter-parental conflicts, feel caught in the middle of conflicts, and feel the need to intervene [101–103]. Differences between boys and girls are also evident across different developmental periods. Family stress may be a greater risk for girls during adolescence, whereas it is associated with risk for boys, especially externalising problems, earlier in development [104].

Parent Gender

Parent gender is also relevant to boys' and girls' responses to inter-parental conflict. Evidence suggests that conflicts between parents can differentially affect parenting in mothers and fathers. Fathers are more likely to respond to inter-parental disagreements by withdrawing [105, 106]. Thus the father–child relationship is thought to be more at risk of negative impact from inter-parental conflict than the mother–child relationship, with effects of inter-parental conflict more likely to spill over into the father–child relationship [107]. In contrast, mothers are more likely to be able to separate their roles as partner and mother, although they are at greater risk (compared to fathers) of over-investing in the relationship with their child, compensating for difficulties in the couple relationship, and becoming intrusive with their children [108]. Evidence also suggests that mothers and fathers may treat opposite-sex children differently in the context of distressed inter-parental relations [107]. Mothers appear to become more hostile towards their sons, with fathers becoming more withdrawn from their daughters [109, 110]. Additionally, evidence suggests that children tend to identify with the same-sex parent and may therefore be more distressed by inter-parental conflict directed towards the same-sex parent [104].

Child Physiological Processes and Response Systems

Physiological Reactivity

The role of physiological responses in linking inter-parental conflict and child psychological development is complex [111]. Some systems, such as those that respond to ongoing exposure to stress within the home, change over time and set up less adaptive physiological stress reactions which can impact on child functioning [112]. This, in turn, moderates the child's response to inter-parental conflict. The autonomic nervous system has two components: the sympathetic and the parasympathetic nervous systems. These two systems work together, with the sympathetic nervous system being responsible for regulating the body's reaction to stress or threat (e.g. accelerate heart rate and increase physiological arousal), while the parasympathetic nervous system is involved in calming the body (e.g. maintaining the body at rest, and reducing physiological arousal and heart rate). When the two systems work together effectively, children are thought to be more

resilient to developing externalising problems in the face of conflict within the home when compared to children whose systems do not work together effectively [48].

Other systems are established early and continue to be relatively stable over time such as vagal tone (baseline heart rate) [113]. Vagal regulation refers to how the body regulates the heart during stressful situations. These systems are also important factors in a child's reaction to inter-parental conflict [111, 114]. Children exposed to inter-parental conflict are less at risk of psychological difficulties when they have high vagal tone or increased vagal withdrawal (heart rate increasing in response to a demanding situation) compared to children with low vagal tone or vagal augmentation [44, 111, 115, 116]. This effect is thought to be due to the way the parasympathetic nervous system helps children to effectively regulate their emotions in the face of stressful situations [114].

Skin Conductance

Skin conductance reactivity is a measure of changes in sweat/heat in the hands. The sympathetic nervous system (responsible for the body's reaction to stress or threat) activates sweat glands and therefore measuring skin conductance reactivity can provide an additional measure of the body's sense of threat. High skin conductance reactivity is associated with poor child adjustment in high-conflict homes, although this association may depend on child age and gender, with higher skin conductance reactivity being a more robust susceptibility factor for girls than boys [90, 111, 117].

Other Physiological Systems

Other physiological systems may also be important in the context of inter-parental conflict and associated child outcomes. Hormonal response to stress, such as the release of cortisol, is particularly relevant. Lower levels of cortisol reactivity are associated with behavioural difficulties in the context of inter-parental conflict [118, 119].

Additional Family Characteristics

Additional family factors to those already reviewed may also moderate (increase or decrease) associations between inter-parental conflict and child outcomes, including sibling relationships, other aspects of family functioning (e.g. parenting practices), and specific family stressors (e.g. parent mental health, substance misuse), as well as peer relations and social support.

Sibling Relationships

Siblings are important for many aspects of development including social competence and emotional well-being [120, 121]. Siblings within the same family can be exposed to varying levels of inter-parental conflict, and may also experience conflict differently [122]: evidence suggests that older children and boys may be more likely to be exposed to overt conflict and physical conflict compared to younger siblings and girls [32]. Furthermore, these differences in the level of exposure to inter-parental conflict between siblings were associated with differences in sibling outcomes [122], although additional evidence suggests it may be the differences in characteristics of the child (see above section) rather than differences in exposure to conflict that may explain different outcomes among siblings [123]. Siblings can also buffer children against the negative effects of exposure to inter-parental conflict

[124, 125]. However, inter-parental conflict can also lead to strain on sibling relationships. Research has observed an association between inter-parental conflict and sibling conflict [121], with siblings being more likely to fight within 24 hours of an argument between parents [126]. Mechanisms explaining the association between inter-parental conflict and sibling conflict include siblings redirecting anger between parents to themselves/another sibling, or siblings forming an alliance with one parent [108].

Wider Family Functioning

The context of the wider family environment is an important factor that can protect or exacerbate child outcomes in response to exposure to inter-parental conflict. For example, evidence suggests that children exposed to inter-parental conflict in families characterised by high levels of negativity (e.g. expressing high negative affect and low positive affect) were at greater risk of maladjustment compared to children in families with less negativity [127]. Similarly, as reviewed earlier, parenting practices such as harsh parenting [128] and parent–child hostility [129–131] also increase risk of negative impacts of inter-parental conflict. Alternatively, positive relationships between parents and children [95, 132, 133] and secure attachments with parents [131, 134] can protect children from the impacts of inter-parental conflict as, in this context, children are less likely to blame themselves for inter-parental conflicts, and are less likely to intervene in parental disagreements [127, 134]. It is also noted that positive inter-parental relations are associated with more positive parent–child relationships, and conversely that just targeting the parental–child relationship in the context of ongoing inter-parental conflict does not lead to sustained positive outcomes for children [6]. Separation between parents represents a specific risk influence for children, and represents a context where ongoing conflict may be a feature of the inter-parental relationship for children [8]. One factor noted in explaining the adverse effects of divorce for children is disruptions to the consistency of parenting that children experience, both in relation to the mother-child and father-child relationships. The father-child relationship may be particularly sensitive to conflict levels at the level of the inter-parental relationship [277], with children at risk of disruptions through reduced father access and engagement during and following the divorce process. Indeed, an outcome often associated with parental separation is reduced and inconsistent contact between children and non-resident parents, who are most typically fathers. However, research has consistently demonstrated that sustaining productive relationships with residential and non-residential parents is helpful in children's adjustment to parental separation and divorce. Thus, where there is sustained contact with both parents, and productive relationships during and after-parental separation, children tend to adapt better [72, 136, 137].

Parent Mental Health

The associations between child adjustment, inter-parental conflict, and parental depression (specifically clinical disorder) are complex, with genetic and environmental factors (such as parenting and family functioning) being important, as well as considering the direction of influence between parental depression and inter-parental conflict [49, 135]. Although children of depressed parents are at greater risk of developing psychological difficulties, genetic influences are not the sole explanation. Overall, evidence does suggest that parental depression is

associated with negative outcomes for children via inter-parental conflict [68, 136, 137], with exposure to inter-parental conflict being associated with depression in children where there is a family history of depression [4].

Parent Alcohol and Substance Misuse

Both parental alcohol and substance misuse are associated with increased risk of poor child adjustment. Parental alcohol misuse is associated with increased risk of child internalising and externalising problems via inter-parental conflict and parenting difficulties, with inter-parental conflict also an influence on adult alcohol and substance misuse [138, 139]. Paternal substance abuse has been associated with increased emotional and behavioural problems, due to children witnessing a greater incidence of inter-parental conflict, as well as a higher frequency of physical violence in families where a substance-abusing parent lived at home [140].

Other Relevant Individual and Social Factors

Race and Ethnicity

A large volume of research examining the effects of inter-parental conflict on children has been conducted with families from Caucasian or African American backgrounds, as well as recent intervention work focusing on Mexican American families [141]. It is therefore necessary to ensure that findings are applicable to other cultures and ethnic groups [139]. Studies that have employed samples with more diverse racial or ethnic backgrounds continue to find a consistent association between inter-parental conflict and child outcomes regardless of ethnicity [9, 61, 140, 142]. Associations between inter-parental conflict and child psychological adjustment have been observed among adolescents in Bangladesh, Bosnia, China, Columbia, Germany, India, Palestine, three different ethnic groups in South Africa, as well as the US [140]. Further evidence suggests that children from both the US and Israel react negatively to inter-parental conflict whether or not the conflict was resolved or was escalating [142]. Although some studies have identified that there may be differences in the strength of associations between inter-parental conflict, parenting, and child outcomes [143], other studies have not found such differences [9, 139, 144–146], with studies finding more similarities than differences across cultures in the impacts of inter-parental conflict on children [9, 147].

Peer Relations and Social Support

Inter-parental conflict can negatively impact on child friendships, for example via aggression or impaired social skills development necessary to successfully manage friendships [61]. However, there is evidence that social support, such as peer friendships or a relationship with a supportive adult outside the family, can protect children from the negative effects of inter-parental conflict [142–144]. For example, a study of 5-year-old children followed up for 2 years found that peer support reduced the risk of children developing externalising problems following exposure to family adversity, including inter-parental conflict. This association was consistent across child gender, ethnicity, temperament, and cognitive abilities [144]. A positive relationship with an adult outside the home, such as a teacher or relative, was also protective against the psychological effects associated with exposure to inter-parental discord [145].

Across these various factors, one primary finding can be generated – children of all ages who experience hostile inter-parental relations marked by frequent, intense, and poorly resolved inter-parental conflict are at elevated risk for negative outcomes, and this association is either improved or made worse as a result of individual and interacting factors unique to the child, family, and wider community (see Harold and Leve, 2012 [17]). As noted previously, profiling these factors has important implications for the efficacy of intervention programmes as the fidelity of any programme will be required to be responsive to factors that may impact programme effects on targeted processes and associated outcomes.

The potential economic and fiscal benefits of improved inter-parental relationships

The evidence outlined above highlights that inter-parental relationships can have significant effects on the mental health of children within the family. In particular, it concluded the following:

- Parents' partnership quality impacts on children's mental health and long-term life chances.
- Children exposed to frequent, intense, and poorly resolved inter-parental conflict are at risk for a range of negative outcomes that affect the quality of their life in the short term and affect long-term outcomes such as employability and future personal/family relationship stability.
- Improved partnership quality and conflict management skills between couples/parents are associated with improved children's mental health and long-term life chances.

However, there are very few UK studies which have been conducted to measure the impact that minimal interventions to support the inter-parental relationship might have on improved children's outcomes, although international research evidence is indicative of positive impacts. Furthermore, there is limited evidence on whether such interventions deliver economic benefits, such as improved future labour market outcomes for children, or fiscal benefits, such as reduced demand on public spending, such as health, welfare, or social services. The types of long-run studies required to demonstrate such benefits are both rare and challenging.

Despite that, it should be clear that there are strong foundations for such a case to be made. We discuss this below in relation to children's mental health, given the empirical research which shows the likely costs for society, the state, and the individual from the consequences of mental health problems for children and young people. This section summarises and brings together recent evidence on these costs. The evidence comes from long-term longitudinal studies which have tracked children from early childhood into adulthood, measuring both emotional and mental health

in childhood and life chances and outcomes in adulthood. We focus mainly (but not exclusively) on recent UK evidence.[1]

In this report we have not undertaken sufficient modelling and analysis to build on these foundations to provide estimates of the potential economic and fiscal benefits from greater support for the inter-parental relationship. Instead, this section provides a basic sketch of a framework. However, this framework indicates that the potential benefits are substantial and that further work should be undertaken on the benefits of addressing poor-quality parental relationships.

The Impacts and Costs of Poor Child Mental Health

There is much evidence to indicate that children who experience mental health problems in their youth are then at risk of experiencing further adversity (including continued mental health problems) when they are adults. A significant proportion of adult mental health problems can be traced back to childhood: 50% of mental illness in adult life (excluding dementia) starts before age 15, and 75% by age 18 [151a].

Some of the most recent and comprehensive evidence on the long-term personal costs in adulthood of childhood mental health problems comes from Goodman et al. (2015), who analysed the most recent waves of the British Cohort Study in order to examine the relationship between social and emotional skills at age 10, and a range of outcomes at age 42. In particular, they found that [149]:

- Self-esteem at age 10 was associated with higher wealth at age 42, and a lower risk of health problems or negative health behaviours (including smoking, drinking, and obesity).
- Good conduct at age 10 was associated with a higher likelihood of being degree-qualified by age 42, a higher likelihood of being employed, a higher likelihood of being employed in a high-status job (professional or managerial), and higher income.
- Good conduct at age 10 was associated with a lower risk of negative health behaviours at age 42, such as smoking and drinking alcohol.

It has been demonstrated in other research, particularly using the National Child Development Study, that childhood emotional health can also affect economic outcomes in adulthood. Using this data, Goodman et al. (2011) found that emotional maladjustment and poor psychological health in childhood led to significant adverse effects on income, wages, employment, and social mobility up to the age of 50. Based on their calculations, the authors suggest that the lifetime cost of lost income resulting from poor child mental health could be as much as £388,000.

Meanwhile, Cornaglia et al. (2015) found that poor mental health at age 14–15 was associated with worse performance in GCSE exams and a higher likelihood of being NEET (not in employment, education, or training) at age 16–17. Egan et al. (2015)

[1] Poor child mental health is only a potential source of social and fiscal costs; others may exist. However, we focus on child mental health here given the relative strength of empirical evidence.

arrived at a similar finding and concluded that childhood emotional distress had a role to play in contributing to youth unemployment, and that its effects may be stronger during periods of low or negative economic growth. These effects on labour market outcomes could provide one *potential* economic and fiscal implication of poor child mental health, and, by extension, poor inter-parental relationships [152].

Another potential fiscal implication is through the public services used as a consequence of greater participation in risky behaviours, which may be attributable to behavioural problems in childhood. Scott et al. (2001) tracked a group of 142 10-year-olds up to age 28 and found that children with conduct disorder were each associated with a cumulative cost of £70,000 per child to public services by age 28, compared to £24,300 for children with lower-level conduct problems and £7,400 for children with no conduct problems [153]. Using data from New Zealand, Fergusson et al. (2005) conducted a 25-year study of children aged 7–9, finding that conduct disorder at that age was strongly associated with the likelihood of committing a violent offence, becoming a teenage parent, or committing suicide [154]. In their analysis of these studies, Friedli and Parsonage (2007) conclude that the lifetime social benefit of eradicating severe conduct disorder for a single cohort of children is £5.25 billion, while the corresponding benefit of eradicating conduct problems more generally would be £23.625 billion [155].

