



Department  
for Work &  
Pensions



Government  
Social Research

# Reducing Parental Conflict Programme Evaluation

Second report on implementation

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November 2021

DWP research report no. 1002

A report of research carried out by IFF Research on behalf of the Department for Work and Pensions.

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First published November 2021.

ISBN 978-1-78659-353-5

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# Executive summary

## Background and methodology

The government wants every child to have the best start in life and reducing harmful levels of conflict between parents - whether they are together or separated - can contribute to this. Sometimes separation can be the best option for a couple, but even then, co-operation and good communication between parents is essential for their children. This is why the Department for Work and Pensions (DWP) introduced the Reducing Parental Conflict (RPC) programme. Originally backed by up to £39m until March 2021, with additional funding and an extension of the programme secured until March 2022, the programme is encouraging local authorities across England to integrate services and approaches which address parental conflict in their local provision for families.

Evaluation is central to the RPC programme. Findings from this evaluation will contribute to the wider evidence base on what works for families to reduce parental conflict and will support local authorities and their partners to embed the parental conflict agenda into their services.

This is the second report from the RPC programme evaluation, providing interim findings on implementation from research conducted in 2019 up to January 2021.

The evaluation consists of 3 strands which correspond to 3 programme elements:

- **Intervention delivery:** To assess how the provision of evidence-based interventions in 31 local authorities, clustered in 4 geographical areas, is implemented and delivered and the impact of the interventions in reducing parental conflict and improving child outcomes.<sup>1</sup>
- **Training:** To study whether and how the training of practitioners and relationship support professionals has influenced practice on the ground - focusing on the identification of parents in conflict, building the skills and confidence to work with, or refer, parents in conflict and the overall support available.
- **Local integration:** To examine to what extent local authorities across England have integrated elements of parental conflict support into mainstream services for families, how and with what success.

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<sup>1</sup> This element was previously referred to as “face-to-face”. As a result of the coronavirus pandemic all delivery shifted to be remote so it is now referred to as “intervention delivery”.

# Intervention delivery

## Introduction

Eight interventions to address parental conflict are being tested as part of the programme. Interventions are of either a moderate or high intensity. Parents are allocated to the interventions on the basis of the level of conflict in their relationship.

## Intervention delivery findings

Frontline practitioners making referrals generally felt confident identifying the signs of parental conflict in order to then make a referral. However, some reported limited understanding of the individual interventions available in their area. Both referral staff and providers felt that this could be restricting the number of eligible referrals, with assumptions in some cases that expectant parents, parents in work and cases where only one parent is interested would not be eligible when in fact they would. This was evident in interviews conducted both in autumn 2019 and winter 2020.

Providers had experienced lower than expected rates of referrals. In particular, they felt the strict eligibility criteria of 2 interventions, “4Rs 2Ss” and The Incredible Years Advanced, meant these interventions had secured very low referral volumes. The former is aimed at parents of 7-11 year olds with a diagnosed misconduct issue and, at the time of this research, the latter required completion of The Incredible Years Basic course, however this prerequisite was relaxed in early 2021.

Some providers indicated that referral rates had increased since March 2020. In part this was attributed to moving provision to digital delivery models as a result of the social distancing restrictions that were imposed because of the Coronavirus pandemic. These providers felt that digital delivery removed some of the logistical barriers to participation.

Providers were extremely positive about the content of the interventions, stating that they were relevant to parents referred and provided effective strategies for parents to use. One of the few negative comments made was that The Incredible Years Advanced course was perhaps a bit too long for many parents.

Start rates, dropout rates and completion rates varied by intervention. Early indications show that the Mentalisation Based Therapy intervention had the widest appeal (with the most referrals and starts to the intervention). Providers suggested that this might be because it is closest to what parents might expect from an intervention about parental conflict (whereas the scope of other interventions is wider, focusing on other elements of home life, rather than solely on the inter-parental relationship).

# Training

## Introduction

As part of the RPC programme, the DWP appointed a training provider to develop a training package about parental conflict, primarily aimed at practitioners in frontline local authority services. It includes modules covering the theoretical context underpinning the programme, identification of, and strategies to address, parental conflict and a specific module targeted at supervisors to enable them to support their colleagues working with parents in conflict. In addition, there is a Train the Trainer workshop intended to build the capacity of those already skilled in training to deliver training about parental conflict and the impacts of it.

## Training findings

As part of the programme, local authorities could apply for a Practitioner Training (PT) grant to purchase places on this training. Nearly all local authorities confirmed they had taken up the PT grant ensuring a wide reach for the training.

Overall participants were positive about all of the training package. It was praised as being relevant to their work and providing adequate levels of detail. Participating in the training significantly improved practitioners' ratings of their own knowledge, understanding and abilities relating to addressing parental conflict.

At a point 6 months after taking part in the training, the majority of practitioners had applied their training to their day-to-day roles, most commonly to help identify children/families who may be affected by parental conflict and to start conversations about parental conflict once a concern had been identified. A third of practitioners were applying their training at least weekly, though overall practitioners were applying their learning less frequently than they anticipated when training was initially received. This could be related to the restrictions imposed by the Coronavirus pandemic.

The Train the Trainer workshop had limited impact at the point 6 months after taking part with fewer than one in ten (9%) participants delivering any training modules on reducing parental conflict in their local area at this point (although a large proportion planned to do so).

The majority of participants reported some degree of cultural change within their organisation as a result of the training; a third reported that parental conflict was being treated as a much more important issue.

# Local integration

## Introduction

The local integration element of the programme aims to encourage local areas to consider the evidence base around parental conflict and integrate support for parents in conflict into existing provision. To support local areas with integration DWP;

- recruited a team of 6 Regional Integration Leads (RILs) to promote the agenda and facilitate knowledge sharing and networking<sup>2</sup>
- provided a Strategic Leadership Support (SLS) grant for local authorities and their partners to use in ways that best suited their aspirations in respect of reducing parental conflict
- encouraged access to information made available on the reducing parental conflict online hub hosted by the EIF.<sup>3</sup>

## Local integration findings

Frequency of contact with the RILs had decreased slightly by autumn 2020 (compared with summer 2019), which is, perhaps, in-keeping with the programme reaching a more mature state. Local authorities were still very positive about the support provided by the RILs.

Nearly all of the local authorities confirmed that they had taken up the SLS grant although not all had spent it in full by autumn 2020. The most common use or planned use was on activities that would enable knowledge sharing between local professionals, such as events, workshops and multi-agency working groups.

There were several positive indications of progress with integration between summer 2019 and autumn 2020.

In terms of development of strategies:

- More local authorities had a specific multi-agency strategy.
- More local authorities reported that local commissioning decisions were aligned to reducing parental conflict strategies.
- There was an increase in the proportion of local authorities that had embedded reducing parental conflict into mainstream services.

In terms of recording parental conflict systematically:

- More local authorities reported that frontline practitioners were routinely asking parents about the quality of their relationship.
- More local authorities had an explicit question about parental relationships in Early Help assessments.

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<sup>2</sup> These individuals were seconded from local authorities into the RIL role. Their role is to provide expert advice and support to local authorities and their partners and maximise the opportunities that the programme presents.

<sup>3</sup> <https://reducingparentalconflict.eif.org.uk/about/hub>

In terms of support available for parents:

- More local authorities reported providing support for parents experiencing conflict.

However, the level of signposting and referrals of parents to support is not known as most local authorities were unable to report this.

## Sustainability

### Introduction

Ultimately, DWP hopes that the components of the RPC programme will be sustainable once central funding finishes.

### Sustainability findings

RILs and local authorities themselves felt that the sustainability of the reducing parental conflict agenda once the programme comes to an end (which, at the time of the research, was planned for March 2021) would vary by both local authority and by the different elements that make up the programme. Resourcing challenges were highlighted as a key threat to the sustainability of the programme.

Factors that were felt to help with sustainability included low/no cost changes that helped to embed consideration of parental conflict in day-to-day processes. These included changes to tools such as Early Help / Front Door assessment forms to record identification of parental conflict and processes to encourage practitioners to have conversations about parental conflict.

RILs and local authorities highlighted the importance of securing strategic buy-in to the inclusion of reducing parental conflict metrics in outcome frameworks.<sup>4</sup> The importance of making use of the Train the Trainer approach to workforce development was also highlighted.

The area of greatest concern with regards to sustainability surrounded the delivery of interventions. Providers and local authorities were concerned they would be unable to fund these going forward.