Additional impacts

There may be other routes through which aspects of the inter-parental relationship affect children's life chances in a way that creates long-term economic or fiscal implications. Impact via the mental health of children is only one of these; however, as can be seen above it is a relatively well-researched and well-evidenced route.

Another potential route may be through family stability and parental separation. Much research has explored the implications of family breakdown or family structure for children's outcomes [156–162]. This work has shown that the average outcomes of children who grow up in non-intact families, where separation between parents has occurred in the past or occurs during childhood, are worse than those of the average child from a stable intact family. However, notions of causality between family structure and children's outcomes are complicated by the fact that family structure is intertwined with the quality of family relationships. In particular, parental conflict and poor parent–child relationships influence the risk of family breakdown, as well as the future harm that family breakdown may result in (Mooney et al., 2009 [162]).

The Relationships Foundation (2015) [163] has recently estimated that family breakdown creates an annual fiscal cost of £47 billion. However, it is difficult to ascertain empirically what proportion of public expenditure is directly attributable to people that have experienced family breakdown, and which would not have been incurred had that breakdown not occurred.

As above, family structure and relationships are intertwined and can affect or reinforce each other. The analysis by the Relationships Foundation focuses generally on lone-parent status as the proxy for family breakdown, and doesn't include the role of parental conflict, poor parental health, and poor family functioning. These factors can have adverse consequences for children – and therefore result in

potentially more fiscal cost through demand for public services – before and after parental separation, and in families that do not separate.

Potential Future Research

There is potential for further research that supplements the current evidence base and helps to move towards a cost-benefit analysis for improving inter-parental relationships. In particular, future research should attempt to quantify directly:

- The economic and fiscal benefits of improved inter-parental relationship quality (in both intact and separated families);
- The economic and fiscal benefits of improved family stability.

A useful starting point for analysis may be provided by the Understanding Society study,[2] a large, nationally representative study which tracks households and their circumstances over time, and currently provides the basis for DWP's Family Stability Indicator. Importantly, Understanding Society captures information on relationships and mental health and well-being of respondents. It will also benefit from linkages to other government data sources in due course. It has already been linked to education data (the National Pupil Database) and further linkages to NHS records, DWP records, and HMRC records are planned. When this linked data becomes available, it has the potential to provide the most reliable option for understanding how inter-parental relationships impact on children and on public spending and services.

Conclusions and Recommendations

On the basis of the evidence summarised above, we can conclude the following:

- There is evidence to suggest that improved childhood mental health generates future benefits to the individual and to society at large. Hence improvements in the inter-parental relationship could result in long-term social benefits via improved child mental health.
- Evidence shows that child outcomes tend to be worse on average in lone-parent and non-married families, although such comparisons may not take into account socio-economic factors and other features of the family environment that may vary between families of different types. While family breakdown can be detrimental in itself, this review has found that the quality of parental relationships, level of parental stress, and quality of family functioning also have a significant impact on children's well-being, in both intact and separated families. Family structure, family breakdown, and family relationship quality are all closely intertwined, making it difficult to distinguish the causal effect of each factor.
- It is difficult to establish an empirical estimate of the cost of family breakdown. This is because it is difficult to ascertain empirically what proportion of public

[2] See https://www.understandingsociety.ac.uk/.

expenditure is directly attributable to people that have experienced family breakdown, and which would not have been incurred had that breakdown not occurred. The fiscal cost of family breakdown has recently been estimated to be £47 billion per year. However, this estimate does not capture potential fiscal costs incurred from poor parental relationships and family functioning in intact and separated families.

- Further research is warranted in order to obtain more precise estimates of the fiscal cost of family breakdown, but also to quantify potential fiscal costs of poor family functioning regardless of whether family breakdown occurs. The data requirements of this analysis present a significant challenge, but the Understanding Society data set provides what is likely to be the best available option for further exploration of this issue.

Chapter Three

A review of the international evidence base on intervention programmes designed to improve the adverse effects of inter-parental conflict on children's outcomes

Background

The evidence reviewed in Chapter Two demonstrates the potential negative effects of inter-parental conflict for children's long-term psychological development. Children exposed to frequent, intense, and poorly resolved inter-parental conflict are at elevated risk for a range of negative outcomes including heightened anxiety, depression, aggression, conduct problems, academic failure, suicidality, poor physical health, low employability, and future relationship breakdown.

A complementary body of evidence is emerging that demonstrates the beneficial effects of couple conflict management interventions and support-focused programmes on outcomes for children. Reviewing this literature serves two important functions. First of all, we learn which interventions, under which conditions, work for which couples and families. Second, it builds on the previous chapter by helping to establish the *causal* importance of the couple relationship on outcomes for children. As Cowan and Cowan (2002) observe, if we carry out a randomised control trial to test the efficacy of a couple relationship intervention and find that participation in the intervention produces a positive change in the relationship whilst also improving child outcomes, that would constitute strong support for the causal importance of the couple relationship to child outcomes [6].

This chapter employs systematic methods to review this literature. The chapter then describes aggregate findings based on an examination of the evidence by the review authors. As yet, EIF has not formally assessed the strength of evidence for each of the individual interventions, though we may return to this in subsequent work. Nevertheless, the studies reviewed in this chapter indicate strong prima facie evidence for the principle that programmes based on support for couple relationships can improve outcomes for children.

Methodology

The protocol met the criteria for the Government Social Research Service's definition of a 'Scoping Review', described in more detail in the box below.

SCOPING REVIEW

Undertaking a full systematic review typically takes around six months to a year. Users of research and evaluation evidence often need quicker access to what the existing evidence is telling them. To this end, 'rapid evidence assessments' and 'scoping reviews' have been developed for use in public policy research and evaluation. Both approaches are based on the principles of a systematic review. A scoping review is used to determine the range of studies that are available on a specific topic, and usually takes between 1 week and 2 months. This map of the existing literature is constrained (compared to a full systematic review) by a number of factors such as the range of search terms, the number of databases searched and only using electronically available searches. This means that a full systematic review may have returned a larger set of interventions. Focus on the peer review literature also has the possibility of publication bias.

Population

The review examined the evaluation evidence for programmes designed to improve outcomes for the two broad populations:

- Couples.
- Parents, or couples transitioning to parenthood, and their children (children and young people aged up to 18 years old).

Types of Interventions

The review focused on interventions implemented around the world: that are designed to impact on the couple/inter-parental relationship; where there was a component of the intervention that targeted couple relationships; where the evaluation specifically assessed the dynamic between couples.

Outcomes of Interest

The primary outcomes of interest were features of the couple/inter-parental relationship including: couple communication, problem solving and interaction styles/patterns, and parenting practices (as a downstream effect of improving the inter-parental relationship). Child outcomes were also of interest where these were measured and reported.

Types of Evidence

Interventions were selected for review if a reasonably robust evaluation of the intervention (randomised control trial, quasi-experimental design, pre-post design) was available.

Search Strategy

Two core search strategies were used to identify the evidence included in this review, including a systematic search of:

- PubMed
- Google Scholar

Search Methods

Details of the search terms used as part of the search may be found in Appendix 1.

Review findings

The search process yielded 3,534 studies. Duplicates, interventions not relevant, and interventions that did not meet the inclusion criteria were removed. A total of 28 interventions underwent the review process. Full details on each intervention can be found in Appendix 2.

Classification of Interventions

Following the identification of the studies to undergo the review process, the interventions were classified according to the goals of the intervention into the following overall categories:

- Programmes that focus on the inter-parental relationship in intact households.
- Programmes that focus on the inter-parental relationship in intact families at key transition points (e.g. transition to parenthood, children's school transition).
- Programmes that focus on the inter-parental relationship in the context of parent separation/divorce.
- Programmes that target the couple (inter-parental) relationship with an additional focus on parenting skills (or vice versa).
- Programmes that target the inter-parental relationship in addressing domestic abuse/violence effects on children.
- Prevention-based programmes.

Table 1 presents the groupings of the interventions along with the number of interventions within each subcategory.

TABLE 1 COUPLE/INTER-PARENTAL RELATIONSHIP INTERVENTION CATEGORIES

Category	Type of Intervention[3]	N
Focus on couple relationships in intact families	Cognitive-behavioural therapy	1
	Skills training/ Psycho-education	1
	Psycho-education	5
	Conflict reappraisal	1
Focus on couple relationships in intact families at transitions (e.g. new parenthood)	Skills training/ Psycho-education	1
	Skills training	2
	Psycho-education	2
Focus on specific aspects of conflict within the couple relationship (e.g. separating couples)	Skills training	4
	Psycho-education	4
Focus on enhancing couple relationship skills, with an additional emphasis on improving parenting skills	Psycho-education with skills training	1
	Psycho-education	2
Focus on children exposed to domestic violence	Psycho-education	1
Preventative-based approaches (e.g. with education training in interpersonal skills)	Skills training	1
	Psycho-education	2

Descriptive Overview of Interventions' Evidence

Table 2 provides a descriptive overview of the evidence underpinning the interventions. Of the 28 interventions, 96.4% had an international evidence base. A large proportion of studies evaluating these interventions had been carried out in the last 5 years (42.9%). The majority of studies evaluating the interventions used a

[3] For definitions see Glossary.

randomised control trial design. The majority of interventions (92.0%) were short-term interventions (i.e. they were implemented in less than 6 months).

TABLE 2 DESCRIPTIVE OVERVIEW OF INTERVENTION EVIDENCE

	N	%
Country of origin		
UK	0	0%
International	27	96.4%
Both	1	3.6%
Date of publication studies		
Pre 2001	4	14.3%
2001–2005	4	14.3%
2006–2010	8	28.6%
2011–2016	12	42.9%
Methodological features of evaluations		
Randomised control trial	19	67.9%
Quasi-experimental	1	3.6%
Pre-post design with no control group	4	14.3%
Pre-post design with control group	2	7.1%
Post-test design with no control group	2	7.1%
Programme features: duration		
Less than 1 day or 1 session	4	14.3%
1–2 days (or equivalent hours) or 1–2 sessions	4	14.3%
3–12 sessions or weeks	13	46.4%
3–6 months	4	14.3%
More than 6 months	2	7.1%
Self-paced	1	3.6%

Programme features: delivery format		
Group	17	60.7%
Individual (i.e. individuals or couples)	4	14.3%
Other (internet based, self-directed, combined)	7	25%

Results by Category of Intervention

This section will present an overview of the key findings emerging from the review of interventions implemented in the international context that are designed to impact on the couple/inter-parental relationship. Key Findings boxes summarise the evidence for interventions for each category of intervention. This is followed by one or more detailed case studies of examples of interventions within each category. Each case study includes details of the intervention design, target population, evaluation study design, and main findings. Effect sizes are reported where these are provided in the original studies.

Programmes that focus on the inter-parental relationship in intact households

Recent developments in prevention-based interventions have considered couples who are still together (intact). These programmes build specifically on empirical research examining inter-parental conflict and child outcomes.

KEY FINDINGS

- Eight intervention programmes that target the couple relationship in intact families were identified.
- All interventions were of international origin – six from the US and two from Europe.
- One intervention takes a cognitive behavioural therapeutic approach (*Integrative Behavioural Couple Therapy*), one is a skills training and psycho-educational programme developed for African-American families (*Promoting Strong African American Families*), and one uses a brief written task designed to foster reappraisal of conflict *(Reappraisal writing task).*
- Five programmes are psycho-educational interventions; including one that focuses on fathers (*Promoting fathers' engagement with children*), two that target the couples' knowledge about relationships (*Couple Relationship Education, EPL: Ein Partnerschaftliches Lernprogramm für Paare*), one that focuses on marital conflict (*Happy Couples, Happy Kids*), and another on stress associated with parenting (*Couples Coping Enhancement Training*).
- Evidence quality: All eight programmes are underpinned by evidence using randomised control trials.
- International findings indicate the significant positive effects of these interventions on features of the couple relationship (including relationship satisfaction, communication, and conflict/disagreements) and child outcomes. For example, improved child problem behaviour was reported by *Promoting fathers' engagement with children* and an association between changes in parental conflict and changes in adolescent depressive symptoms reported by *Promoting Strong African American Families*.

Further details on illustrative programmes in this category

'Happy Couples, Happy Kids' (HCHK) is a brief, four-session psycho-education programme to help couples from community samples to better manage inter-parental conflict [164]. This intervention involves facilitator-led presentations. Written definitions of the behaviours discussed in each session are also provided for parents to take home. Parents view video clips showing everyday themes of conflict behaviours. In each scenario, parents view these conflict behaviours with a child present or absent. Group discussions then help couples understand the impacts of conflict behaviours, and also to understand what the actor could have done differently in the situation. Evidence from a randomised control trial evaluation of 90 couples suggests that where parents received this intervention, they demonstrated more constructive and less destructive inter-parental conflict compared with a control group. Parents were more supportive of their partners, more positive, and more likely to move towards a resolution during observed interactions (for resolution at post-test, 6-month and 1-year follow-ups effect sizes ranged from d = 0.72 to 1.72). These changes were also associated with improved relationship satisfaction, parenting, and child adjustment (as reported by parents; children were

aged 4–8 years). Furthermore, a 2-year follow-up of 39 of these couples suggested that treatment groups demonstrated improvements in constructive conflict (d = 1.06), including problem-solving behaviours (d = .78) [165], highlighting the longer-term efficacy of this programme.

'Couples Coping Enhancement Training' (CCET [166]) is a psycho-education programme that aims to reduce couple/parental relationship stress and improve coping and relationship satisfaction. It consists of 6 modules that span 18 hours in total. Three of the six modules consider topics of stress and stress management at the individual and couple level and enhances effective coping, communication, and problem solving, as well as supportive coping between couples. The programme is delivered in a group format, with couples learning from facilitator-led instructions, video examples of other couples, and skills development during several supervised exercises. Evidence from an RCT of 100 parents with children aged between 2 and 12 years suggests that CCET is an effective programme for strengthening parental relationship functioning by improving communication and coping [167]. This evidence suggests that psycho-education interventions can help to prevent problems associated with inter-parental conflict, particularly when they focus on conflict behaviour, communication, and problem-solving skills.

Programmes that focus on the inter-parental relationship in intact families at key transition points

The transition to parenthood has been identified as a particularly challenging family transition [146], with many parents showing a decline in relationship satisfaction [65, 147] and positive couple communication [168, 169], with an increase in couple conflict during this period [43]. This suggests that interventions aimed at new parents should include aspects of conflict management.

These programmes include some content overlap. Many of these programmes aim to improve and strengthen couple relationships by preparing couples for difficulties that are associated with becoming a parent. Many consider the promotion of couple communication, conflict management strategies, realistic expectations, sharing (parenting) responsibilities, and promoting sensitive parenting. These programmes do, however, vary in the length and intensity of each programme, as well as the process of learning [170]. Many demonstrate improved relationship satisfaction after receiving the programme and where skill training is a component of these programmes, additional benefits in couple communication are also observed [171, 172]. Overall, interventions with new and expectant parents have been found to have a small but significant effect on couple communication and adjustment, as well as improved psychological well-being [169].

KEY FINDINGS

- Five interventions that target the couple relationship in intact families and transitions were identified.
- All interventions were of international origin – four from the US and one from Australia.
- All five programmes targeted couples at the transition to parenthood and were either psycho-educational *(Power of two online, Bringing baby home*), skills training (*Becoming a Family, Couple CARE for Parents*), or a combination (*Family Foundations*).
- Evidence quality: All five programmes are underpinned by evidence using randomised control trials.
- Findings have indicated positive effects on features of the couple relationship (including communication and marital conflict) as well as long-term effects on the maintenance of relationship quality and satisfaction. Positive effects on parent well-being have also been reported including less depression (*Family Foundations, Bringing baby home*), less parenting stress, and reduced anxiety (*Family Foundations*).
- *Family Foundations* has demonstrated long-term positive impacts on children (including improved social competence, school adjustment, and decreased internalising problems).

Further details on illustrative programmes in this category

Family Foundations is a psycho-educational intervention with co-parenting focused content [173]. It is an interactive, psycho-educational, skills-based group, lasting for 8 sessions (4 prenatal, 4 postnatal). Aspects of the curriculum include: conflict management, communication, minimising the strains of the transition to parenthood, and strategies for mutual support of joint parenting. The effectiveness of this programme has been tested using an RCT [183]. A sample of 169 couples expecting their first child were randomised to either an intervention (n = 89) or a control condition (n = 80). The intervention families participated in *Family Foundations*, a series of 8 classes, delivered before and after birth. The study tested the effectiveness of the intervention with regards to co-parenting, parental mental health, parent–child dysfunctional interaction, and infant regulation (e.g. soothability).

Intent-to-treat analyses indicated significant programme effects on co-parental support (ES: mother = 0.35; ES: father = 0.54), maternal depression (ES = 0.56) and anxiety (ES = 0.38), distress in the parent–child relationship (ES: mother = 0.34; ES: father = 0.70), father-reported parenting-based closeness (ES = 0.44), father-reported infant soothability (ES = 0.35), and mother-reported duration of orienting (ES = 0.34). Intervention effects were not moderated by income, but greater positive impact of the programme was found for lower-educated parents and for families

with a father who reported higher levels of insecure attachment in close relationships.

A 6-month follow-up study (child age 1 year) [184] used coded videotaped interactions between parents and the child at pre-test and post-test. Intervention effects were found to be maintained for co-parenting (ES = 0.10–0.51), parenting (ES = 0.34–0.6), couple relationship (ES = 0.48–1.01), and mother-reported child self-soothing (ES = 0.30). At 3-year follow-up, children in the intervention group showed better adjustment (e.g. social competence, decreased internalising problems, school adjustment).

'Bringing Baby Home' is a 2-day psycho-educational workshop which aims to: (1) strengthen couple relationships and prepare new parents for relationship difficulties associated with new parenthood, (2) facilitate father and mother involvement, and (3) give information about child psychological development. The delivery of this workshop includes lectures, demonstrations, role play, videos, as well as communication exercises and focuses on conflict management, positive communication, and coping with transition to parenthood-related difficulties [171, 174]. The effectiveness of this intervention has been tested by at least two RCTs. The first study measured intervention effects on marital quality, postpartum depression, and expressed hostile affect [185]. A sample of 38 participants were randomised into an experimental group (n = 18) or a control group (n = 20). The families were followed over a 3-year period to assess the impact of the intervention on the experimental group relative to the controls (the referenced study reports on findings from 1-year follow-up). Findings indicated that the intervention was effective in significantly improving marital quality for males and maintaining levels of marital quality for females in the intervention groups, while marital quality declined for males and females in the control groups. Postpartum depression and marital conflict also improved over time for both males and females in the intervention groups. In the second RCT [186], a sample of 181 expectant parents were randomly assigned to a control group, workshop group, or workshop support group.

Programmes that focus on the inter-parental relationship in the context of parent separation/divorce

Evidence suggests that child adjustment is strongly related to the level and type of inter-parental conflict experienced both before and after parent divorce, as well as the relationship quality the child has with each parent [80]. Where children are made to feel 'in the middle' of parental conflict, children do less well, particularly when they blame themselves or feel responsible for parental disagreements [17]. Several interventions have been developed for separated and divorced parents to improve outcomes for both parents and children.

KEY FINDINGS

- Eight interventions that target specific aspects of conflict within the couple relationship were identified.
- All of these interventions originate from the US.
- Four take a skills training approach (*Children in the Middle, Dads for Life, Assisting Children through Transition, Collaborative Divorce Project*) and four take a psycho-educational approach (*Focus on Kids, Kids in Divorce & Separation, Kids Turn, Working Together Programme*).
- Four of the interventions are court-mandated programmes (*Children in the Middle, Assisting Children through Transition, Focus on Kids, Working Together Programme*).
- Evidence quality: Three interventions are underpinned by evidence from randomised control trials (*Dads for Life, Collaborative Divorce Project, Kids in Divorce & Separation*). Four interventions are underpinned by evidence from studies using a pre-post design (*Focus on Kids, Kids Turn, Working Together Programme*), one of which includes a control group comparison (*Children in the Middle*). One intervention is underpinned by evidence using only post-intervention data (*Assisting Children through Transition*).
- International findings indicate positive effects of these intervention programmes for improving communication skills and reducing inter-parental conflict. *Children in the Middle* and the *Working Together Programme* both evidenced a reduction in children's exposure to parent conflict.
- Positive effects for children were also reported, including reduced internalising symptoms/behaviour (*Dads for Life, Kids Turn*) and emotional problems (*Kids in Divorce & Separation*).

Further details on illustrative programmes in this category

'Children in the Middle' [175] is an intervention for parents mandated by court. It is a 3-hour skills training programme with an emphasis on behavioural modelling techniques. It focuses on reducing child exposure to destructive conflict, and preventing children from being caught in the middle of parental disagreements. Skills are developed to improve communication and interactions with their ex-spouse. Findings from an evaluation study of 314 parents, employing a pre-post with control group design, have suggested that parents receiving the intervention learn to communicate more effectively, and learn conflict-avoidance skills. In addition, these skills are maintained 3 months after the intervention and are associated with improvements in conflict resolution [175].

The 'Collaborative Divorce Project' is also a skills training-based programme and is designed for parents of children aged 6 years and younger [176]. It is a voluntary court-based programme with a focus on conflict resolution. Evidence from a randomised control trial of 161 families suggests that where they received intervention, families reported lower conflict, greater father involvement, and improvements in the child's cognitive and behavioural functioning, compared to wait-list controls. Parents were also less likely to require custody evaluations and other services.

Overall, evidence suggests that reducing the levels of destructive conflict that the child is exposed to and keeping the child from being caught in the middle of parental conflicts are effective in promoting child adaptation following parental divorce [169], and there is some overlap between programmes. Effective components of intervention programmes aimed at parents as they transition from intact to separated are: (1) educating parents about the impact of parenting and low inter-parental conflict; (2) building motivation to strengthen the quality of parenting and not to undermine the other parent; (3) skill-building which includes modelling, role play, and feedback [80].

Programmes that target the couple (inter-parental relationship) with an additional focus on parenting skills (or vice versa)

Couple-focused programmes that include a component on parenting skills seem to be beneficial.

KEY FINDINGS

- Three interventions that target enhancing the couple relationship with an additional focus on improving parenting skills were identified.
- One intervention is from the US and UK, while two interventions have international origins including one from the US and the other from Australia and China.
- All the interventions adopt a psycho-education, or a psycho-education with skills training, approach.
- In addition to improving parenting, these programmes have an additional focus on relationship difficulties and problem solving (*Incredible Years*) or modifying unsatisfying or dysfunctional patterns of behaviour in family relationship (*Schoolchildren and their Families*) including parental conflict (*Enhanced Triple P*).
- Evidence quality: Two intervention programmes are underpinned by evidence using randomised control trials (*Schoolchildren and their Families* and *Enhanced Triple P*) and one intervention programme is underpinned by evidence using a pre-post design (*Incredible Years*).
- International findings indicate positive effects for improving parenting and child behaviour as well as parental outcomes such as improved depression and parenting self-efficacy.
- *Schoolchildren and their Families* has demonstrated evidence of long-term positive effects on couple interaction, marital satisfaction, and children's adaptation (hyperactivity & aggression).

Further details on illustrative programmes in this category

One programme that emphasises couple relationship skills and that is delivered at an important transition point in children's lives (reception/primary school transition) is the 'Schoolchildren and their Families' project. In a study evaluating this psycho-education programme, 192 families were randomly assigned to a low-dose control condition or to one of two intervention conditions [182]. Couple discussion groups met over the course of 16 weeks to discuss either couple relationship issues or parenting issues. Both intervention groups showed positive effects on the parent–child relationship and child adjustment to kindergarten and first grade. The group which focused on relationship issues also showed additional benefits in couple relationship quality and reduced inter-parental conflict [182]. Furthermore, follow-up evaluations have demonstrated positive effects, including higher relationship satisfaction and greater child adjustment at high-school, 6 and 10 years after the

initial intervention [183], suggesting that couple-based interventions can have positive long-term effects on parents and children.[4]

The Incredible Years programme is a well-validated 12-week parenting programme, with recent models of this parenting-focused programme also emphasising couple/adult skills features. Each session lasts 2.5 hours with skills taught by facilitators-led group discussions, videotape modelling, role play and rehearsal of techniques within the group, and through homework assignments. Parents are taught skills such as: (1) how to establish a positive relationship with their child through play and child-centred activities; (2) encouraging praise, reward, and incentives for appropriate child behaviours; (3) guidance in the use of effective limit setting and clear instruction giving; and (4) strategies for managing noncompliance. The ADVANCE version of the Incredible Years parenting programme includes extra sessions on communication skills, problem solving, and personal self-control. This programme is aimed at families with young children with early-onset conduct problems. An evaluation of the ADVANCE Incredible Years programme included families of 97 children (aged 4–8 years) with early-onset conduct problems. Families were randomly assigned to one of four conditions (child training; parenting training; child and parent training; control group). Parents who received this ADVANCE version of the programme demonstrated improvements in relationship communication and child problem-solving skills compared to parents who received the BASIC version of the parenting programme. In addition, during a problem-solving task, children showed greater pro-social behaviour [177, 178]. Clinically significant effects on child conduct problems were also evidenced: immediately post-treatment, 80.8% of the parent training group and 70.0% of the child and parent training group reported clinically significant changes in their child's behaviour into the normal range. This is compared with 37.0% of the child training group and 27.3% of the control group. At 1-year follow-up, there was a reduction of at least 30% from pre-treatment levels in deviant behaviours for 73.7% of the child training group, 60.0% of the parent training group, and 95% of the child and parent training group [179]. This suggests that helping parents manage distress and interpersonal relationships may have positive outcomes for both parents and children [180, 181].

Programmes that target the inter-parental relationship in addressing domestic abuse/violence effects on children

Children who witness inter-parental violence can experience severe negative outcomes including emotional, behavioural, and cognitive problems [184, 185]. In addition, as adults, these children are two to four times more likely to report problems with alcohol, drug use, and depression [186]. Despite these risks to children, few interventions have been carefully designed, and of these, fewer have been rigorously tested and evaluated [187].

[4] This study also rules out the possible explanation that improved outcomes were merely the result of meeting other parents in a group for 16 weeks. It was the specific content on couple relationships that led to improved outcomes.

KEY FINDINGS

- One intervention that targeted children who have been exposed to domestic violence was identified.
- 'En nu ik..!' ('It's my turn now!') originates from the Netherlands. It is a psycho-educational approach composed of nine group sessions for children and nine parallel group sessions for the custodial caregiving parent.
- Evidence quality: This intervention is underpinned by randomised control trial evidence.
- Findings indicated positive effects on child outcomes – including decreased levels of depression, internalising and externalising symptoms. However, both the intervention and alternative treatment control group showed these improvements over time. As a result regression to the mean and maturation effects cannot be conclusively ruled out.

Further details on illustrative programmes in this category

One recent programme that has been tested using an RCT design is 'En nu ik!' (It's my turn now!'), a psycho-education programme conducted in the Netherlands for families with children aged between 6 and 12 years who have experienced inter-parental violence [188–190]. Families are referred to the intervention programme by police, social workers, women's shelters, as well as youth (mental health) care. Inclusion criteria to participate in the programme were that children had to have experienced inter-parental violence, but the violence should have stopped at the time of families being in the programme. Families were randomly assigned to either the intervention programme or the control programme.

The programme focuses on emotional awareness and expression, increasing feelings of emotional security, teaching effective coping strategies, and improving parent–child interactions. The aims of the programme for parents are to allow parents to become more sensitive in supporting their children who deal with difficult experiences and emotions, and to take the perspective of the child who has witnessed the inter-parental violence. The programme contains nine group sessions for parents as well as parallel group sessions for children to: (1) help children process their inter-parental violence experiences; (2) learn how to differentiate and express emotions; and (3) learn how to cope with feelings and problems in non-violent ways [188]. An RCT study of 155 children and their parents which compared those who received 'It's my turn now' with an alternative intervention (which did not contain inter-parental violence specific factors) suggests that both groups showed reduced child internalising and externalising problems, as well as post-traumatic stress symptoms [189].

Prevention-based programmes

Recent developments in prevention-based programmes have considered working with couples and individuals who may not be experiencing relationship problems or

feel in need of interventions. The programmes aims to improve skills couples have for handling conflict to reduce the levels of marital distress and divorce in the future. Three US-based programmes were identified. Two programmes were aimed at couples planning marriage (*Prevention and Relationship Enhancement*, PREP; *Handling Our Problems Effectively*, HOPE) and one programme was a preventative approach for individuals, regardless of relationship status (*Within My Reach*, WMR).