## Evaluation

This is the second report from the RPC programme evaluation, providing findings on research conducted in 2019 up to January 2021.<sup>5</sup>

The following data collections were completed between the production of the first report and January 2021 when this report was compiled:

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<sup>4</sup> It is worth noting that adding a parental conflict indicator and outcome became part of the financial framework of the Troubled Families programme in May 2020 - <https://www.gov.uk/government/publications/financial-framework-for-the-troubled-families-programme-april-2020>

<sup>5</sup> The first report can be found here: <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-evaluation-report-on-early-implementation>

- Six in-depth interviews with RILs on the types of activities they had undertaken and the responses of different local authorities.
- An online survey of local authorities and 5 case study visits in the second half of 2020 focussed on progress made since the last research with local authorities in summer 2019. The case studies also included some interviews with providers delivering the interventions.
- Two waves of surveys of frontline practitioners who had taken part in the training conducted 1 and 6 months after taking part. The first survey attempted to baseline practitioner knowledge and confidence before and directly after training. Wave 2 explored the extent to which they had been able to apply the knowledge and skills that they had acquired through the training in their day-to-day roles. The first report on implementation covered initial findings from wave 1 and this report includes full findings from both waves.
- Forty-five depth interviews with practitioners taking part in the training. The interviews covered expectations of the training, what they felt about the content and delivery of the training and how they expected to be able to apply their learning in their day-to-day roles.
- Sixty telephone depth interviews with frontline practitioners that had made at least one referral to the Gateway Team that allocate individuals to the interventions.
- Two surveys of intervention delivery providers. The initial survey looked at experiences of delivery in the period running up to the first national lockdown in March 2020 and the second looked at experiences of delivery during the pandemic.



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# Glossary

<b>Children of Alcohol Dependent Parents (COADeP) Innovation Fund</b>	The government announced this fund to support children living with alcohol dependent parents in April 2018. The fund is also tackling parental conflict among alcohol dependent parents and is co-funded by the Reducing Parental Conflict programme.
<b>Contract Package Area (CPA)</b>	Delivery of RPC interventions is taking place across 30 local authorities, which are clustered in 4 geographic areas known as Contract Package Areas. These are Westminster, Gateshead, Hertfordshire and Dorset.
<b>Domestic Abuse</b>	Conflict in a relationship where there will be an imbalance of power and one parent may feel fearful of the other.
<b>Early Intervention Foundation (EIF)</b>	The Early Intervention Foundation is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.
<b>Frontline Practitioner (FLP)</b>	Local authority colleagues and their partners working with families including those who work for services such as social work, health visiting teams and early years' services.
<b>Parental Conflict</b>	<p>Parental conflict that is damaging can be expressed in many ways such as:</p> <ul style="list-style-type: none"><li>• aggression</li><li>• silence</li><li>• lack of respect</li><li>• emotional control</li><li>• lack of resolution</li></ul> <p>When parents are entrenched in conflict that is frequent, intense and poorly resolved it is likely to have a negative impact on the parents and their children. The Reducing Parental Conflict programme seeks to address conflict below the level of domestic abuse, where specialist services are required.</p>
<b>Practitioner Training (PT) grant</b>	The Practitioner Training grant is used to buy spaces for staff in the local authority area to

attend bespoke RPCP training delivered by Knowledgepool.

**Reducing Parental Conflict (RPC) programme**

The Reducing Parental Conflict programme is the subject of this evaluation. It aims to help avoid the damage that parental conflict causes to children through the provision of evidence-based parental conflict support, training for practitioners working with families and enhancing local authority and partner services.

**Regional Integration Lead (RIL)**

There are 6 RILs in England seconded from local authorities to DWP. They are available to provide expert advice and support to local authorities and their partners and maximise the opportunities that the programme presents.

**Strategic Leadership Support (SLS) grant**

The SLS grant is used to help local authorities and their partners to raise the profile of parental conflict and fund activities to integrate reducing parental conflict into their provision.

# Chapter 1 Introduction, background and methodology

This chapter outlines the background to the project and provides an overview of the evaluation methodology. It also provides details on the elements of the evaluation that have been conducted between November 2019 (when the first interim report was produced) and January 2021.

## Context

Parents play a critical role in giving children the experiences and skills they need to succeed. However, studies have found that children who are exposed to parental conflict can be negatively affected in the short and longer terms.<sup>6</sup>

Disagreements in relationships are normal and not problematic when both people feel able to handle and resolve them. However, when parents are entrenched in conflict that is frequent, intense and poorly resolved it is likely to have a negative impact on the parents and their children. It can impact on children's early emotional and social development, their educational attainment and later employability – limiting their chances to lead fulfilling, happy lives.

The government wants every child to have the best start in life and reducing harmful levels of conflict between parents – whether they are together or separated – can contribute to this. Sometimes separation can be the best option for a couple, but even then, continued co-operation and communication between parents is better for their children. This is why DWP introduced the Reducing Parental Conflict programme. Originally backed by up to £39m to March 2021 with additional funding and an extension of the programme secured until March 2022. The programme is encouraging local authorities across England to integrate services and approaches which address parental conflict into their local provision for families.

The RPC programme seeks to address conflict below the threshold of domestic abuse. Where there is domestic abuse there will be an imbalance of power and one parent may feel fearful of the other. If domestic abuse is suspected or identified more specialist support should be offered.

Evaluation is central to the Reducing Parental Conflict programme. Evidence from the evaluation of the programme will contribute to the wider evidence base on what

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<sup>6</sup> Harold et al. (2016) What works to Enhance Inter-Parental Relationships and Improve Outcomes for Children. London: Department for Work and Pensions.

works for families to reduce parental conflict and will support local authorities and their partners to embed the parental conflict agenda into their services.

This is the second evaluation report, providing findings on programme implementation part way through the delivery period.

## Delivery of the Reducing Parental Conflict programme

The programme is designed to increase the support that is available and provided to disadvantaged parents in conflict through different elements of activity.

- Intervention delivery: Providing evidence-based interventions that are designed to reduce parental conflict and improve child outcomes.
- Training: Provision of training for multi-agency practitioners such as Family Support workers, teaching assistants or Police officers to increase understanding of the parental conflict evidence base, enhance their confidence and ability to identify and discuss parental conflict with parents and apply the evidence-base in family support practice. Provision for supervisors and managers to support their staff in integrating reducing parental conflict is also being delivered.
- Local integration: Provision of funding and backing to integrate elements of parental conflict support into mainstream services for families.
- A Challenge Fund to test innovative activity, including digital support (which is out of scope of this evaluation).<sup>7</sup>
- A package of measures, jointly funded with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to improve outcomes for children of alcohol dependent parents, some of whose parents are also in conflict.

## Evaluation

In January 2019 DWP commissioned a large scale, multi-method external evaluation of the programme. DWP analysts will conduct a complementary impact evaluation.

The external evaluation is largely a process evaluation through which the range of activities supported by the programme are being examined to build the evidence base about what works to reduce parental conflict. It is anticipated that this will support local authorities and their partners to embed the parental conflict agenda effectively in their services.

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<sup>7</sup> Findings from the digital discovery report.

<https://www.gov.uk/government/publications/reducing-parental-conflict-a-digital-discovery>

Mirroring the programme design, the evaluation covers the delivery of interventions, training and local integration. The main objectives for each element of the evaluation are:

- **Intervention delivery:** To assess how the provision of evidence-based interventions in 31 local authorities, clustered in 4 geographical areas, is implemented and delivered and the impact of the interventions in reducing parental conflict and improving child outcomes.<sup>8</sup>
- **Training:** To study whether and how the training of practitioners and relationship support professionals has influenced practice on the ground - focusing on the identification of parents in conflict, building the skills and confidence to work with, or refer, parents in conflict and the overall support available.
- **Local integration:** To examine to what extent local authorities across England have integrated elements of parental conflict support into mainstream services for families, how and with what success.

The table below shows the different evaluation components that were ongoing or completed at the time of this report. All elements included in Table 1.1 are discussed in this report.

**Table 1.1 The RPC programme evaluation elements completed or ongoing at the time of this report**

	Integration	Training	Delivery of interventions
Covered in Report 1 (but referred back to in this report)	Depth interviews with Regional Integration Leads (wave 1)	Depth interviews with local authority managers and commissioners (includes coverage of SLS)	
	Online survey of local authorities (follow-up 1)	Online survey of practitioners trained (wave 1) <sup>9</sup>	
	Case studies of local authorities (wave 1)		
Covered in Interim Report 2 (this report)	Depth interviews with Regional Integration Leads (wave 2)	Depth interviews with practitioners trained	Depth interviews with referral staff (referring parents to interventions) (wave 1 and 2)

<sup>8</sup> This element was previously referred to as “face-to-face”. As a result of the coronavirus pandemic all delivery shifted to be remote so it is now referred to as “intervention delivery”.

	Online survey of local authorities (follow-up 2) and full findings from follow-up 1.	Online survey of practitioners trained (wave 2)	Survey of intervention delivery providers (wave 1 and 2)
	Case studies of local authorities (wave 2), which also includes visits with providers (first 5 case studies)		

The evaluation components in Table 1.2 had not been completed at the time of this report. These elements will be completed and reported on in the future.