KEY FINDINGS

- Three programmes with a preventative approach were identified.
- All of these originated from the US.
- Two programmes have a psycho-education approach (*Handling our Problems Effectively*, *Within my Reach*) and one has a skills training approach (*Prevention and Relationship Enhancement*).
- These intervention programmes focus on teaching topics relevant to building and sustaining healthy relationships including communication, decision making, and conflict resolution.
- Evidence quality: One programme is underpinned by evidence using randomised control trials (*Handling our Problems Effectively*) and two are underpinned by evidence using a pre-post design (*Within my Reach*), one of which includes a control group comparison *(Prevention and Relationship Enhancement).*
- Long-term positive effects have been demonstrated by *Prevention and Relationship Enhancement* which reported lower levels of negative communication and higher levels of positive communication, higher levels of marital satisfaction, and lower levels of conflict.

Further details on illustrative programmes in this category

One programme that has been well validated is the 'Prevention and Relationship Enhancement' (PREP) [191] programme, a universal skills-based prevention programme developed in the US. The programme aims to teach couple effective communication and conflict management, with a focus on conflict resolution and communication, development and maintenance of intimacy, as well as commitment and friendship. As a preventative programme, the primary objective is to maintain already high levels of functioning and to prevent problems from developing rather than to improve current functioning.

The programme consisted of 5 sessions of approximately 3 hours each. Three to five couples participate in each PREP session, and each couple work with a trained consultant (psychology student or postgraduate student in clinical psychology) throughout the programme. Each session focuses on one or two areas, and couples also completed homework assignments between sessions to practise the skills they had learned. As part of the intervention study, pre and post (5-year follow-up) assessments were conducted evaluating marital distress. Participants were 114 couples planning marriage for the first time who were selected from a larger study of relationship development. Couples were recruited through community-wide

publicity and were randomly selected to participate in PREP or a control group. The majority of participants were engaged (60%), and 39% were living together. Forty per cent of participants were planning marriage in the future but were not formally engaged. Twenty-five couples completed the intervention, 42 couples declined participation in the intervention, and there were 47 control couples. Evidence suggests that at the 5-year follow-up, intervention couples, compared to control, had higher levels of positive and lower levels of negative communication skills and marital violence. The prevention programme was also associated with higher levels of satisfaction and commitment to marriage, lower levels of conflict, and reduced odds of divorce [192–195]. These effects have been found to be robust across race, income, and education levels [196], and PREP has been shown to be effective in both clinical and community settings [192–194]. Recently an online version (ePREP) has also been shown to reduce adult depression, anxiety, and relationship distress [197].

Another prevention programme is 'Handling our Problems Effectively' (HOPE), a recently evidenced (2015) US-based psycho-education programme [198] aimed at couples within the first 6 months of marriage. This is a 9-hour intervention focusing on communication and conflict resolution skills early in the marriage before serious problems developed. As part of an evaluation, it was compared to a 9-hour intervention 'Forgiveness and Reconciliation through Experiencing Empathy' (FREE) focusing on forgiveness and reconciliation. Participants were recruited through advertisements in newspapers and on the radio. Participants were required to have been married for between 6 and 9 months, not be in psychological treatment, or not be reporting any violence in the relationship. As part of the evaluation, individuals (n = 145) were then randomly assigned to either an intervention group (HOPE or FREE) or a control group, and assessed pre- and post-intervention. Participants were Caucasian (78%), African American (16%), and other ethnicities (6%). Nineteen per cent had been divorced previously. At 1-month follow-up, both HOPE and FREE produced positive change: self-reported relationship quality improved in the intervention groups and was somewhat greater in HOPE (d = .18 for FREE; d = .31 for HOPE). Couple communication scores increased for HOPE (effect size d = .30 for HOPE) but decreased for controls and FREE (d = .06 for FREE). For negative interactions, controls increased over time, whereas HOPE and FREE remained stable over time (d = .69 for FREE; d = .51 for HOPE). For positive interactions, controls declined sharply but were stable for the interventions (d = .83 for FREE; d = .83 for HOPE).

Discussion and conclusions

This chapter has provided an overview of the evidence on the effectiveness of programmes that aim to improve the relationship between couples/parents and, where measured and reported, outcomes for children. Programmes from around the world were included. Based on a search of key academic databases using systematic methods, this section considers key conclusions within the context of the strengths and limitations of the review.

Strengths and Limitations of the Review

A strength of this rapid review is that it provides a timely overview of the current evidence on the effectiveness of interventions designed to enhance couple relationship quality and/or address couple conflict. The search terms used were derived from the literature review of the previous chapter and so there is a close alignment between the two aspects of the work. Similarly, these search terms were used to systematically search two important academic databases, meaning that an objective and transparent method was used for retrieving the available evidence. Furthermore, each of the evaluation studies was read in detail by at least one researcher.

A number of limitations need to be acknowledged. First, given the time available, a full systematic review was not possible. If a more comprehensive set of search terms and databases had been used, a larger set of interventions may have been returned. Second, given that the review focused on the peer-reviewed literature, there is the possibility of publication bias: there may be evaluations that did not find positive results and were consequently not published. Third, although the methodology of each of the evaluations is described in detail in the appendices, the evaluation evidence has not yet been formally assessed against the EIF standards of evidence, which involves a more resource-intensive process, involving a call for evidence with programme providers and a panel review process. The approach used is fit for purpose given the timescale of the review, but it is important to acknowledge that we have made an initial assessment of the evaluation evidence, rather than a detailed assessment against a full set of detailed criteria. Finally, whilst the interventions that underwent the review process were grouped under thematic categories to aid comprehension and synthesis, it is acknowledged that, in reality there may not be discrete categories and some interventions could be argued to belong to more than one category.

Acknowledging these limitations, this review provides a timely synthesis of the evidence from a representative sample of evaluations of programmes designed to improve the couple and inter-parental relationship and (in some cases) improve outcomes for children and a number of important findings emerged.

Programmes could be classified into the following categories:

- Programmes that focus on the inter-parental relationship in intact households.
- Programmes that focus on the inter-parental relationship in intact families at key transition points (e.g. transition to parenthood, children's school transition).
- Programmes that focus on the inter-parental relationship in the context of parent separation/divorce.
- Programmes that target the couple (inter-parental) relationship with an additional focus on parenting skills (or vice versa).
- Programmes that target the inter-parental relationship in addressing domestic abuse/violence effects on children.
- Prevention-based programmes.

Within the context of the strengths and limitations of this review, the following key insights have been reached:

- Programmes that target conflict management and communication for couples suggest improved outcomes for children.
- Programmes that target couple relationship communication and conflict management skills at key transition points (e.g. becoming a parent, children's school transition) evidence improved long-term outcomes for children.
- Programmes that target couple relationship communication and conflict skills management suggest concomitant improvements in parenting and positive outcomes for children (even when parenting skills are not directly targeted).
- Programmes that target the inter-parental relationship in high-risk contexts (e.g. divorce, domestic violence) suggest improved outcomes for children (with implications for reducing the intergenerational transmission of negative family conflict processes and perpetration of future relationship violence).
- Supporting the couple relationship early in children's lives may have long-term impacts on children's mental health, future life chances, and patterns of positive relationship behaviour across generations.

An additional observation is that, whilst some of the interventions reviewed recognise the importance of the inter-parental relationship as an influence on child outcomes, few presently incorporate consideration of the couple relationship as a direct source of influence on children, with fewer still targeting specific mechanisms through which inter-parental conflict places children at elevated risk for negative outcomes. This is reflected in the fact that only some of the evaluations reviewed measured child outcomes. However, existing intervention evidence reviewed does find that a number of inter-parental relationship programmes improve outcomes for children. As a number of these evaluations involved random assignment to treatment and control conditions, this provides strong support of the causal relevance of the inter-parental relationship on child outcomes (Cowan & Cowan, 2002). This supports and complements the findings of the longitudinal evidence reviewed in Chapter Two. Given the strength of this combined evidence base, existing interventions targeting the effects of family discord and conflict on children, where inter-parental conflict is a feature, including interventions focusing on child behaviour and parenting, may need to be revised to include a more systematic and direct focus on the couple relationship and enhancing couple relationship skills.

Chapter Four

Assessment of the evidence for UK programmes

Background

This chapter complements the review of the previous chapter. We carried out a call for evidence for current UK services and programmes, consulting providers from the UK and programme developers whose programmes were felt to be relevant and practical for implementation within the UK. The methodology is described in the next section, but we wanted to start this chapter by thanking all providers for their input into the process. Due to the pace of the review, providers only had a few weeks to compile the relevant information and we are greatly indebted to them for engaging in the process. We pick up some of the additional challenges of the review in the discussion.

Method

A call for evidence was launched on the 21st September running until 12th October (see Appendix 3 for the call for evidence text).

Organisations were asked to fill out a questionnaire which collected information about the following:

- Basic details about the *programme* and its *delivery*
- The *practitioners* required to deliver the programme
- The *supervision* required to deliver the programme
- Details of the *licensing*, *accreditation*, *booster training*, *programme materials,* and *costs*.
- The evidence for the programme.

The call for evidence was distributed via the following channels:

- The EIF website
- The EIF newsletter
- Twitter
- Emailed to organisations funded by DWP
- Emailed to organisations funded by other government departments.

Eligibility Criteria

Programmes and approaches were identified as eligible for the review if they:

1. Explicitly aimed to improve at least one couple/inter-parental outcome, where it is plausible that this will also improve outcomes for children and young people.

2. Focused on targeted activity for couples rather than activity for high-risk families, such as those where abuse and/or neglect is evident.
3. Entailed well-structured and clearly defined packages of activity that are replicable, have clearly defined outcomes and costs, and the potential means to deliver the required quality of intervention either through fidelity to a manual or through other forms of workforce support, monitoring, and evaluation.
4. Were currently being implemented in the UK or judged as relevant and practical for implementation within the UK.
5. Could meet the review team's requests for additional information when necessary, including information on the programme, its evaluation, and cost.

The Assessment Process

The services and programmes were then assessed against EIF's standards of evidence through a panel review process involving the following steps:

1. A second web-based search was conducted to identify any relevant evidence that may have been missed.
2. The evaluations for each programme were rank-ordered in terms of the strength of their design and underwent an initial assessment against the EIF Standards of Evidence (see below). This work was completed by highly trained researchers working within the EIF evidence team.
3. The initial assessments and evaluation reports for each programme were forwarded to an external expert who also reviewed the evidence underpinning each programme. External experts were invited to the panel on the basis of their expertise within the specific focus of this review. A minimum of five reviewers participated on each panel. See Table 3 for details of the panel members.
4. Three panel meetings took place where the evidence team and external expert discussed together the strength of evidence underpinning a set of interventions and agreed an initial evidence rating for each programme reviewed. This rating was primarily informed by the intervention's most robust evidence.
5. Once initial ratings had been agreed for all of the programmes identified within a review, a moderation meeting involving a wider group of experts took place to further debate and agree a final assessment rating. See Table 4 for details of the moderation panel members.
6. In advance of the moderation meeting the providers were contacted with their ratings. Providers were allowed to challenge if they felt that a reasonable case could be made that the EIF criteria had been misapplied.
7. All challenges were addressed and a final rating was confirmed.

TABLE 3 PANEL MEMBERS FOR THE THREE SUBPANEL MEETINGS

Panel Member	Description	Role
Dr Ruth Sellers	ESRC Future Leaders Post-doctoral research fellow, University of Sussex	External expert
Dr Maja Rodic Bjedov	Post-doctoral research fellow, University of Sussex	External expert
Prof Jacqueline Barnes	Professor, Birkbeck	External expert
Daniel Acquah	EIF Analyst	EIF assessor & chair
Kirsten Asmussen	EIF Analyst	EIF lead assessor
Jack Martin	EIF Research Officer	EIF assessor
Lara Doubell	EIF Research Officer	EIF assessor
Rachel Latham	EIF Research Officer and PhD candidate, University of Sussex	EIF assessor

TABLE 4 PANEL MEMBERS FOR THE MODERATION MEETING[5]

Panel Member	Description	Role
Leon Feinstein	Director of Evidence	Chair
Daniel Acquah	EIF Analyst	EIF assessor
Kirsten Asmussen	EIF Analyst	EIF lead assessor
Jack Martin	EIF Research Officer	EIF assessor
Lara Doubell	EIF Research Officer	EIF assessor
Rachel Latham	EIF Research Officer and PhD candidate, University of Sussex	EIF assessor
Dr Francesco Arzilli	Department for Work and Pensions (DWP)	DWP analyst
Prof Gordon Harold	Professor, University of Sussex	External expert
Dr Ruth Sellers	Post-doctoral research fellow, University of Sussex	External expert
Dr Maja Rodic Bjedov	Post-doctoral research fellow, University of Sussex	External expert
Prof Jacqueline Barnes	Professor, Birkbeck	External expert
Dr Shirley Woods-Gallagher	Manchester City Council	External expert
Prof Vivette Glover	Professor, Imperial College	External expert

[5] A number of panel members also provided input into the moderation process via email.

EIF Standards of Evidence

As a What Works Centre, EIF assesses interventions in terms of their effectiveness (i.e. do they make a difference?), impact (i.e. how much of a difference do they make?), and cost. These assessments are determined through the careful scrutiny of the intervention's evaluation evidence, which includes an assessment of the quality of the evaluation design(s) and the extent to which the findings suggest consistent and meaningful benefits for children.[6] EIF accomplishes this by assessing an intervention's evidence against a well-established set of standards that are broadly agreed across the What Works Network. These standards emphasise the value of randomised controlled trials (RCTs) and similarly rigorous quasi-experimental designs (QEDs) over qualitative studies and expert opinion. This is because qualitative designs and expert opinions cannot determine causality or scale of impact, although it is recognised that these methods can add valuable insight into how and why an intervention might work.

The EIF standards make use of six discrete ratings (see Table 5). This strength of evidence scale is broadly similar to the NESTA evidence standards with the addition of 0 being assigned to interventions that are not based on any specified theory or evaluation evidence, and the negative rating assigned to programmes for which there is strong and consistent evidence that the approach is harmful, or provides no observable benefits to children or families. These standards were developed and approved in consultation with EIF's Evidence Panel made up of distinguished academics with specific expertise in programme evaluation and children's development.

TABLE 5 THE EARLY INTERVENTION FOUNDATION'S EVIDENCE STANDARDS

Features of the evidence/rationale	Description of evidence	Description of programme	EIF rating
Multiple high-quality evaluations (RCT/QED) with consistently positive impact across populations and environments	Established	**Consistently Effective**	**4**
Single high-quality evaluation (RCT/QED)	Initial	**Effective**	**3**
Lower-quality RCT/QED or pre/post evaluation suggesting improved child outcomes	Formative	**Potentially Effective**	**2**

[6] For the purposes of this review, benefits for the quality of relationship between couples will also be considered.

Logic model with testable features, but no current evidence of improved child outcomes	Non-existent	**Theory-based**	**1**
Programmes not yet rated, including those rated by evidence bodies whose standards are not yet mapped to the EIF standards, and submissions from providers or local areas of innovative or promising interventions		**Unspecified**	**0**
Evidence from at least one high-quality evaluation (RCT/QED) indicating null or negative impact	Negative	**Ineffective/harmful**	**–**

It is important to note that, for this review, we have not applied a rating of 0 or 1 to individual programmes. This is because the nature of the assessment between Level 0 and Level 1 is more a matter of judgement than the assessment of Level 2 and above which concerns the quality of evidence of evaluation studies. In future, we hope to be able to distinguish between levels, but for the time being they are retained for conceptual purposes only. Instead we simply describe which programmes are not at Level 2 and indicate the main reasons for this.

Assessing Programme Costs

As a What Works Centre, EIF also seeks to provide information about programme costs, so that commissioners can make a fair assessment of whether they can afford the programme and the extent to which it may offer value for money. EIF has therefore developed an approach which enables programmes to be rated on a scale of relative cost.

The relative cost rating *is not* an estimate of the actual unit cost for each intervention. Instead, it is a scale which allows programmes to be ranked above or below one another in terms of how resource-intensive they are to operate. Programmes which are not resource-intensive will receive a low rating, while the most intensive programmes will receive the highest rating.

This framework can be consistently applied to any programme, and allows one programme to be judged as more or less resource-intensive than other programmes. Resources, for the purposes of this work, are defined for each intervention in terms of the inputs and activities required to deliver it. These include measures of time requirements for training and delivery, practitioner qualification requirements, internal and external supervision requirements, licence requirements, and other characteristics of the intervention which reflect how intensive it is. EIF has developed a methodology which combines these types of information into a single score for each programme, which is a ranking of relative cost. We have rated programmes on a scale from 1 to 5, where 1 indicates the least resource-intensive programmes and 5 the most resource-intensive.

Results

Fifteen Interventions by Level of Evidence

Further details of the fifteen programmes can be found in Appendix 4.

Child outcomes

Fourteen out of the 15 programmes submitted in the call programmes had not yet reached Level 2 for child outcomes. For 12 of the programmes, this was because they had not yet been evaluated for impact on child outcomes. For 2 of the programmes, this was because they had basic and preliminary evidence of impact on child outcomes that had not met the Level 2 criteria.

One of the 15 programmes received a Level 3 rating, indicating an effective intervention at improving child outcomes. This programme is 'Schoolchildren and their Families'.

Couple/Inter-parental outcomes

Thirteen programmes had not yet reached Level 2 for couple/inter-parental outcomes. For 4 of the programmes, this was because they had not yet been evaluated for impact on couple/inter-parental outcomes. For 9 of the programmes, this was because they had preliminary evidence of impact on couple/inter-parental outcomes that had not met the Level 2 criteria. Two of the 15 programmes received a Level 3 rating, indicating an effective intervention at improving couple/inter-parental outcomes. These programmes were 'Parents as Partners' and 'Schoolchildren and their Families'.

Summary of Evidence Contributing to Ratings

To give a greater sense of the range of evaluation evidence underpinning the ratings, Table 6 provides a breakdown of the study design of the evaluation evidence underpinning each of the 15 interventions. As a number of interventions had more than one piece of evidence contributing to the rating, the amount of evidence exceeds the number of programmes.

TABLE 6 STUDY DESIGN OF INCLUDED STUDIES CONTRIBUTING TO RATING OF PROGRAMME

Study Design	Frequency	Reliability of Outcome Measures	
		Acceptable reliability – standardised outcome measure	Unknown/ Unacceptable
Randomised Control Trial with pre-post quantitative measures	2	2	

Randomised Control Trial with pre-post quantitative and qualitative measures	2	2	
Quasi-experimental design: Comparison group study with historical control	1	1	
Pre-post with quantitative measures	6	6	
Quantitative survey: Post-intervention measurement	6	4	2
Qualitative interviews with participants	4		4
No current evidence of impact	4		
TOTAL	25	15	6

Programme Costs

Figure 3 shows the distribution of cost ratings for the 15 ratings. To recap, we have rated programmes on a scale from 1 to 5, where 1 indicates the least resource-intensive programmes and 5 the most resource-intensive (U is uncosted).

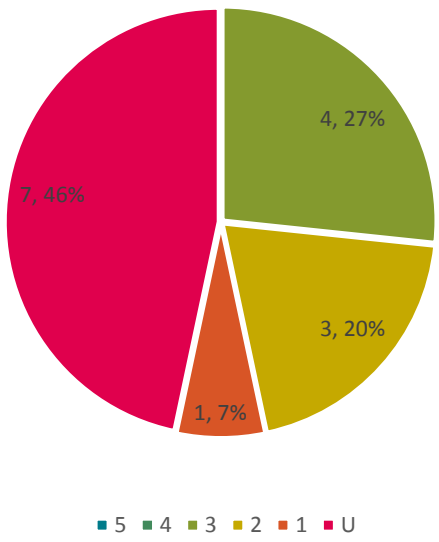

FIGURE 3 DISTRIBUTION OF INTERVENTIONS ACCORDING TO COST RATING

Programmes receiving a U cost rating

Seven of the 15 programmes are 'uncosted' because the provider was not able to supply the relevant information within the timeframe of the review.

Programmes receiving a Level 1 cost rating

One of the 15 programmes received a Level 1 rating.

Programmes receiving a Level 2 cost rating

Three of the 15 programmes received a Level 2 rating.

Programmes receiving a Level 3 cost rating

Four of the 15 programmes received a Level 3 rating.

Programmes receiving a Level 4 cost rating

None of the 15 programmes received a Level 4 rating.

Programmes receiving a Level 5 cost rating

None of the 15 programmes received a Level 5 rating.

Logic Model and Theory of Change

In addition to the evidence ratings already presented,

Table 7 presents the assessment made of the 15 programmes' logic model and theory of change.

TABLE 7 LOGIC MODEL CRITERIA MET

EIF Criteria	Yes	No	Unsure
It must be informed by a science-based Theory of Change (ToC)	5	5	5
The intervention must have a clearly defined target population that is linked to the ToC	11	3	1
The logic model must clearly specify the intervention's primary assumptions, inputs, activities, outputs, and short- and long-term outcomes	9	5	1
The short-term outcomes must be SMART (i.e. specific, easy to measure, achievable, realistic, and short-term)	11	3	1
The outcomes must specify an EIF child outcome	8	5	2
The outcomes must specify an IPR/Couple outcome	15	0	0
There must be an objective and validated way of measuring the outcome	11	2	2

The outcomes must be linked to specific participant objectives (e.g. what will the participants learn?)	10	5	0
The providers must have developed an initial intervention blueprint	6	7	2

The panel process concluded that one-third (N = 5) of the interventions were informed by an evidence-based theory of change, meaning that there was robust evidence from scientific research or rigorous evaluations to support and inform the intervention's design and target population. For the remaining two-thirds of interventions (N = 10), the panel process raised some concerns about the theory of change, including a lack of clarity about how the research had informed the intervention's design. The majority (N = 11) of interventions had a clearly defined target population. Whilst there were many (N = 9) logic models that were well specified, some would have benefited from greater specification. It is also interesting to note that whilst all of the interventions had specified couple/inter-parental outcomes, only a subset (N = 8) had specified a child outcome. Finally, whilst some providers (N = 6) had developed an initial blueprint (e.g. via a manual or other support materials), many were not yet at this point.

Discussion

This part of the review sought to determine the current evidence on the effectiveness of services and programmes aiming to enhance the inter-parental relationship and improve outcomes for children and currently being implemented in the UK. Based on a systematic examination of the evidence against the EIF standards of evidence, this section considers the implications of the findings, in the context of the international literature reviewed in the previous chapter. Drawing on the findings the following issues are discussed:

- Strengths and limitations of the call for evidence.
- Discussion on strength of evidence for couple/inter-parental outcomes.
- Discussion on strength of evidence for child outcomes.
- Implications for future research.
- Implications for policy and practice.

Strengths and Limitations of the Call for Evidence

The call was distributed to a wide variety of relevant stakeholders and the list of organisations and corresponding organisations is representative of current UK practice in this area. Nevertheless, given the tight timetable for the review, it is important to acknowledge that not all relevant organisations will have been able to respond and so the programmes and services included do not cover all current UK practice. We have kept a record of organisations who were not able to meet the timetable, or who had programmes in development and may have the opportunity to include them in future work in this area.

Discussion on Strength of Evidence for Couple/Inter-parental Outcomes

A total of 15 interventions were identified for this review. Two of the interventions received a Level 3 rating (*Parents as Partners* and *Schoolchildren and their Families*), indicating an effective intervention at improving couple/inter-parental outcomes (one of these interventions also received a Level 3 for child outcomes – see below). In both cases, the interventions were underpinned by randomised control trials, in which participants were randomly assigned to the treatment and control groups through the use of methods appropriate for the circumstances and target population, with an 'intent-to-treat' design being used, alongside pre/post standardised outcome measurement. Improvements were seen in a range of outcomes, including improvements in father's psychological and behavioural involvement in family life, reduced parenting stress, increased couple satisfaction, and reduced couple conflict. These outcomes were measured using standardised measures which had been validated independently of the study. For both interventions there was some evidence of long-term outcomes, with some of the effects being sustained for 12 months or more. Both of these RCTs came from the US. However, one of the interventions also had supporting evidence from a pre-post design from the UK which met the criteria for a Level 2 rating.

A further two interventions were underpinned by randomised control trials involving both pre/post standardised outcome measures as well as qualitative interviews with service users. One intervention did not reach the requirements for Level 2 primarily due to concerns over small sample size. A further intervention did not reach the requirements for Level 2 due to measurement not being independent of the intervention, a lack of consistent and equivalent measurement of both the treatment and control groups, and concerns over attrition.

Although 6 programmes had been evaluated by a pre/post design, with standardised outcome measurement, none of the 15 interventions received a Level 2 rating. The reasons why the interventions did not meet the threshold for a Level 2 included issues with: the sample size, the representativeness of the study sample, a lack of consistency amongst findings, and a lack of positive findings.

The remainder of the evaluations underpinning the interventions used post-intervention measurement, including both standardised and unstandardised outcome measures and evaluation designs using qualitative methods only. Four of the interventions had not yet undergone evaluation.

Discussion on Strength of Evidence for Child Outcomes

One of the 15 interventions received a Level 3 rating (*Schoolchildren and their Families*), indicating an effective intervention at improving child outcomes. This intervention was underpinned by a randomised control trial in which participants were randomly assigned to the treatment and control groups through the use of methods appropriate for the circumstances and target population, with an 'intent-to-treat' design being used, alongside pre/post standardised outcome measurement. Improvements were seen in a range of outcomes, including academic achievement and externalising symptoms. This evaluation was carried out in the US.

Two of the programmes had not yet reached Level 2 but had some evaluation evidence. One of these was underpinned by a randomised control trial involving both pre/post standardised outcome measures as well as qualitative interviews with service users. However, the evaluation failed to reach the requirements for both Levels 2 and 3 primarily due to concerns over small sample size. A further programme was underpinned by an RCT, a quasi-experimental study, and a pre/post study. The RCT did not find any impact on child outcomes. Positive impacts were seen in the quasi-experimental design and the pre-post study and so the panel felt that, because of the mixed nature of the findings, the programme had not yet reached Level 2.

The remaining 12 programmes either did not specify child outcomes as part of their logic model or had yet to undergo any evaluation.

Implications for Future Research

In common with many areas of intervention science there are differences of opinion amongst key stakeholders about the most appropriate methods to evaluate couple and inter-parental relationship interventions. This also reflects that there is a variety of approaches to service design and delivery. In contrast to the two interventions with an international evidence base, which were quite structured and discrete interventions, delivered in a systematic way, many other of the interventions reviewed tended to be more process-orientated, with a more generic approach to implementation, e.g. based on a trusted relationship with a therapist, drawing on a range of approaches, rather than being underpinned by specific purported mechanisms of change. Indeed, many providers were uncomfortable with conceptualising their services in terms of a tightly defined 'programme'. As has been noted in the intervention literature [199, 200], this type of approach does not sit easily within traditional experimental research designs. EIF's standards of evidence are premised on the idea that a continuum of research approaches is required to inform and evaluate interventions at different stages of development. A range of methods will therefore be required, both qualitative and quantitative, to evaluate these interventions. This conclusion is consistent with a growing appreciation in the literature for the need for multiple and mixed methods when evaluating complex interventions [199, 201–203].

Nevertheless, in order to determine programme effectiveness EIF's standards of evidence emphasise the value of carefully designed randomised control trials and similarly robust quasi-experimental designs. In time, we would like to see more of the interventions we reviewed in the call for evidence undergo this type of rigorous evaluation. However, most of the interventions we reviewed are some way from that point. Given that the majority of interventions were working towards Level 2 evidence for both child outcomes and couple/inter-parental outcomes, there is a clear need for a greater number of robust pre/post designs, using standardised measures and with representative samples.

Although many of the interventions did identify their logic model and theory of change, many of these were specified at quite a general level, making it difficult to assess and evaluate empirically. The use of well-defined theories of change based on

established theories of programme change has been identified as being an important component of programme effectiveness.

The review of international literature identified many relevant interventions underpinned by RCT evidence and other robust approaches to evaluation. Similarly, the call for evidence identified interventions with an international evidence base that are being implemented in the UK. Given the well-documented issue of external validity with results from RCTs [204, 205], it is critical that these interventions be implemented and trialled in the UK before being brought to scale at a national level.

Implications for Policy and Practice

Drawing on the findings of the review, there are a number of implications for policy and practice.