**Table 1.2 The RPC programme evaluation elements to be completed in the future and included in future reports<sup>10</sup>**

Integration	Training	Delivery of interventions
Depth interviews with Regional Integration Leads (wave 3)	Online survey of practitioners trained digitally	Survey of participants (6 months after taking part in the intervention)
Case studies of local authorities (wave 2), which also includes visits with providers (remaining 5 case studies)		Survey of non-completing participants
		Depth interviews with participants

## Methodology

This section provides detail on the approach taken for each of the evaluation elements covered in this report.

### In-depth interviews with Regional Integration Leads (wave 2)

Six RIL posts were created for the RPC programme to provide support across all 150 upper tier local authorities. RILs were seconded from local authorities to DWP to provide this support for the duration of the programme. The first RIL began in their role in April 2018. Each RIL was assigned one of the following regions to support – London, South East, Midlands, South West, North East and North West.

A 2-hour face-to-face interview was conducted with each of the RILs in February-March 2020, a year after initial interviews with them took place. The interviews with RILs explored the ongoing contact they had had with local authorities, activities that their local authorities were engaged with and their views on the sustainability of the programme. The interviews also explored their experiences of the RIL role. A semi-structured topic guide was used for the interviews.

<sup>10</sup> Evaluation activity is being extended to reflect the programme extension to March 2022 so further data collections will be reported on in addition to those outlined here.



### **Online survey of local authorities (follow-up 2)**

The survey of local authorities was conducted between July and December 2020.

The online survey invites were sent to the Single Point of Contact (SPOC) that each local authority had nominated for communication relating to the RPC programme. Contacts from all 150 local authorities were invited to take part. Several e-mails were sent, and telephone calls were made to try to boost the response. The survey achieved a 48% response rate (72 local authorities completed the survey). The survey took an average of around 20 minutes to complete.

A breakdown of the characteristics of survey respondents is provided in Annex 1.

### **Case studies of local areas (wave 2)**

Five case studies of local authorities and their partners took place between November 2020 and January 2021. The case studies consisted of in-depth interviews and/or mini groups with the reducing parental conflict lead and other staff that had been involved in the development of strategies to reduce parental conflict.

The local authority areas were selected to ensure a spread across regions, a mix of those located in Contract Package Areas (CPAs) trialling RPC interventions and those outside CPAs, as well as including some who participated in wave 1 to give a longitudinal picture. For local authorities in CPAs, interviews were also conducted with a provider delivering one of the interventions funded by the RPC programme.

The case studies covered what each local area had implemented to date, their key barriers and successes and how reducing parental conflict will be taken account of in the future. A semi-structured topic guide was used to aid the discussions.

A breakdown of the characteristics of the case studies is provided in Annex 2.

### **Frontline practitioner training survey (wave 2)**

This survey was conducted with frontline practitioners 6 months after completing the initial survey. The survey explored the extent to which they had been able to put into practice the knowledge and skills that they had acquired through the training.

The survey was conducted online, and invites were issued monthly, 6 months after completion of the initial survey. All 598 practitioners who completed the initial survey and agreed to be re-contacted were invited to take part and responses were secured from 147 (a 25% response rate).

On average the survey took around 13 minutes to complete.

The profile of respondents to the survey is shown in Annex 3.

### **Depth interviews with practitioners post training**

Forty-five depth interviews were conducted by telephone with individuals who had attended face-to-face practitioner training. Individuals were recruited through the wave 1 survey and took place between October and November 2019. The interviews were structured to ensure a mix of different roles and coverage of those attending each of the training modules.

The interviews covered expectations of the training, what participants felt about the content and delivery of the training and how they expected to be able to apply their

learning in their day-to-day roles. Interviews were underpinned by a semi-structured topic guide.

A profile of the individuals interviewed is provided in Annex 4.

### **Depth interviews with referral staff (wave 1 and wave 2)**

Sixty telephone depth interviews were conducted with frontline practitioners who had made at least one referral to the Gateway Team that allocate individuals to the interventions. Interviews took place between October and November 2019.

These interviews covered practitioner awareness and understanding of the different interventions, understanding of eligibility requirements, the process of identifying parental conflict and the referral process.

A profile of the individuals interviewed at wave 1 is provided in Annex 5.

A further 45 depth interviews were conducted between November 2020 and January 2021. These covered similar ground but at a point when the referral process was more established.

At each stage interviews lasted 45 minutes to an hour. The profile of individuals interviewed at wave 2 is also in Annex 5.

### **Survey of intervention delivery providers (wave 1 and wave 2)**

A mixture of qualitative and quantitative information was collected through a semi-structured telephone survey of providers delivering the interventions. The initial survey took place in March and July/August 2020 (the period immediately pre and post the first Coronavirus national lockdown). This first survey explored experiences of delivery prior to lockdown which was predominantly face-to-face.

The survey largely covered prime providers who were asked separate questions about each of the individual interventions that they delivered (hence each respondent was asked to provide information about up to 4 different interventions). In total, the survey collected 35 responses from 12 different providers.

A similar approach was taken for wave 2 which collected 27 responses from 10 different providers. These interviews took place in November – December 2020.

Wave 2 was designed to capture delivery adaptations made to enable remote delivery and provider reflections on the opportunities and challenges this presented.

# Chapter 2 Intervention delivery

This chapter explores the experiences of frontline practitioners in identifying parental conflict and referring parents onto interventions being provided as part of the RPC programme. It also covers the experiences of providers delivering these interventions, both before and after the first national Coronavirus lockdown period.

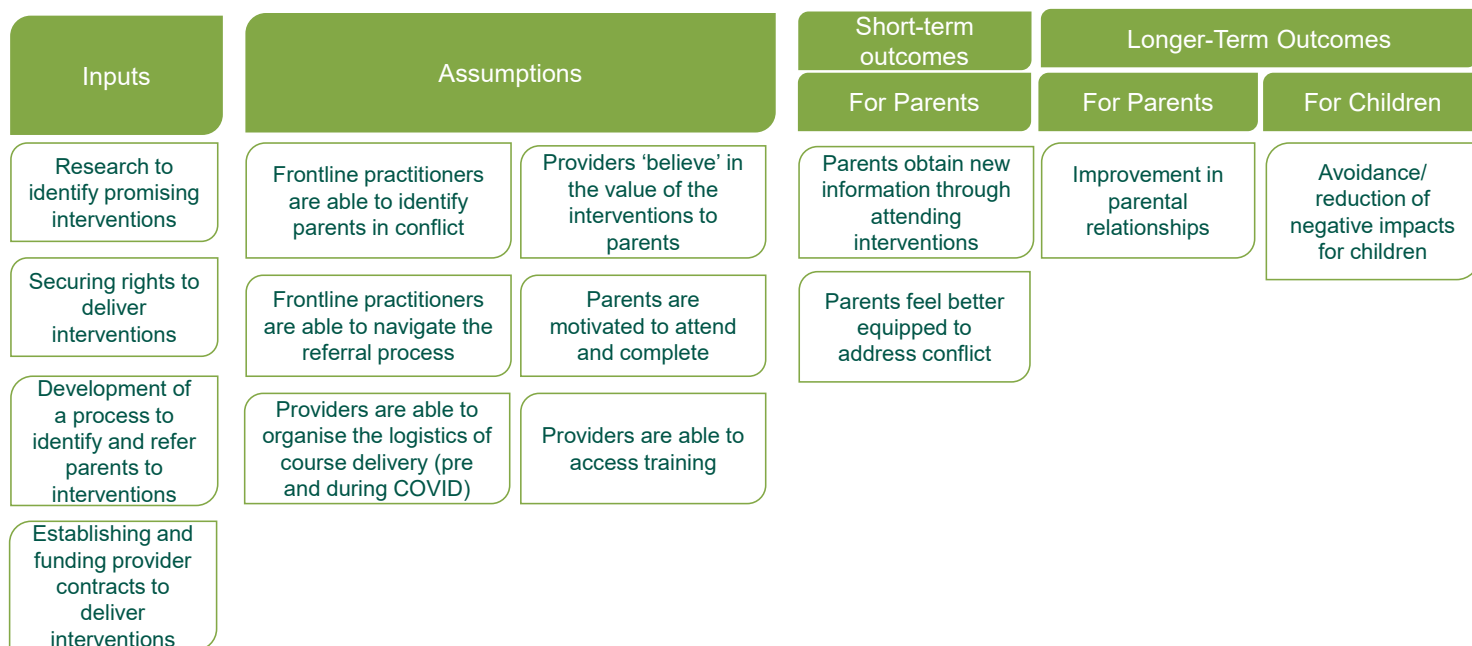
## Introduction to intervention delivery

The testing of interventions through the RPC programme aims to deliver evidence about what works to reduce parental conflict and improve children's outcomes.