It is interesting that only just half of the interventions (N = 8) had child outcomes as part of their logic model and theory of change. It is important to note that many of the providers pointed out that their services and programmes were primarily designed to support the couple relationship, rather than being designed to primarily improve outcomes for children and most do not see children as part of their service. Therefore, the absence of child outcomes in the logic models should not be taken to reflect negatively on these services and programmes. Given the weight of the evidence presented in the previous two chapters, providers should be supported and encouraged to develop their logic models to explore potential impacts on child outcomes. Similarly, as existing evaluations in this review have shown, established measures such as the Strengths and Difficulties Questionnaire, which involve parental report, mean that child outcomes can be measured in future evaluations, even though children may not be seen as part of the service or programme.[7]

A growing body of research supports the conclusion that the level and quality of implementation affect the outcomes obtained in a wide range of promotion and prevention programmes [200, 206, 207] and so future evaluation should include information on implementation fidelity.

Policymakers will play a critical role in promoting awareness of the quality of the relationship *between* parents as a factor that affects children directly whilst also affecting the quality of parenting of both mothers and fathers.

The interventions included in this review with the strongest evidence have an established evidence base that has been built up over almost 40 years of research. This evidence base is mainly from the US and whilst one of the interventions that received a Level 3 rating has received a small-scale evaluation in the UK, there is a

[7] Though in time, we would like to see more evaluations use independent assessment of child outcomes to remove the potential confound with parental report whereby happier parents perceive their child's behaviour more positively.

need for rigorous UK-based trials before these interventions are brought to scale in the UK.

Many of the other programmes are at the early stages of development with limited evidence of effectiveness. However, it is important to be clear that a lack of evidence of effectiveness does not mean that the programme doesn't work and is thus not a good reason to disinvest in these interventions. Instead, newly developed interventions need to be rigorously evaluated before they are brought to scale. This will require greater investment in intervention development, implementation, and evaluation.

GLOSSARY

KEY TERMS

- **ATTACHMENT THEORY:** is a theory of early child development put forward by John Bowlby. Bowlby originally observed that 'the propensity to make strong emotional bonds to a particular individual is a basic component of human nature' and advantageous for a baby's survival. Bowlby referred to this bond as the child's attachment and observed that sensitive and predictable caregiving behaviours facilitated a secure attachment relationship. A secure attachment relationship, in turn, creates the context in which children can learn how to optimally regulate their emotions and develop positive expectations of themselves and others. A secure attachment measured when the child is between 9 and 12 months has been consistently associated with positive child outcomes as children mature.
- **ATTRIBUTIONS (IN PSYCHOLOGICAL THEORY):** is the process by which individuals explain or attribute causality to the behaviours, feelings, and attitudes of others, as well as events.
- **COGNITIVE BEHAVIOURAL THERAPY:** is an umbrella term for a collection of therapeutic methods that provide people with mental strategies for managing their thoughts, moods, and feelings.
- **CONDUCT DISORDER:** refer to a range of behavioural difficulties involving non-compliance, aggression, and the violation of the rules of family and society.
- **CONFLICT REAPPRAISAL:** reappraisal attempts to change the way people think about or interpret the meaning of negative events or emotion-eliciting situations (such as conflict) to modify responses. Conflict reappraisal as an intervention requires couples to reflect on specific relationship disagreements by considering them from the perspective of a neutral third person.
- **CONTROL GROUP:** (also referred to as comparison group) is a set of study participants not receiving the intervention under investigation. They may instead be given either a placebo or no treatment.
- **CROSS-SECTIONAL (DESIGN):** research methods that involve observation or measurement of differentiated study groups at the same point or points in time. Often used to study developmental trends and delayed outcomes by observing subjects differentiated by age. Conclusions drawn must take into consideration the assumption that groups are otherwise similarly matched.
- **EFFECT SIZE (ES):** an index of the magnitude of difference in outcome between treatment groups and control groups.
- **EVIDENCE-BASED:** an intervention or programme underpinned with evidence of its efficacy. Evidence-based most commonly applies to interventions underpinned by randomised controlled trial evidence.
- **EVIDENCE RATING:** a value assigned to a programme, practice, or system indicating the extent to which it can be viewed as effective in terms of the rigour in which positive evaluation findings have been observed.
- **EXPERIMENTAL STUDY:** a carefully controlled study involving random assignment to a control group and a treatment group to study the effects of a treatment.

KEY TERMS

- **EXTERNALISING PROBLEM/DIFFICULTIES:** mental health problems that manifest themselves through outward behaviour, most often involving negative or aggressive acts. Examples of externalising problems include aggression, conduct problems/disorder, violence, and antisocial behaviour problems.
- **FAMILY FUNCTIONING:** refers to a collection of effective behaviours between family members that improves the functionality of the family unit (as opposed to dysfunction). Examples of functioning behaviours include clear roles and boundaries between family members; effective family communication; mutual respect; empathy; family problem-solving skills; co-parenting practices; and the use of nonaggressive verbal and physical methods for resolving conflict.
- **INTENTION-TO-TREAT (DESIGN):** research method in which analysis is based upon the initial treatment intent as opposed to the treatment as administered. This means assessing pre- and post-treatment outcomes in treatment subjects, regardless of whether they completed the treatment.
- **INTERNALISING PROBLEM/DIFFICULTIES:** a method of coping with stress through negative behaviours and feelings directed towards the self. Examples of internalising behaviours include anxiety, depression, and self-harming behaviours, including substance misuse.
- **INTERVENTION:** educational programme or practice aimed at improving outcomes for young people and families.
- **LOGIC MODEL:** an explanation of an intervention in terms of its **inputs** (resources, e.g. staff, buildings, learning materials, and guidance), **activities** sometimes also called **outputs** (home visits, events, courses), and **intended short- and long-term outcomes** (i.e. engagement of parents in the short run, and impact on child development in the longer run). The logic model should include both a framework of measurement and a specified mechanism by which the structural features (inputs, outputs etc.) achieve their intended objectives.
- **LONGITUDINAL STUDY:** a research design that involves repeated observations or measures of the same group of people over an extended period of time. Often used to track developmental trends or delayed outcomes.
- **NEED:** can refer to individual or community needs. Within the context of individual needs, low needs refer to the needs experienced by the majority of people who do not require high levels of support that cannot be met through universally implemented services. For example, all children need to learn how to read and the majority learn through sight word recognition. Moderate need typically requires higher levels of support. With the example of reading, moderate need might apply to children requiring additional support to standard curriculums, including the learning of word attack skills and phonemic awareness. High needs refer to needs that are much higher than the average population and require more targeted services, often provided by specialist trained professionals.
- **OBJECTIVE MEASURES:** refer to measures that aim to reduce measurement bias or personal opinion. Examples of highly objective measures might include a stopwatch, measuring tape, or scale. Within programme evaluation, objective measures often refer to questionnaires or methods of evaluation that are conducted in a standardised way (i.e. the same way every time) and are empirically linked to real life behaviours.

KEY TERMS

- **OUTCOME:** the primary short- and long-term goals of an intervention.
- **OUTPUT:** the product of a project or intervention. The term output can refer to activities or people participating in the activities.
- **PRE/POST PROGRAMME COMPARISONS:** a study that compares participants' behaviour before the start of an intervention and then again after it is over through the use of objective measures. This term typically refers to formative evaluations not involving a comparison group.
- **PROGRAMME EVALUATION:** the ongoing evaluation of an intervention with unknown efficacy, but which is nevertheless implemented at scale.
- **PSYCHO-EDUCATION:** is an umbrella term for a collection of therapeutic methods. Most are professionally delivered and integrate psychotherapeutic and educational interventions.
- **QUALITATIVE METHODS:** research methods that produce non-numerical information, including observations, interviews, and focus groups.
- **QUANTITATIVE METHODS:** research methods that produce numerical data that can be used in statistical analyses.
- **QUASI-EXPERIMENTAL STUDY:** an experimental design that does not use randomisation to assign participants to a treatment and control group.
- **RANDOMISED CONTROLLED TRIAL (RCT):** study design in which participants are randomly assigned to either one or more treatment groups and a control group to determine the efficacy of a treatment. The use of randomisation ensures that known or unknown confounding factors are evenly distributed across intervention groups.
- **SKILLS TRAINING:** is an umbrella term for a collection of therapeutic methods that focus on providing people with specific skills, often through teaching, observation, discussion, and practice.
- **STATISTICAL SIGNIFICANCE:** a result where the observed difference between the treatment and control groups is greater than what might happen by chance. Significance is typically accepted at the .05 level – occurring once out of 20 times.
- **SYSTEMATIC (LITERATURE) REVIEW:** use of consistent and transparent methods to systematically search for, appraise, and summarise all of the published information surrounding a specific topic.
- **TARGET POPULATION:** the group of individuals possessing the characteristics and circumstances for which an intervention is designed.
- **THEORY OF CHANGE:** a theory that links an intervention's theoretical basis to its inputs, outputs, and short- and long-term outcomes.
- **TREATMENT GROUP:** the set of study participants receiving the intervention under investigation.
- **UNIVERSAL PREVENTION:** strategies, services, or interventions made available to all members of the population within a specific target group.

Appendices

APPENDIX 1 ADDITIONAL INFORMATION ON SEARCH TERMS USED FOR THE REVIEW OF INTERVENTIONS

Couple/Relationship Terms	Assessment Terms
"Couple conflict"	Evaluation
OR	OR
"Parent conflict"	Efficacy
"Parent disagreement"	Training
"Parent instability"	Education
	Therapy
	Program
	Intervention

APPENDIX 2 REVIEW OF EVIDENCE-BASED INTERVENTIONS FROM ACADEMIC LITERATURE/RESEARCH

FOCUS ON COUPLE RELATIONSHIPS IN INTACT FAMILIES

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
Integrative Behavioural Couple Therapy Baucom et al. (2015) **[208]**	Cognitive-behavioural therapy	2 therapies: traditional behavioural couple therapy (TBCT) & Integrative Behavioural Couple Therapy (IBCT). Randomly assigned to 8 months of TBCT or IBCT.	Randomised Clinical Trial (RCT); pre-post assessments. 104 couples in randomised clinical trial of 2 behaviourally based couple therapies. Targeted at chronically and stably distressed married couples.	Emotional arousal declined for all couples. Reductions in overall arousal stronger for TBCT wives than IBCT wives, but no intervention differences for married couples. 2-year follow-up suggests IBCT superior to TBCT in terms of relationship satisfaction.	Christensen et al. (2004, 2006, 2010) [209–211]; Sevier et al. (2008) [212]; Jacobson et al. (2000) [213]	US
Promoting Strong African American Families (ProSAAF) Beach et al. (2014) **[214]**	Skills training/ Psycho-education	Universal prevention programme for couples with a pre-adolescent/adolescent child. Developed for African American communities.	African American (n = 331) with children (89% married). Assigned (1) culturally sensitive couple- and parenting-enhancement programme (ProSAAF) or (b)	Significant programme effects in short term on couple communication. Long-term effects on self-reported arguing in front of children. Changes in parental conflict associated with	Barton et al. [215, 216]; McNeil Smith et al. (2015) [217]	US (African American communities)

		6 sessions, 1 per week, with trained facilitator in family home. Guided by video-based content & couple activities. Topics for each session: (1) Communication, (2) Listening, Support, & Conflict Resolution, (3) Problem-solving; Fun, Friendship, & Physical Oneness, (4) Supporting Our Children, (5) Everyday Parenting; Helping Children Exceed In School; Protecting Against Dangerous Behaviour, (6) Encouraging Ethnic Pride; & Staying Connected with Children.	an information-only control (couples receive self-help materials).	changes in adolescent depressive symptoms.		
Promoting fathers' engagement with children	Psycho-education	Conducted with low-income Mexican American & European American families. Focus on fathers strengthening relationship	RCT; pre-post assessments. Groups were 6–8 fathers or 4–6 couples. Childcare provided during meeting.	This group is willing to participate in long intervention. Compared with the low-dose comparison, both intervention groups showed positive effects with fathers' engagement with	Cowan et al. (2009) [141]; Pruett et al. (2009) [219, 220]	US (Mexican American & European

Cowan et al. (2007) **[218]**		with children, in part by strengthening relationship with mother. 16-week intervention led by male–female pairs of mental health professionals. Meetings were for 2 hours a week with a structured curriculum of exercises, discussion, presentation based on original Cowan projects. Based on psychoeducational classes and open-ended therapy group discussions. Topics include: mental health, couple conflict, transmission patterns across generations, parenting, economic difficulties.	Randomised clinical trial assigned to (1) couples group, (2) fathers group, or (3) single-session control group. Curriculum the same in the couples group and fathers group. Included partners who were married or cohabiting, and living separately but raising children together. Pre-test, post-intervention 9 months after study (n = 160).	the children, couple relationship quality, and child problem behaviours. Participants in couples' group showed more consistent longer-term positive effects than the fathers-only group. Participants also reported satisfaction with the programme. Family resource centres also included fathers more. Intervention effects were similar across family structure, income level, and ethnicities.		American families)

Couple Relationship Education (CRE)* Wilde & Doherty (2013) **[221]**	Psycho-education	Working with low-income families. Consisted of: in-home education and support, group educational events, social service referrals. Structured format. Focus: help couples increase knowledge about relationships, gain skills for relationship maintenance and improvements. Coaches averaged 11 visits of 17.1 hours spent in face-to-face interaction with each couple. Also 11 optional group education workshops (topics included money, intimacy, parenting together, commitment).	Quasi-experimental design with matched control group. Couples recruited via social services, health clinics, and by mail to unmarried couples who had recently established paternity. Eligibility criteria: unmarried, have a child together, be interested in staying together to raise child(ren) with marriage as a possible future consideration (n = 96). Well-matched control group.	Couples had same rate of couple stability as control group but increased rate of marriage. CRE can help families achieve marriage if that is their goal. Intervention group also showed increased relationship satisfaction, greater use of healthy relationship skills, and reduced conflict. Meta-analysis (Hawkins & Erickson, 2015) suggests that CRE can have positive effects on relationships in lower-income families, including self-reported relationship quality, communication, and aggression.	Hawkins & Erickson (2015) [222]; Bradford, Hawkins & Acker (2015) [223]; Halford et al. (2010) [172]; Blanchard et al. (2009) [224]; Bradley et al. (2011) [225]; Hawkins et al. (2008) [226]	US