Eight different interventions were implemented as part of the programme (further details on these is outlined in Table 2.1). These were designed to be delivered face-to-face, but were quickly adapted to be delivered virtually in response to the Coronavirus pandemic. Some of these have a promising evidence base supporting their efficacy in the UK, but not necessarily for all family types, for disadvantaged families or for different delivery methods. Others have been successful in non-UK settings but have not been tested in the UK. In all cases the interventions being implemented present significant opportunities for learning.

The interventions aimed to achieve a number of short-term and longer-term outcomes for both parents and children as set out in Figure 2.1, based on a number of inputs and assumptions that stem from the provider delivery. The research covered in this report explores some of the assumptions and short-term outcomes in this model.

**Figure 2.1 Logic Model for Interventions delivery**



Interventions are of either a moderate or high intensity. Parents are allocated to the interventions on the basis of the level of conflict in the relationship. This is identified via an assessment tool developed for the programme by subject matter experts and known as the Referral Stage Questionnaire (RSQ). This is administered to parents by a frontline practitioner working with the family. It consists of a range of established assessment scales to identify the types and levels of conflict parents are experiencing. It examines the mechanisms through which child outcomes are affected, and the features of an inter-parental relationship that have been shown to impact on children’s outcomes. If either parent scores high for conflict, both parents are offered a high intensity intervention. Flexibility was granted with regards to the intensity of intervention in early 2020, enabling providers to offer parents either high or moderate interventions in certain circumstances, regardless of RSQ outcome.

Some interventions are delivered in a group setting, some as couple sessions and some on an individual basis. Couples who remain in a relationship as well as those who have separated are eligible. Existing and expectant parents are eligible.

The full list of interventions is shown below. Delivery of these interventions continued throughout the Coronavirus pandemic and lockdown with the majority switching to digital delivery over Teams or Zoom; this will be covered in more detail later in the chapter.

**Table 2.1 Interventions being delivered**

<b>Intervention Name</b>	<b>Brief Description</b>	<b>Method of delivery</b>	<b>Target group</b>	<b>Length of delivery</b>	<b>CPA</b>	<b>Intensity</b>
4Rs 2Ss Family Strengthening Programme	Curriculum-based practice designed to strengthen families, decrease child behavioural problems, and increase engagement in care. It focuses on evidence-informed parts of family life that have been empirically linked to youth conduct difficulties.	Groups of 12-20 parents	Both intact and separated couples with children aged 7-11	16 weeks	Hertfordshire	High
Family Check Up	This involves 3 stages; an initial interview, family and child assessment, and feedback. The second stage involves the delivery of Everyday Parenting (EDP), which is a behavioural parenting intervention tailored to meet specific needs.	Delivered to individual parents (either one or both parents)	Both intact and separated couples	9 sessions of 50-60 minutes	Dorset Westminster Gateshead Hertfordshire	Moderate

<b>Intervention Name</b>	<b>Brief Description</b>	<b>Method of delivery</b>	<b>Target group</b>	<b>Length of delivery</b>	<b>CPA</b>	<b>Intensity</b>
Enhanced Triple P	This is a targeted selective intervention, which aims to address family factors that may impact upon and complicate the task of parenting, such as parental mood and partner conflict, and problem child behaviours.	Delivered to individual parents (either one or both parents)	For both intact and separated couples	4 modules delivered to families in 3 to 8 individualised consultations (8-12 hours)	Westminster	High
Family Transitions Triple P	Designed as an intensive intervention for parents experiencing difficulties as a consequence of separation or divorce, it focuses on developing skills to resolve conflicts with former partners and how to cope positively with stress.	Groups of approximately 8 parents (separated parents are encouraged to attend different sessions)	Separated couples only	5 sessions lasting 2 hours each	Dorset Westminster	High
Mentalisation Based Therapy – Parenting under pressure	Aims to help couples experiencing high levels of inter-parental conflict gain more ‘perspective’ in order that they can start to put the needs of their children first. It is based on a model which comprises an initial phase of preparation and assessment, meeting with each parent separately.	One practitioner delivers sessions to intact couples. With separated couples each parent completes sessions with a separate practitioner. In rare cases the parents can complete the final session together with both practitioners.	For both intact and separated couples	10 sessions of therapeutic work	Gateshead Hertfordshire	High

<b>Intervention Name</b>	<b>Brief Description</b>	<b>Method of delivery</b>	<b>Target group</b>	<b>Length of delivery</b>	<b>CPA</b>	<b>Intensity</b>
The Incredible Years, including Advanced Programme	The focus is on parents' and children's communication and problem solving skills, knowing how and when to get and give support to family members and recognising feelings and emotions. It's a group programme, basic is approximately 16 weeks with an additional 8 for advanced.	Group sessions of 12-20 parents	Couples and separated co-parents with children aged 4-12 years	12-20 sessions as part of the 'Basic' course, with an additional 9-11 session for 'Advanced' (average of up to 20 weeks)	Dorset Gateshead	High
Parenting when Separated	Drawing on international long-term evidence, it highlights practical steps parents can take to help their children cope and thrive as well as coping successfully themselves, where the parents are preparing for, going through or have gone through separation or divorce.	Group intervention delivered by 2 practitioners to groups of 12 participants	Separated couples only	6 week course of 2.5 hour sessions	Gateshead Hertfordshire	Moderate
Within My Reach	This is a targeted selective intervention, for low-income single parents, who may or may not be in a relationship. The intervention therefore targets relationship outcomes in general, rather than	Delivered in a group to individuals (not couples)	Separated couples only	15 sessions, each lasting 1 hour	Dorset Westminster	Moderate

Reducing Parental Conflict - Second report on implementation

<b>Intervention Name</b>	<b>Brief Description</b>	<b>Method of delivery</b>	<b>Target group</b>	<b>Length of delivery</b>	<b>CPA</b>	<b>Intensity</b>
	focusing on parenting or parental conflict. It covers 3 key themes; Building Relationships, Maintaining Relationships and Making Relationship Decisions					



## Emerging findings

- Practitioners usually felt confident identifying the signs of parental conflict in order to make a referral, although the lockdown restrictions, curtailing face-to-face interaction with families, made identification more challenging after March 2020.
- There was evidence of some confusion among referral staff about the eligibility of families experiencing domestic abuse, working families, those expecting a child and couples where only one of the parents wanted to take part.
- Overall, practitioners felt the referral process was straightforward, quick and generally worked well.
- Providers had experienced lower than expected rates of referral. For some interventions, providers partly felt this was due to a lack of frontline practitioner awareness or understanding of the intervention for them to adequately explain the intervention to parents or be confident a referral was appropriate.
- Providers felt the strict eligibility criteria for some interventions prevented referrals being secured in sufficient volumes. This was particularly the case for “4Rs 2Ss” and The Incredible Years Advanced.
- Delivery of the majority of interventions was underway before the Coronavirus national lockdown began in March 2020, though most providers started delivery later than planned. This was primarily due to low levels of referrals, with access to intervention training for delivery staff and paperwork also contributing to delays.
- Almost all interventions moved to digital delivery through video-conferencing platforms such as Zoom or Teams at the start of the Coronavirus pandemic. This transition was generally considered to have worked well for all interventions and was seen to bring some benefits including more flexibility with timings and increased parent participation.
- Providers praised the content of interventions and the positive impact they can have on parents who take part.
- Provider staff were comfortable delivering the interventions, particularly commending the resources and materials. The move to digital delivery required initial support for practitioners but once they adjusted, they felt it worked as well, if not better, than before.
- Parents Plus; Parenting When Separated appeared to have higher drop-out rates, with the group nature of delivery seen as one reason for this.
- Providers felt the Incredible Years Advanced intervention was particularly long, due to the necessity to complete the basic course ahead of this, and did not explicitly address relationships early on, both factors which they felt had led to high drop out and low completion rates.

## Findings explained

### Identification of parents in conflict

For parents to be referred to the interventions, frontline practitioners who are providing local services to families, such as social workers or Early Help workers, identify the parents as being in conflict. They then use a Referral Stage Questionnaire (RSQ) to determine the level of relationship distress and make a referral to an intervention if appropriate.

When interviewed in both autumn 2019 and winter 2020, practitioners usually felt confident identifying the signs of parental conflict in order to make a referral. However, in winter 2020 some practitioners commented on the challenge of identifying conflict remotely, following the outbreak of the Coronavirus pandemic.

#### Initial identification of parental conflict

Before referring parents to the interventions, many practitioners did not use a screening tool to initially identify parental conflict but instead relied on the knowledge they had about the families based on their relationship with them. In both autumn 2019 and winter 2020, the information they used to judge the need for a referral to the interventions came from observations of the family dynamic and behaviours and conversations with parents and children. (Although, this was more difficult to conduct face-to-face following the Coronavirus pandemic).

*“When we’re doing our home visits, we’re making observations all the time, how maybe the children are, how Mum and Dad are, how they’re interacting if they happen to be at home together.”*

*“Sometimes on the referral you can see that there are issues between mum and dad, or the young person will say they can’t take the arguing.”*

*“If parents are open and honest, it’s pretty easy to discover whether there is conflict in the relationship.”*

*Frontline practitioners*

Whilst many practitioners relied on their professional opinion of the family, others used assessment tools to help them diagnose issues impacting on the family. Across both time points a variety of tools for assessing families were used, rather than parental conflict specific tools. For example, practitioners used Early Help assessments, Recover STAR, Family STAR, Safer Lives, mood assessments and, for identifying domestic abuse, the DASH assessment. Sometimes the RSQ, the questionnaire used to make the referral to the interventions, was also used as a tool to initially identify parents in conflict.

*“There can be that element of coercive control or that kind of thing that can be harder to unpick so sometimes it could be worth exploring it still with the family or even suggest would they be interested in completing the form. At that stage, it might help them understand if there are any issues... it can be used in more families than we think.”*

*Frontline practitioner*

Practitioners used the DASH assessment form and support from their team to help when the distinction between domestic abuse and parental conflict was unclear. Some practitioners referred to domestic abuse specialists within their team for support which was found to be helpful. However, some practitioners wanted additional support or training, including a potential tool, to help them distinguish between parental conflict and domestic abuse to ensure they refer parents to the right services.

### **Reasons for not referring parents to the interventions**

In both autumn 2019 and winter 2020, there were a variety of reasons why practitioners would sometimes choose not to refer a family to the interventions, despite them showing signs of parental conflict. Sometimes this was due to eligibility criteria, for example, if the family was showing signs of domestic abuse and the practitioner was aware this made the family ineligible. In some circumstances, the practitioners felt that the conflict could be resolved in other ways, such as through their own internal services or private mediation, and therefore did not feel an intervention was needed. Another reason for not referring families in conflict was if a parent did not want to enrol onto the programme or only one parent wanted to engage.

### **Discussing parental conflict with families**

When it came to discussing parental conflict with families, practitioners felt comfortable doing this. They felt having these difficult conversations was a key part of their role and rapport building with families was essential in being able to have open conversations. In addition, they felt their previous experience helped them to have these more difficult conversations.

### **Identifying parental conflict during the Coronavirus pandemic**

When interviewed in winter 2020, practitioners generally felt that the Coronavirus pandemic had impacted their ability to identify parental conflict and refer families to the interventions. A reduction of face-to-face visits with families from March 2020 meant that many practitioners relied on their interaction with families via telephone or online to identify parental conflict and refer them to the interventions, which many practitioners found challenging.

Some practitioners felt this made it harder to pick up on the family atmosphere from cues from body language. It also meant they had fewer opportunities to build trust with families or potentially have private conversations with just one parent without their partner or children around.

*“Parents are likely to say “everything's fine, everything's fine” and we're not able to get the full picture, to delve into what's actually happening at home.”*

*Frontline practitioner*

However, there were some practitioners who felt that the process of identifying parental conflict remotely remained the same as prior to the outbreak of Coronavirus. Some practitioners continued to see some families face-to-face or had the opportunity to visit the families in person at some stage, such as between the first

and second lockdown or by visiting the families at their doorstep. This allowed them to identify parental conflict more as they had done pre-March 2020 – through picking up on the atmosphere and family dynamic.

## **Frontline practitioner experiences of navigating the referral process**

### **Practitioners' views on the role of the interventions**

Frontline practitioners' reactions to the interventions both in autumn 2019 and winter 2020 were usually positive. Many commented that the interventions had been beneficial in plugging a gap in support, with there being a lot of pre-existing support for cases of domestic abuse but not parental conflict.

*“I remember going to that event, then immediately thinking of the family that I referred in. I had them in mind straight away after that.”*

*“I thought it sounded really good because you can get a bit lost when parents are arguing and sometimes you don't know how to deal with it very well so it was good to have a service that we could refer [families] on to.”*

*“I thought that would be really helpful because not every parent is suffering domestic abuse but it can easily get out of hand.”*

*Frontline practitioners*

When practitioners were asked in autumn 2019, there was a small group of practitioners who were not sure that the reducing parental conflict interventions were needed as they felt that most cases they encountered met the domestic abuse threshold.

### **Practitioners' views on the information received about the interventions**

When practitioners were asked in autumn 2019, the reactions to the information they received about the interventions were mixed. Most felt that the information, including leaflets, newsletters, emails, and presentations about the interventions were adequate and explained the interventions well.

A small group felt they did not have enough information about what the interventions consisted of, the referral process and how to use the RSQ which made some feel unprepared for conducting a referral.

*“I didn't know whether they would go to the family home or parents would have to go to them and how long would it take – whether there was a waiting list.”*

*“I didn't fully understand that, and I had several phone calls and emails because I felt that the information provided was not self-explanatory.”*

*“I'm not sure what the interventions entail; for example, how long they are going to last and where they are going to happen.”*

*Frontline practitioners*

However, those who had specific questions, including on the length of the interventions, the eligibility criteria (such as if they were eligible if one parent was

working) and the referral process, felt their questions were answered sufficiently. As some practitioners found out about the programme from a presentation by the representative of the programme (including from the local authority, DWP and providers) or at an information sharing event, they were able to ask questions straightaway. Other practitioners sent specific queries they had to the Gateway Team.

### **Practitioners' understanding of the interventions**

When practitioners were asked in autumn 2019 about the interventions and who they were aimed at, understanding was mixed. Despite most staff feeling happy with the amount of information they had been provided with, a large group of staff knew very little about the interventions specifically and could not name all the interventions that were available in their local area. Some, however, commented that even though they could not recall this detail they knew where to access it. Awareness was better by winter 2020.

Of those who had a greater understanding of the interventions, practitioners often knew a lot about one of the interventions and very little about the others on offer. In these cases, Enhanced Triple P or the Incredible Years Advanced were the interventions that practitioners could provide more details on. This awareness and knowledge may be, in part, due to the familiarity of the practitioner with the basic and advanced versions of both interventions.

### **Practitioners' understanding of the eligibility criteria of the interventions**

Generally, practitioners lacked clarity on the finer details of the eligibility criteria for the RPC programme interventions as a whole and for each of the interventions available in their local area (see Table 2.1 for a breakdown of which intervention was available in each area). This was the case both in interviews conducted in autumn 2019 and in winter 2020.

The initial focus of the programme on workless families, which was broadened to include disadvantaged families, meant that some practitioners still assumed that only non-working families would be eligible for the interventions or they were uncertain about the eligibility of working parents. Understanding around the eligibility of families currently expecting a child was mixed, as some believed that the interventions were only for parents with children that had been born. As expectant parents are eligible, this confusion could potentially be resulting in some eligible parents not being referred.

There was also confusion around what happens if only one parent is willing to be part of the intervention. Practitioners were unsure if they would be able to refer the willing parent in these instances.

There was a great deal of uncertainty around whether families experiencing domestic abuse were eligible for the interventions.

*"I asked about it in the training because I wasn't sure. They were saying that if it was low level DV and parents still wanted to make that change and we felt as practitioners there was no risk there, then we could but high level domestic abuse*

*then no it would not be appropriate ... we have to make a professional judgement on it."*

*Frontline practitioner*

When practitioners were asked about eligibility criteria in winter 2020, there was still some confusion around the same issues as in autumn 2019. However, by winter 2020 there was also a group of practitioners who were able to correctly list or recognise all of the eligibility criteria, either spontaneously or when prompted.

Generally, practitioners were very keen to be provided with more detailed information on the interventions on offer at both time points. In particular, they wanted clarity over eligibility for each intervention and what the intervention would involve for the family. They felt this information would help them to explain the interventions in detail to the families they may refer, so they had more of a sense of what the intervention would involve. Some staff mentioned they would like a parent-friendly leaflet to share with families about the intervention to encourage parents to take part.