EPL: Ein Partnerschaftliches Lernprogramm für Paare (A Learning Programme for married couples) *EPL similar to CRE Hahlweg & Richter (2010) **[227]**	Psycho-education	Relationship education. Cognitive-behavioural programme delivered over a weekend by 2 trainers. Programme focused on problem solving and communication, couple discussions to clarify relationship expectations, and enhance sexual relations.	Random assignment to intervention group; pre-post assessments. Recruited by newspapers, then randomly assigned to intervention programme or wait-list control. 101 couples 11 years after training.	Intervention couples had more positive communication than control group. Control group also reported more relationship problem areas. At 11-year follow-up, for couples still together, rate of happy relationships was 80%. 55% of partners remembered at least 1 speaker skill. 70% remembered at least 1 listening skill taught in EPL.	Ditzen et al. (2011) [228]; Hahlweg et al. (1998) [229]; Kaiser et al. (1998) [230]	Germany
Happy Couples Happy Kids (HCHK) Cummings et al. (2008) **[164]**	Psycho-education	Intervention for improving marital conflict in community families. 4-session psycho-education programme about marital conflict.	Random assignment to intervention groups; pre-post assessments. Couples (with children age 4–8 years) randomly blocked into 1 of 3 groups: (1) parent only group (n = 24); (2) parent–child group (n = 33); (3) self-study group (n = 33). Pre- and post-test & 6-month and 1-year follow-up.	Improving parent knowledge about marital conflict was effective across all assessments: greater constructive and less destructive marital conflict was observed in all assessments for treatment groups. Couples also reported less hostility in front of children and improved conflict tactics. Changes linked to improvements in other family processes.	Faircloth et al. (2011) [165]; Faircloth & Cummings (2008) [231]	US

Couples Coping Enhancement Training (CCET) Ledermann et al. (2007) **[167]**	Psycho-education	For couples with pre-adolescent children and experiencing stress in daily lives associated with bringing up children. CCET does not target specific child-rearing issues but focuses on stress and coping, communication and problem solving, promotes marital satisfaction and reduces marital distress. Total of 18 hours' intervention.	Random assignment to intervention group; pre-post assessments. Efficacy of this programme previously examined in distressed couples. 100 couples with pre-adolescent children randomly assigned to CCET or control group.	Improves partner communication, dyadic coping and reduces disagreements relating to children. Participants experience reduced marital distress, increased marital satisfaction, and improved psychological well-being. Positive effects for men and women immediately after training. After 6 months and 1 year, effects reduced. Recent evidence suggests online format may also be beneficial.	Zemp et al. (2016) [232]; Bodenmann et al. (2014, 2006) [233, 234]; Schaer, Bodenmann & Klink (2008) [235]; Pihet et al. (2007) [236]; Bodenmann & Shantinath (2004) [166]	Switzerland
Reappraisal writing task Finkel et al. (2013) **[237]**	Conflict reappraisal	7-minute intervention (writing task) at 12, 16, and 20 months, designed to foster reappraisal of marital conflict.	Random assignment to intervention groups. 120 married couples. Every 4 months (for 24 months) reported on relationship satisfaction, love, intimacy, trust, passion, and commitment.	Both groups showed decline in marital quality in year 1. Decline continued in year 2 among couples in control condition, but not in intervention group. The effect of reappraisal intervention was seen via reductions in conflict-related distress over time.	None identified	US

			Randomly assigned to intervention or not in year 2 (following no intervention in year 1).			

FOCUS ON COUPLE RELATIONSHIPS IN INTACT FAMILIES AND TRANSITIONS (E.G. NEW PARENTHOOD)

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
Becoming a Family Cowan & Cowan (2000) **[168]**	Skills training	Weekly group-support sessions for parents during 3 months prior to and following birth of 1st child. Sessions with 4–5 couples, lasting 2.5 hours. Trained co-leaders introduce topics in each session and facilitate group discussion.	Random assignment to intervention groups. Couples randomly assigned to intervention (n = 28) or non-intervention (n = 38) groups. Most married and white/Caucasian (mean age	Being involved in support group had significantly positive effect on quality and stability of couple relationships for 3 years after birth. Intervention does not prevent divorce over longer term but helps maintain satisfaction with majority of those who stayed together (compared to	Schulz, Cowan & Cowan (2006) [238]; Cowan & Cowan (1995) [239]; Cowan et al. (1991) [240]	US (primarily European-American)

			men = 30.5 years; women = 29.2 years).	normative decline in comparison group).		
Couple CARE for Parents (CCP) Halford, Petch & Creedy (2010) [241]	Skills training	Promotion of positive couple adjustment to parenthood via skills training in areas including couple communication, conflict management, and partner support. Face-to-face workshops (couple activities, presentations, videos, and group skills training), 2 home visits, 3 self-directed sessions.	Random assignment to intervention groups; pre-post assessments 80 couples randomly allocated to receive CCP or 'Becoming a parent' (BAP). BAP only provided to mothers and did not include specific skills training or couple relationship focus but both programmes included same infant care information.	Couples in CCP showed reduced negative couple communication compared to BAP. CCP also prevented erosion of relationship satisfaction in women (but not men). No significant differences in level of parenting stress between programmes. Follow-up assessments 1 year later showed slight reduction of CCP effects on couple communication.	Petch et al. (2012) [242]; Halford & Petch (2010) [243]	Australia
Power of two Online Kalinka, Fincham & Hirsch (2012) [244]	Psycho-education	Self-paced internet-based marriage and relationship skills education programme. Integrated online intervention with print supplement resources.	Random assignment to intervention group. New and expectant parents (n = 79) randomly assigned to 2-	Participants receiving the intervention reported improved marital satisfaction and improved marital conflict management over time compared to controls.	None identified	US

			month intervention or placebo group. Assessments conducted at baseline, 1-month & 2-month follow-up.			
Bringing baby home Shapiro & Gottman (2005) [171]	Psycho-education	Psycho-communicative-educational 2-day workshop. Three goals of workshop: (1) strengthen couple relationship and prepare new parents for marital difficulties associated with new parenthood; (2) facilitate father and mother involvement; (3) give information about child psychological development. Involved lectures, demonstrations, role play, videos, and communication exercises.	Random assignment to intervention group. Couples were expecting 1st baby or had a baby within the last 3 months. 18 couples randomly assigned to intervention group, 20 to waiting list control. Predominantly white middle class.	Intervention effective compared to control group: maintained relationship quality, prevented postpartum depression, improved hostile affect. At 1-year follow-up, marital hostility in both husbands and wives was significantly lower in workshop group than in control group.	Shapiro et al. (2011) [174]	US

Family Foundations Feinberg & Kan (2008) [173]	Skills training/ psycho-education	8 interactive psycho-educational, skills-based group classes (6–10 couples per group). 4 prenatal, 4 postnatal sessions. Focus on enhancing co-parenting relationship. Control group: couples received a brochure about selecting quality child care.	Random assignment to intervention group; pre-post assessments. 169 couples expecting 1st child & living together (regardless of marital status). 82% married, majority White (mean age mothers 28; fathers 30 years). After pre-test measures, randomly assigned to intervention (n = 89) or no-treatment control (n = 80). Post-test data collected at child age 6 months, and follow-up at 3 years.	Both intervention mothers and fathers reported better co-parent support compared to controls. Fathers in intervention reported greater parenting closeness; mothers reported lower levels of anxiety and depression compared to control group. Intervention parents showed less difficulty in parent–child relationship. At 3-year follow-up, intervention parents reported less parental stress, more parental efficacy, less depression, and better co-parenting quality than control group. Children in intervention group also showed better adjustment (e.g. social competence, decreased internalising problems, school adjustment).	Feinberg & Kan (2015) [245]; Solmeyer, Feinberg, Coffman & Jones (2014) [246]; Kan & Feinberg (2014) [247]; Brown, Goslin, Feinberg (2012) [248]; Feinberg, Jones, Kan & Goslin (2010) [249]; Feinberg, Kan & Goslin (2009) [250]	US

FOCUS ON SPECIFIC ASPECTS OF CONFLICT WITHIN THE COUPLE RELATIONSHIP (E.G. SEPARATING COUPLES)

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
Children in the Middle (CIM) Kramer et al. (1998) [175]	Skills training	1 face-to-face session, 3-hour programme focussing on reducing child exposure to destructive conflict, and preventing them being caught in the middle of parent disputes. Emphasises teaching skills via behavioural modelling techniques.	Intervention mandated by court with pre-post assessments. Includes control group. Compared efficacy of information-based divorce programme (Children First in Divorce) with Children in the Middle intervention. Also had a no-intervention control (i.e. not mandated to attend divorce education) group. Follow-up 3 months after interventions.	Both programmes reduced child exposure to parent conflict. Only 'Children in the Middle' impacted on parent communication skills.	None identified	US
Dads for Life (DfL)	Skills training	Focus on improving father–child relationship, and increasing fathers' parenting	Random assignment to intervention group; pre-post assessments.	Both mothers and fathers reported less conflict after involvement in	Cookston et al. (2006) [252];	US

Cookston, Braver, Griffin, De Luse & Miles (2007) [251]		skills. 8 group sessions with fathers, each lasting 1 hour 45 mins, and two 45-min sessions. Curriculum with videos to promote discussion. Includes: communication skills, problem solving, discipline, conflict management, building commitment in the parenting role.	Eligibility criteria included: couple divorced in past 4–10 months; at least 1 child between 4–12 years; mother had primary custody of children. 214 fathers randomly allocated to intervention (n = 127) or control group (n = 87) who received self-help books related to subject. Mothers and fathers assessed 4 times (before random assignment, immediately after, 4 months after, & 1 year after programme).	programme compared to control condition. Additional evidence suggests children have lower internalising symptoms where fathers have participated in the programme.	Braver & Griffin (2000) [253]	
Assisting Children through Transition (A.C.T.) Pedro-Carroll et al. (2001) [254]	Skills training	Skills training. Focus on separating parents (1) reducing stress of a break-up on their children, (2) learning skills to protect children from ongoing effects of conflict.	Intervention by court referral. 609 participants (52% female, age 37 years old, 93% White). Average of 2 years since marital separation.	Post-programme results showed majority of male and female participants reported increase in awareness of effects of inter-parental conflict on children. Parents learned skills for protecting children from ongoing conflict.	None identified	US

		Information provided on 5 topics: (1) child's developmental needs and emotional reactions, (2) the legal process, (3) how parents can reduce stress on their children, (4) developing effective communication skills and problem solving, (5) strengthening parent–child relationship between child and both parents. Consists of two 3½-hour sessions. 2 mental health professionals as core facilitator skills trainers. Legal components by judge and lawyer.	Referrals from family court, state supreme court, other legal representatives, mental health professionals, and self-referrals. Children ranged from infancy to adulthood (51% under 8 years).	Parents reported intentions to continue to use skills for reducing conflict with former spouse and support their child having a healthy relationship with both parents.		
Collaborative Divorce Project (CDP)	Skills training	Voluntary more intensive court-based programme for families with children aged 6 and younger.	Random assignment to intervention group; pre-post assessments.	Parents in intervention reported less parental distress and conflict, and greater use of alternative dispute resolution (non-litigation), more father	Pruett et al. (2011) [255]	US

Pruett, Insabella & Gustafson (2005) [176]		Intervention made of 7 components: (1) introduction to legal system, (2) 2-session educational series with interactive activities, (3) skill building and discussion on key issues, (4) feedback session and consultation on parenting plan, (5) therapeutic-focused mediation sessions, (6) intensive education for higher-conflict families, (7) conflict resolution meetings with attorney, and follow-up session 9 months after implementation.	Recruited from 2 US court districts after filing for divorce or court action. 161 families randomly assigned CDP or wait-list control. Parents primarily Caucasian.	involvement and payment of child support. Intervention also associated with better cognitive and behavioural functioning in children. Primary mechanism for intervention impact thought to be via parental conflict.		
Focus on Kids (FOK) Schramm & Calix (2011) [256]	Psycho-education	Mandated parent education programme. 2½-hour programme to help divorcing parents learn about effects of divorce on children	Intervention mandated by court with pre-post assessments.	Majority of parents indicated the programme was helpful and worthwhile. Younger participants, females, and those with lower education levels and	Schramm & McCaulley (2012) [257]; Feng & Fine (2001) [258]	US

		and positive co-parenting skills. Facilitators lead workshop.	Follow-up 149 divorced or separated parents who participated in FOK education programme, between 4- and 10-months follow-up.	income found it to be the most helpful. At follow-up parents were less likely to engage in co-parenting conflict. Evidence suggests online version can be as effective.		
Kids in Divorce & Separation (K.I.D.S.) Shifflett & Cummings (1999) [259]	Psycho-education	4-hour parent-focused psycho-education. Helps parents improve management of conflict and informs them about impact of divorce on children.	Random assignment to intervention group; pre-post assessments Assessed effectiveness by randomly allocating parents to receive the programme (n = 17), a wait-list group (n = 10), and control from an existing parenting class (n = 12).	Participants showed increased knowledge about conflict/divorce issues & reported decrease in destructive conflict. Changes maintained at 1-month follow-up. Intervention reduced child emotional problems and enhanced mother- and father–child communication.	Pelleboer-Gunnink et al (2015) [260]	US
Kids Turn Cookston & Fung (2011) [261]	Psycho-education	Community-based programme with 6 sessions offered to all members of a divorcing family, with parents in different rooms of mixed-	Pre-post assessments. 61 parents with children aged 4–17 years. Majority of parents female (71%; average age 41 years).	Improvements over time in inter-parental conflict, no. of topics parents argued about, parental alienation, depression, and anxiety.	None identified	US

		sex participants, and children in separated age-appropriate groups.		Improvements in children's internalising behaviours.		
Working Together programme (WTP) Owen & Rhoades (2012) [262]	Psycho-education	Court-ordered 12-hour group-based co-parenting intervention designed to target specific aspects of conflictual co-parenting. Focuses on four general themes: (1) children's needs in co-parenting relationships, (2) understanding co-parenting relationship dynamics and interactions, (3) communication skills, (4) developing strategies for effective cooperation in the co-parenting process.	Pre-post intervention assessment Co-parents court-ordered to attend intervention. Intervention delivered over 3 days. 5–8 participants in each group (no co-parents in the same group). Completed pre-post assessments (n = 20) and at 2-month follow-up (n = 17).	Intervention showed increases in co-parent relationship functioning and confidence in co-parenting. Both men and women reported decreases in amount of conflict in presence of children. Women reported decreases in negative communication with co-parent. Changes maintained at 2-month follow-up.	None identified	US