*"If there was more information about what these individual interventions look like, that would be helpful."*

*"At the moment I'm just giving them the basics but if I could just leave them something that they could read through, or something online that would be helpful, to help them think about it."*

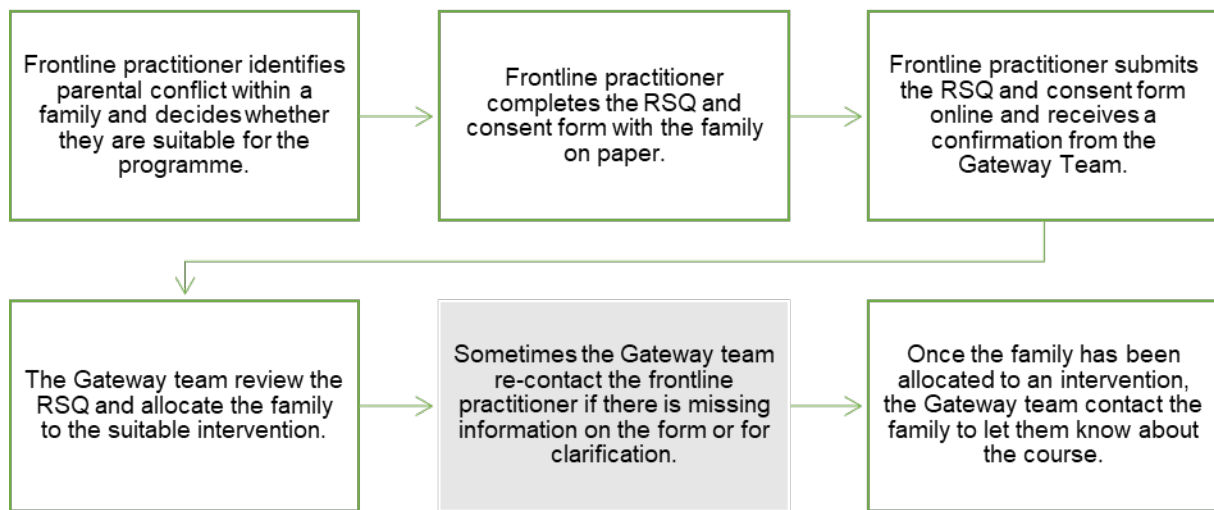
*"I didn't tell them much because I didn't know much. You want to appear confident around families to instil some confidence in them, so I said look I don't know much but I do know that it is around that conflict within the family unit."*

*Frontline practitioners*

### **Practitioners' experience of the referral process**

When interviewed in both autumn 2019 and winter 2020, frontline practitioners reported that their overall experience of the referral process was positive, straightforward, and speedy. Figure 2.2 outlines the stages of the referral process.

**Figure 2.2 Outline of stages of the referral process**



A few issues were raised around the RSQ, at both time points, focusing on the accessibility of its language and answer options. However, it was also seen as a useful tool for parents to begin reflecting on their relationship. The consent form (otherwise known as the Participant Agreement form) and submission process were generally seen as straightforward although some practitioners made some suggestions for ways to streamline the processes further, for example, by attaching the consent form to the RSQ so that it would not be forgotten.

The process of referrals made after March 2020 changed as a result of the Coronavirus pandemic restrictions. This reduced the number of face-to-face visits practitioners had and led to some practitioners completing the RSQ and consent form with families on video or telephone calls and others emailing or posting the forms for families to complete without their support. Practitioners who completed the RSQ online found this easier than the original process which sometimes saw them completing the questionnaire by hand then translating it into the required software to submit.

Practitioners were not involved in the allocation of families to interventions or contacting them to let them know the intervention they had been allocated to. They were disappointed about this and would have liked an opportunity to share their professional opinion on the family to help with the allocation.

Practitioners would also, ideally, have liked to receive some contact after allocation to find out how families were getting on with the interventions. Some practitioners, interviewed in winter 2020, suggested that hearing about any positive impacts of the interventions on parents may have reminded and encouraged them to keep making referrals.

In winter 2020, some practitioners emphasised the importance of awareness raising of the programme among other practitioners to keep referrals happening, including

regular reminders of the programme and what interventions are available locally. One practitioner commented that the turnover rate for social workers can be high meaning that regular reminders are required to keep awareness levels up.

### **Practitioners' views on the Referral Stage Questionnaire (RSQ)**

Practitioners reported that parents had mixed reactions to the RSQ when they presented it (both in autumn 2019 and winter 2020). They found that, in some cases, getting it completed was straightforward, whereas some parents struggled to complete the RSQ without a lot of assistance from the frontline practitioner.

Practitioners reported that motivated families, or parents who saw this as a last chance effort to resolve their issues, were generally happy to complete the RSQ. Some practitioners felt it was a good tool to begin getting parents to critically reflect on their relationship and see things from a different perspective.

*“It is almost an intervention in itself ... it goes through all aspects of conflict so some questions will probably stay with them and they have reflected on it.”*

*“It got them thinking that maybe sometimes I could be a bit more lenient or see things in a different way. Some of the questions were really quite good at helping them, challenging their beliefs or seeing things from a two-way relationship rather than a single sided opinion.”*

*“Sometimes we kid ourselves that everything is fine and it's just a bad day and we never do anything about it but having it visually there on the questionnaire makes you think and the questions are really good for doing that with the sliding scale.”*

*Frontline practitioners*

The difficulties experienced with the RSQ were around the length and complexity of it. Many felt that it would have been easier to complete if it was more concise and less dense.

Across both time points, practitioners flagged that the language was sometimes difficult for parents to understand, particularly if they had low literacy skills or learning difficulties. Practitioners felt parents struggled with some of the concepts in the RSQ, for example, “What is your philosophy on life compared to your partner?”.

Practitioners also pointed out that the language barrier for ESOL parents was an issue without a translation of the RSQ into different languages.

Some practitioners felt the RSQ was sometimes difficult for parents to answer either because the scales did not allow for nuance in the response or because the questions were not appropriate to their situation. For example, the reference to “the last 4 weeks” in a number of scales was a struggle because a few parents felt that things fluctuated too much for them to say and the scales did not capture the ever-changing family dynamics.

Some staff were concerned that the RSQ relies on parents to be truthful to ensure that they are allocated to an appropriate intervention and has limited scope for practitioners to add their professional observations. Some staff had concerns around parents not being completely honest in the questionnaire, especially, if they had



completed the forms near their partner. They also felt families were also sometimes reluctant to answer the financial questions as they felt they were too personal.

*“Some people will minimize their responses, which does not necessarily reflect the need... I felt the need [for referral] was higher than the response and the biggest learning point from this programme; where is the professional’s voice heard in relation to the questionnaire?”*

*“I went through the questionnaire and I could see she wasn’t being that honest ... we did go through some of the things [again] ... we had to do it again and she went through it on her own [again] and I still felt she wasn’t answering as she should have ... I had to keep explaining because I knew her case.”*

*Frontline practitioners*

There were also some parts of the form that were reported to be uncomfortable for parents to answer or perceived as insensitive. For example, a few parents felt that it was strange and a bit uncomfortable that they had to answer some questions about one child. A few practitioners reported that they did not feel comfortable with the labelling of the forms as being “separated” or “in-tact”. The term “in-tact” was not felt to be very sensitive or appropriate.

### **Practitioners’ views on the Participation Agreement**

In both autumn 2019 and winter 2020, practitioners found that parents were generally happy to complete the Participation Agreement (known colloquially as the consent form) and felt this was due to parents being used to providing their permission for their information to be shared between different agencies. A few practitioners noted that they were not initially aware of the Participation Agreement form, only the RSQ, so they had to return to families to ask them to complete it. One or two suggested that the form could be combined into one document with the RSQ so it is not missed. Some practitioners felt that the form was too wordy and long and a few parents did raise questions on the list of agencies involved, but this was rare.

### **Practitioners’ views on the submission process**

The submission process was mostly perceived to be easy. However, some practitioners who were completing the forms with parents on paper felt that having to scan them or type them into an excel after the meeting to then be able to email them to the Gateway Team was a time-consuming process. A few practitioners also noted that colleagues with more limited IT skills did struggle with the process.

Although many said they had a quick response when they submitted the referral, some practitioners were frustrated when they did not receive an acknowledgement to their submission or to a query and had to chase for a response.

A few practitioners had the RSQ returned to them because families had stated N/A at some of the questions, or they had not answered some of the questions.

Practitioners felt it was unnecessary for the questionnaires to be returned and

resubmitted for what they considered to be minor issues, which they stressed had occurred for good reason, such as the question not being relevant to the family.<sup>11</sup>

### **Practitioner's involvement in intervention allocation and informing families**

Generally, both in autumn 2019 and winter 2020, practitioners were not included in the Gateway Team and provider discussions around which intervention would be most appropriate for the family that had been referred. However, there were a few instances of practitioners being involved in this discussion or being contacted by the Gateway Team or the provider for more background on the family or to gather their view on the type of intervention that would be most appropriate. As mentioned above, some practitioners felt that there should be a space on the RSQ for them to provide their professional opinion on a more systematic basis.

Families were usually told which intervention they had been referred to by the providers rather than the practitioners. Furthermore, practitioners were not told which interventions families had been allocated to unless they had been told directly by those families. However, practitioners were keen to know which interventions their families had been allocated to, how useful they were finding them and whether they had completed them, especially when they no longer had ongoing contact with those families. They felt this would motivate them to make referrals and help them to make more informed referrals in the future.

### **Providers' experiences of referrals**

When providers were asked, in the survey, about the levels of referrals they had received and whether this had met expectations, their experience varied considerably between interventions. Overall, providers felt interventions had received lower than expected referrals pre-March 2020 (i.e. before the Coronavirus national lockdown), although this improved for over half of the interventions in the period between spring and winter 2020. The 4Rs 2Ss intervention had had no referrals by winter 2020, and although the survey responses only provide a snapshot of referrals rather than a full census, analysis of management information confirms there have been no referrals to it.

For Incredible Years Advanced and 4Rs 2Ss, referral rates were consistently below providers' expectations, both before and after lockdown, which was attributed, in part, to the strict eligibility criteria of the interventions that ruled out some families. For Incredible Years Advanced, the age criteria of the children in the family was 4-12 and for 4Rs 2Ss, the family had to have a child aged 7-11 with a diagnosed behavioural issue. As parents had to complete the basic course for Incredible Years Advanced before they could take part in the advanced course, providers felt that the length of time needed to take part in both courses was a barrier for parents (i.e. 23 weeks for both basic and advanced courses). One provider suggested they should offer the advanced course as a standalone 9 week course to encourage more parents to join, and this has since been introduced.

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<sup>11</sup> Answers are required for all questions for diagnostic and allocation purposes.

For Family Check Up, providers attributed lower than expected referrals pre-March 2020 to it being a moderate intensity course when they felt parents were more likely to be signposted to high intensity courses. One provider suggested this might be because high intensity conflict is more obvious and therefore easier to identify in families than lower levels of conflict. Another reason may be that practitioners worked in services for people with multiple and complex needs. It should be noted that in 2020, providers were enabled to offer parents an alternative intensity intervention on the programme to the one which the RSQ indicated they were most suited to, if there were good reasons (such as logistics preventing participation in an intervention).

Another reason the providers gave for lower than expected referrals, specifically for Enhanced Triple P and Family Check Up was insufficient awareness of the interventions amongst practitioners, corresponding to the finding from practitioner interviews that understanding of the specific interventions was limited. One provider felt that referral staff were not fully aware of the full package of support that the Family Check Up course offered and, as a result, were not explaining it adequately to families. For Enhanced Triple P, some providers mentioned that the intervention was available both within and outside the RPC programme and this might be affecting referrals to programme provision.

## **Providers' experiences of intervention delivery**

### **Launching of provision**

Whether interventions launched when originally planned varied; though only a handful of providers stated that they launched on time. Those launched on time were some of the Family Check Up courses, 2 Enhanced Triple P courses and a couple of Within My Reach courses. However, other providers offering these same interventions experienced delays to the launch date. A couple of interventions had not managed to launch at all by winter 2020. These included some Family Check Up courses and some of The Incredible Years Advanced courses. In addition, the 4Rs 2Ss Strengthening Programme was only being offered by one provider who, by winter 2020, was yet to receive any referrals.

The reasons given for delays to initial launch were most often lack of referrals or time taken to get enough referrals. However, in some cases, time taken to complete paperwork with local authorities and DWP and delays in access to training on the interventions for delivery staff caused the launching to be later than planned.

*“In terms of the availability of that [intervention] training, that’s been a struggle and has impacted on our capacity to deliver at times.”*

*Provider*

The national lockdown to tackle the Coronavirus pandemic had a minimal impact on the roll-out and continuation of provision, with a significant proportion of interventions not pausing delivery at all during this period. For those who did pause provision, this happened in March 2020, but resumed very shortly after, either that same month, or in April 2020.

### Contractual logistics and costs of delivery

A handful of providers expressed early concerns regarding the amount of paperwork, including data sharing agreements with DWP, other providers and local authorities, which they felt had contributed to some of the launch date delays.

The use of the RSQ and various other forms required to gather information from potential participants was also perceived as cumbersome to some providers.

*“It’s a programme with a lot of requirements and a lot of expectations. We need to make sure we fill out the right forms, submit the right forms through the right channels, at the right time. The whole process is very prescribed and monitored.”*

Provider

One provider of Enhanced Triple P suggested that an online referral process could help streamline the process. Linked to this, one provider praised the fact that DWP had moved to accept digital signatures, thereby reducing administrative burden.

A couple of providers mentioned the high cost of training delivery staff, particularly where there was a requirement for monthly supervision. However, despite this cost, the supervision approach was generally viewed positively.

*“It’s quite an involved supervision model; they have weekly supervision which is quite intense, then it drops down to fortnightly. The supervision is generally of a very good quality but it’s also quite expensive once it’s added up... the training is a five-day training [course], which again is quite expensive ...but it is a therapy and that is expensive.”*

Provider

### Delivery method

Prior to lockdown, the majority of providers delivered the interventions the way they were originally set out to be delivered. Table 2.2 below summarises the design of each intervention.

**Table 2.2 Overview of intervention delivery models**

Intervention Name	Target group	Method of delivery	Length of delivery	Moderate / High
<b>“4Rs 2Ss” Family Strengthening Programme</b>	Both intact and separated couples with children aged 7-11	Groups of 12-20 parents	16 weeks	High
<b>Family Check Up</b>	Both intact and	Delivered to individual parents (either one or both parents)	9 sessions of 50-60 minutes	Moderate

<b>Intervention Name</b>	<b>Target group</b>	<b>Method of delivery</b>	<b>Length of delivery</b>	<b>Moderate / High</b>
	separated couples			
<b>Enhanced Triple P</b>	For both intact and separated couples	Delivered to individual parents (either one or both parents)	4 modules delivered to families in 3 to 8 individualised consultations (8-12 hours)	High
<b>Family Transitions Triple P</b>	Separated couples only	Groups of approximately 8 parents (separated parents are encouraged to attend different sessions)	5 sessions lasting 2 hours each	High
<b>Mentalisation Based Therapy – Parenting Together</b>	For both intact and separated couples	Two therapists deliver to the couple	6-12 sessions of therapeutic work (usually spread over average of 16 weeks)	High
<b>The Incredible Years, including Advanced Programme</b>	Couples and separated co- parents with children aged 4-12 years	Group sessions of 12-20 parents	12-20 sessions as part of the 'basic' course, with an additional 9-11 sessions for 'advanced' (up to 20 weeks)	High
<b>Parents Plus Parenting when Separated Programme</b>	Separated couples only	Group intervention delivered by 2 practitioners to groups of 12 participants	6 week course of 2.5 hour sessions	Moderate
<b>Within My Reach</b>	Separated couples only	Delivered in a group to individuals (not couples)	15 sessions, each lasting 1 hour	Moderate

Before lockdown, a few providers mentioned some minor changes that were made to initial delivery:

- Some Family Transitions Triple P providers delivered more sessions individually rather than in groups.
- In Mentalisation Based Therapy, some providers made minor tweaks to the specifics of each session, for example, which parents were involved in each stage.
- A couple of providers of The Incredible Years Advanced made certain modifications to the exact structure of completing basic and advanced. For example, one provider offered a 13-week advanced course, with a 4 week catch up on the basic course, and 9 weeks focused on advanced material.

### **Setting of delivery**

Some interventions were designed as group sessions and others one-to-one. Providers cited the benefits and drawbacks of each of these; for one-to-one interventions such as Family Check Up, Mentalisation Based Therapy and Enhanced Triple P, providers highlighted the ease of organising logistics when it is only one couple and one practitioner involved in the sessions. Conversely, the majority of providers offering group interventions encountered issues with filling group spaces and, pre-pandemic, finding an appropriate location for all parents in the same group to attend.

At an overall level, providers delivering group sessions highlighted that the group sharing element works well for parents, and those offering individual sessions felt these had benefits in terms of allowing time for self-reflection and more in-depth sharing.

Interventions were delivered in a range of settings.

- Family Check Up and Within My Reach were primarily in the home.
- Family Transitions Triple P and Enhanced Triple P were in a mix of community venues and homes.
- Mentalisation Based Therapy, Parents Plus Parenting When Separated and The Incredible Years Advanced were mainly in community venues.

### **Changes in delivery due to lockdown**

Since the lockdown period, all interventions had moved online to be delivered over Zoom or Teams. In in-depth interviews with providers, they mentioned that Mentalisation Based Therapy had translated particularly well to online delivery. They indicated that going forward, they would consider a move to blended delivery, even when social distancing guidelines allow service to resume as 'normal'.

*“Moving to digital, out of all the interventions, it’s the one that has been most straightforward to move to online delivery because it only involves two parents and a practitioner... overall it has been the simplest to translate and can continue to be delivered digitally. I think moving forward we’ll probably offer a blended model.”*

*Provider*

In a handful of cases, delivery remains face-to-face, where exceptions are made due to either domestic abuse concerns or history or safe-guarding issues.