FOCUS ON ENHANCING COUPLE RELATIONSHIP SKILLS, WITH AN ADDITIONAL EMPHASIS ON IMPROVING PARENTING SKILLS

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
Incredible Years Hutchings et al. (2009) [263]	Psycho-education	17/18 weekly 2-hour sessions. Advanced programme includes dealing with adult relationship difficulties and problem solving.	Pre-post assessments. BASIC and ADVANCED programme delivered to parents of children (age 8–16 years) at risk of conduct problems and antisocial behaviour.	Improvements in child behaviour were observed at follow-up. Also improvements in parent depression and parenting skills.	Webster-Stratton & Herman (2010) [264]; Webster-Stratton & Reid (2010) [180]; Reid, Webster-Stratton & Hammond (2003) [181]; Webster-Stratton (1999) [178]	US; UK

Schoolchildren and their Families Cowan, Cowan & Barry (2011) [183]	Psycho-education	Group preventive intervention for couples in the year before their oldest child makes transition to kindergarten. Two interventions, each 16 weeks with couples' groups: (1) focus on parenting issues or (2) additional focus on couple relationship and other family topics. Focus on modifying unsatisfying or dysfunctional patterns of behaviour in family relationships.	Random assignment to intervention group; pre-post assessments. Assessed as entered kindergarten, when they left kindergarten (age 7 years), and 10-year follow-up. 100 couples randomly assigned to (1) low-dose control, (2) a couples' group meeting focusing on couple relations, (3) couples' group meeting focusing on parenting.	Intervention shown to have positive results on parent–child relationships and child adaptation to kindergarten and 1st grade. Groups emphasising couple relations also had additional positive effects on couple interaction quality. There were 6-year positive effects of the pre-kindergarten interventions on observed couple interaction and 10-year positive effects on both parents' marital satisfaction and the children's adaptation (hyperactivity and aggression).	Cowan et al. (2005) [182]; Cowan & Cowan (1995) [265]	US

Enhanced triple P Hoath & Sanders (2002) [266]	Psycho-education with skills training	Enhanced group triple P intervention. 5 group sessions & 4 telephone consultations. Focus on core child management strategies (e.g. competence and development and parent behaviour management). Active skills training method with role play, modelling, and feedback. Enhanced triple P includes home visits to enhance parenting skills and coping skills. It additionally focuses on family dysfunction (e.g. parent depression, stress, and parent conflict).	Random assignment to intervention group; pre-post assessments. 20 families with a child clinically diagnosed with ADHD. Families randomly assigned to intervention or waitlist control.	Parents in enhanced intervention group reported significant reductions in intensity of disruptive child behaviour, aversive parenting practices, and increase in parenting self-efficacy. 3-month follow-up indicated gains maintained.	Au et al. (2014) [267]; Sanders et al. (2000, 2004, 2007) [268–270]; Ireland et al. (2003) [271]	Australia; China

FOCUS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
'En nu ik..!' ('It's my turn now!') Overbeek et al. (2012) [188]	Psycho-education programme	Prospective randomised control trial (RCT) in Netherlands. Referred to secondary preventative intervention programme by police, social worker, women's shelter, and youth (mental health) care. Focus on emotion awareness and expression, increased feeling of emotional security, teaching specific teaching strategies, developing trauma narrative, improving parent–child interactions, and psycho-education.	RCT; pre-post-assessments. 134 children exposed to inter-parental violence (IPV) aged 6–12 years and their parents randomly assigned to IPV-focussed or community-based intervention. Assessed at baseline, post-test, follow-up. Assessed for post-traumatic stress.	Parent mental health appears to be an important mechanism of change that can be promoted through intervention and associated with more positive parent–child interactions. Increase in emotion differentiation and decrease in parenting stress associated with decrease in post-traumatic stress symptoms. In intervention group, decreases in children's levels of depression, internalising, and externalising symptoms. Teachers reported decrease in internalising problems.	Overbeek et al. (2015) [190]; Overbeek et al. (2013) [189]	Netherlands

PREVENTATIVE APPROACH (E.G. WITH EDUCATION TRAINING IN INTERPERSONAL SKILLS)

Programme (name & reference)	Type of intervention	Intervention details	Study design & sample	Findings	Identified evidence base	Country of origin
Handling our Problems Effectively (HOPE) Worthington et al. (2015) [198]	Psycho-education	9-hour intervention (HOPE) focusing on communication and conflict resolution compared to 'Forgiveness and Reconciliation through Experiencing Empathy' (FREE).	Random assignment to intervention group; pre-post assessments. HOPE and FREE compared with controls. Couples randomly assigned and assessed pre-treatment, at 3-, 6-, & 12-months using self-reports (n = 145).	Both HOPE and FREE produced positive change in self-reports. For control group, couple behaviours deteriorated; FREE and HOPE did not change.	None identified	US

Within my Reach (WMR) Antle et al. (2011) [272]	Psycho-education	Primarily preventative approach for individuals (e.g. assist with making sound relationship choices regardless of relationship status). 16-hour education programme for low-income individuals. Teaches communication and conflict resolution skills, relationship decision-making strategies, and relationship safety/violence prevention content. Group discussions and activities.	Pre-post assessments. 419 high-risk adults in urban area. Assessed relationship knowledge, communication/conflict resolution skills, relationship quality, physical and emotional abuse immediately post-programme, and 6-month follow-up.	Programme associated with decreases in physical and emotional abuse, as well as isolating behaviours. Additional evidence also suggests practitioners experienced high levels of training satisfaction, increases in knowledge, and increases in communication/conflict resolution skills.	Antle et al. (2013) [272]; Visvanathan et al. (2014) [273]; Rhoades & Stanley (2011) [179]	US

Prevention and Relationship Enhancement (PREP) Markman et al. (1993) [191]	Skill training	Universal 5-session prevention programme designed to teach couples effective communication and conflict management skills. Focus: conflict resolution and communication, development and maintenance of intimacy, commitment and friendship.	Pre-post assessments. 4–5-year follow-up evaluating marital distress prevention programme.	At 5-year follow-up, intervention couples, compared to control, had higher levels of positive and lower levels of negative communication skills and marital violence. Intervention associated with higher level of satisfaction and commitment to marriage, lower levels of conflict, and reduced odds of divorce. Robust across race, income, education levels. Has been shown to reduce marital distress as much as 4 years after participation in programme, in both clinical and community settings. Recently online version examined (ePREP) where it reduced adult depression, anxiety, and relationship distress.	Owen et al. (2012) [196]; Stanley et al. (2010; 1999) [193, 194]; Braithwaite & Fincham (2007) [197]; Schilling (2003) [195]; Freedman et al. (2002) [192]; Renick et al. (1992) [274]	US

APPENDIX 3 CALL FOR EVIDENCE TEXT

The Early Intervention Foundation (EIF) in collaboration with Professor Gordon Harold at the University of Sussex is starting a review for the Department for Work and Pensions (DWP) on what works to enhance inter-parental relationships and improve outcomes for children.

This research will inform future policy decisions in this area and we will be collecting information on programmes in September. Assessment and further dialogue with providers will take place in October and November and publication in December.

The review is concerned mainly with targeted activity for couples with children also experiencing other forms of risk and disadvantage. It will not be possible to include in this review activity for high risk families such as those where abuse and/or neglect is evident.

The strength and quality of relationships between couples is a well evidenced factor in enhancing child outcomes, and is of particular interest and significance for children experiencing *other* forms of disadvantage (e.g. low income, poor parental mental health, unsupportive parenting). There is interest in DWP and EIF in establishing a firm evidence base about what is effective in order to advise policy-makers and commissioners.

We would like to include in the review programmes available in the UK including but not limited to DWP-funded programmes. We would like to know what programmes are available in the UK and what the evidence is of their effectiveness.

We have been working internally and in consultation with DWP, to restructure our subsequent activity in order to allow more time for organisations to work through their submissions, whilst still leaving time to do the rigorous sifting of the returns.

Therefore, we are extending the deadline for the call for evidence until 12th October.

We appreciate that organisations will have been working at pace to meet the original deadline. We want to reassure you that we will be considering submissions from this week and are thus very grateful to organisations who can submit the details of their service/programme(s) as soon as possible.

If you have any questions please email Olivia Lines on Olivia.lines@eif.org.uk or phone on XXXXXXXXXXX .

Scope

We are interested in identifying programmes and structured approaches that have an evidence-based approach, a clear accounting of cost and the potential capacity to be implemented more broadly.

We use the terms ‘programme’ and ‘approach’ to refer to well-structured and clearly defined packages of activity that are replicable, have clearly defined outcomes and costs and the potential means to deliver the required quality of intervention either through fidelity to a manual or other forms of workforce support, monitoring and evaluation.

The types of programmes and approaches that are in scope for this review are those that:

Aim to improve the quality of the relationship between the couple, where it is plausible that this will also improve outcomes for children and young people (child age up to 18 years old). This could include programmes and approaches that focus on: improving communication; improving empathic accuracy; improving conflict management; improving satisfaction with the relationship; encouraging constructive management of issues; promoting a more cohesive relationship; reducing acrimonious conflict.

Focus on targeted activity for couples with children also experiencing other forms of risk and disadvantage (e.g. low income, poor parental mental health, unsupportive parenting). Programmes that are focused on late intervention, where interventions are intended for couples referred as a result of acute or statutory difficulties are not within the scope for this review. Examples of late intervention include families where a child may be coping with a serious mental illness, going into care or has committed a serious offense.

Could include programmes and approaches such as: pre-marital counselling; approaches that focus on intimate relationships; programmes and approaches into which couples self-refer.

Could be delivered by any provider, whether a local authority, or a voluntary and community or private sector organisation.

Standards of evidence for assessment

As a What Works Centre, EIF assesses interventions in terms of their effectiveness (i.e. do they make a difference?) and impact (i.e. how much of a difference do they make?) and cost.

These assessments are determined through the careful scrutiny of the intervention's evaluation evidence, which includes an assessment of the quality of the evaluation design(s) and the extent to which the findings suggest consistent and meaningful benefits. Programmes will be assessed mainly in terms of evidence of impact on child outcomes, but we recognise that achievement of an impact on the couple relationship may indicate a likely longer term impact on child outcomes even where that is not evidenced.

EIF assesses an intervention's evidence against a well-established set of standards that are broadly agreed across the What Works Network. These standards emphasise that where the research goal is an assessment of scale of impact, randomized controlled trials (RCTs) and quasi-experimental designs (QEDs) have value over that of qualitative studies and expert opinion which cannot determine causality or scale of impact, although it is recognised that these methods can add valuable insight into many other issues including how and why an intervention might work. The standards also emphasise the importance of using reliable and valid measures i.e. measures that have been standardised and validated independently of the evaluation.

Please see more detail on our standards of evidence **here**.

In addition, please click **here** to download a brief guide to the Early Intervention Foundation's procedures for identifying, assessing and disseminating information about early intervention programmes and their evidence.

Responding to this Call for Evidence

To download an offline reference version, please click here**.**

Whilst we would like you to fill out the online version, the purpose of this is to help prepare developers for entering the information online by providing them with the set of questions, and so an opportunity to compile relevant information, prior to online entry.

Please click **here** to access the online questionnaire, when you are ready to submit your information.

To include your programme in the review, we need you to provide the information requested in the survey by the end of Monday 12th October.

We appreciate that the timescales for the review are challenging. If your organisation is not able to respond, but you would like to register your interest for future reviews, please send your contact details to olivia.lines@eif.org.uk.

If you have any questions please email Olivia Lines on Olivia.lines@eif.org.uk or phone on XXXXX XXXXXX

APPENDIX 4 THE FIFTEEN INTERVENTIONS INCLUDED IN THE CALL FOR EVIDENCE

Intervention Name	Developer/Provider	Brief Description
Adopting Together – Couple Therapy	TCCR	This is an adaptation of the Couple Therapy programme which aims to improve the couple relationship and improve the alliance between partners as adoptive parents.
Adopting Together – Group Programme	TCCR	This is an adaptation of the Parents as Partners programme (also known as Supporting Fathers' Involvement in the USA). It is a 16-session group intervention (with additional individual support) for adoptive couples designed to strengthen their relationship and enhance their cooperation as parents.
Brief Encounters Relationship Support	OnePlusOne	Relationship support delivered by trained frontline practitioners (including Midwives, Health Visitors, Sure Start Children Centre Workers, and other public sector workers) who work closely with mothers and couples in the transition to parenthood.
Building Resilience in Families with Disabled Children	Contact a Family	This programme aims to help families of disabled children share and identify the impact of having a disabled child and how this impacts on their relationships. It offers strategies to deal with pressure points, e.g. workshops on challenging behaviour, resources, and signposting to a range of support services available to the couple to promote self-care, along with getting families to share what works for them and linking with other families for peer to peer mutual support.
Couple Therapy	TCCR	Couple Therapy is a psychodynamic informed clinical service suitable for couples experiencing moderate and high levels of relationship distress.
Couple Therapy for Depression	TCCR	This is a specialist individual programme of support aimed at couples where one or both partners have been diagnosed with mild-to-

		moderate depression. It aims to treat existing depression, strengthen the couple relationship, and prevent relapse.
FOCCUS	Marriage Care	An individual programme available universally for couples who are entering into a long-term committed relationship. It aims to provide education and skills to prevent distress at key relationship transitions with the aim of improving and/or preventing the decline of relationship quality and satisfaction.
Mentalization Based Therapy-Parenting Together	TCCR	An intervention for separated or divorced parents in entrenched conflict over their children and who are trying to co-parent.
Parents as Partners	Prof Cowan & Prof Cowan/TCCR	This programme (also known as Supporting Fathers' Involvement in the USA) aims to strengthen fathers' relationship with their children, their relationship with their children's mother, and to improve their cooperation as parents.
Preparing Together	Marriage Care	A group-based programme available for couples who are entering into a long-term committed relationship.
Relate Family Mediation	Relate	This is a conflict/dispute resolution method offered by a neutral third party – the family mediator – to families and couples on an individual basis who are in the process of separating, or who have already separated, so that they can agree on future arrangements in respect of their children, finances, and child maintenance payments.
Relationship Counselling	Marriage Care	A universal intervention for couples or individuals experiencing relationship distress which aims to reduce couple conflict, improve communication, reduce relationship distress, and rebuild commitment between the couple.
Relationship Counselling	Relate	This is available for couples and individuals who have concerns arising from their relationship. The mode of delivery is most often face-to-face, but can also be via telephone or webcam.

Relationship Support Live Chat	Relate	An internet-based individual counselling service aimed primarily at adults who are experiencing difficulties in their couple relationship and seeking immediate advice and support.
Schoolchildren and their Families	Prof Cowan & Prof Cowan	This is an intervention based on the same programme model as *Parents as Partners*. However, it is delivered to couples specifically when their children are making the transition to school, and it is not for low-income families, but instead for middle-class, low-risk families.

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