The changes in delivery have caused minimal issues, with the majority of providers in fact reporting that this has helped overcome logistical issues and increased attendance of parents. They expressed that it has been easier to find times that work for parents when they do not have to travel, and it has taken away the burden of organising a community setting that is within travelling distance of all participants. This has also meant that some interventions can be completed more quickly, with sessions closer together, which can in turn reduce drop-out rates.

*“Pre-lockdown, the intervention had to be completed within a 6-month period but since lockdown, we have managed to complete them within 3 months because we have been able to get hold of clients at agreed dates/times and complete the programme due to them being at home.”*

*Provider*

### **Meeting service provision requirements**

In terms of adhering to service provision requirements, where delivery was in community venues, home location of participants was considered and community venues close to them were chosen. In addition, for all interventions, free childcare was offered either via providing access to a crèche at a community venue or by covering childcare costs. Where childcare costs were covered, this was sometimes by providing paid-for childminders or having an invoice for the childcare sent straight to the provider.

### **Content**

Across the board, providers praised the content of the interventions:

- **Family Check Up** was described as having a positive tone with parents and being suitably gentle and easy for parents to engage with; the length was perceived to be manageable. One exercise in Family Check Up involves videoing parents for them to watch back and reflect upon. This received mixed feedback from providers; some felt that parents found it intrusive, though more often this was seen as a really useful part of the intervention.
- **Enhanced Triple P** providers felt the content was clear and flexible, which can ensure it is relevant to the parents on each course. The delivery model ensures parents are engaged as they can build relationships with the practitioner. It was also praised for giving parents plenty of strategies they can use following the intervention.
- **Family Transitions Triple P** was praised for its flexibility allowing for a parent-led focus. The content of the course was viewed as clear and provided many useful tools that could be tailored for different learning styles.
- **Mentalisation Based Therapy** was felt to have similar benefits to Family Transitions Triple P. This intervention has no set curriculum so allows parents to take the lead in sessions, under the guidance of delivery staff, to focus on issues most important to them. Providers highlighted that this intervention had

clear emphasis on stress and conflict and equipped parents with practical tools.

- **Parents Plus Parenting when Separated** strengths included the mix of group and individual work which allow a balance between a safe space for reflection and group work to share insights. Providers felt the design allows for delivery staff to develop trust between them and the parents. In addition, providers stated that this intervention is good for engaging fathers, who they felt were neglected in some other programmes.
- **Incredible Years (including Advanced Programme)** was commended for providing good information that was well researched and covered sound principles. Providers felt it addressed multiple aspects of family life which all feed into parental relationships and impact on children.
- **Within My Reach** was described as an effective, relevant course that allowed for discussion and reflection on current behaviour and offered techniques parents could use. This was highlighted as a useful intervention for people who have experienced particularly bad relationships.
- **4Rs 2Ss Family Strengthening Programme** has not yet launched, however, the provider felt it has the potential to be highly beneficial and the design, including both parents and children, could be incredibly useful.

Despite views on the interventions being mostly positive, a handful of concerns were raised by providers about some aspects of the content. For Family Check Up, Within My Reach and Incredible Years Advanced, a couple of providers felt that the content was a bit American and they did not like the use of American English which reduced the relevance of some of the content. Similarly, for Family Transitions Triple P, one provider highlighted that some of the content did not feel culturally relevant. They gave the example of video clips with white families in houses with swimming pools, when the parents they work with are inner city families from less privileged backgrounds. Another concern, specifically in relation to Family Transitions Triple P, was that the booklet used with parents was considered inaccessible for parents with English as a second language or with low literacy levels.

As seen previously in this chapter, Incredible Years Advanced had experienced low referrals in some areas. Providers felt that the content does not necessarily address parental conflict in an obvious way. For example, providers reported there were multiple weeks devoted to play. Providers were positive about the wide range of topics the intervention covers but felt that maybe it focussed on some areas for too long.

*“I’d say the content of the intervention is good, but it’s a little protracted. There is too much time spent in one area. People don’t need it being drummed in that much.”*

*Provider*

As the Coronavirus pandemic had led to all providers moving delivery online, providers have had to work out how to adapt content to this new mode, for example by using break-out rooms as part of Parents Plus Parenting When Separated and by



delivery staff participating in the role play activities in Family Transitions Triple P and Enhanced Triple P.

*“The programme is still the same, but we have to be a bit more creative about certain aspects of the course, such as when doing role-plays because we’re not in the room with the parents.”*

*Provider*

For a number of interventions, providers had to adapt some of the group activities.

*“Some of the activities you would do, where you would take - one of them had play dough and you took playdough to somebody's house, we're not doing that, we're doing it online and if you haven't got playdough we can't do anything about it.”*

*Provider*

And providers amended the videoing element of Family Check Up, depending on the technology available.

These changes were minor and only applicable to a handful of interventions. In the majority of cases, there had been no change in content and activities covered.

Therefore, overall, the feeling amongst providers was that interventions had translated well to digital delivery and they were still confident that the interventions were delivering a high-quality experience for parents who took part.

### **Delivery staff experience**

Delivery staff generally felt confident delivering all interventions. Providers particularly praised the training materials and manuals for giving all relevant and detailed information needed for delivery. The resources and training were described as clear and well structured, with useful workbooks and materials to take away.

Where intervention training included intense supervision once staff begin delivering, such as Mentalisation Based Therapy and Enhanced Triple P, this was greatly received and appreciated.

*“The manualised workbook approach is easy for practitioners to use. We have had good support from Triple P, they are very approachable. We pay for monthly supervision from the intervention owners. That has helped us with queries on practical issues.”*

*Provider*

Providers felt that the switch to digital delivery was well-received by delivery staff, as it had brought benefits to them as well, such as more flexibility in timings of delivery.

*“The vast majority [of delivery staff] prefer the fact that it's on Zoom rather than face to face, just because of convenience. We can provide a better service to the clients because we can say, ok if your children are still up we do this intervention at 8 o'clock in the evening, whereas you can't always get a room at 8 o'clock or people aren't prepared to drive somewhere at 8 o'clock and get home at 11 at night. So, I think they prefer it, it's more convenient for both sets, both for the workers and our clients.”*

*Provider*

The switch to digital delivery required some support early on to ensure practitioners were comfortable and able to deliver each of the activities involved using this medium. However, once they got used to it, providers felt delivery staff became very comfortable.

*“Practitioners took a bit of time to get used to doing it on Zoom, however they enjoy delivery the same as before lockdown.”*

*Provider*

## **Parent experiences of intervention delivery**

### **Attendance and completion**

The number of parents starting and going on to complete each intervention varied greatly across the different interventions, mirroring the variation in numbers of referrals outlined earlier in the chapter. Mentalisation Based Therapy (MBT) had received the most referrals both before and after lockdown resulting in the most parents starting and completing this intervention.

For other interventions, there were varying levels of start rates, drop-out rates and completion rates, both before lockdown (from launch of the intervention to March 2020), and since lockdown began (spring to winter 2020). There were a number of factors that providers associated with these varying levels of participation.

Firstly, parents’ perceptions of the relevance of the intervention was highlighted as important in whether parents started, attended and completed the interventions. For example, a couple of providers of Family Check Up and Within My Reach felt that parents did not necessarily want this support once they understood it further. This was partly attributed to the lack of knowledge about these interventions amongst referral staff, so parents did not get a clear picture of what the interventions would involve.

*“Some parents sign up to the programme because they feel like they have to. They might be going through court proceedings or child protection processes. They feel like they need to get a 'box ticked' rather than wanting to make a positive change for themselves and their children. We find those parents whose motivation is to get a box ticked, their engagement levels are low.”*

*Provider*

For Family Check Up and The Incredible Years Advanced, providers indicated that the link to parent relationships seemed too subtle for some parents, meaning some parents did not start or dropped out because they did not feel it was relevant to them.

*“It’s not what both practitioners are expecting as a relationship programme or what parents always want, and I think if we were able to deliver the advanced programme as a standalone, which is a 9-week programme, because actually in that programme it addresses communication straight on. I think we’d have had a very different response.”*

*Provider*

In contrast, Mentalisation Based Therapy was felt to be the closest of the interventions to traditional couples' therapy so was perceived by parents as particularly relevant and what they expected, feeding into higher start and lower drop-out rates.

In addition, providers felt higher levels of parent engagement were associated with greater flexibility of interventions to adapt to the situation of parents so that they were equipped with strategies directly applicable to their circumstances. Enhanced Triple P and Family Transitions Triple P were felt to be particularly strong in this respect.

Length of programme also contributed to the numbers of parents starting, taking part in, and completing interventions. Where the intervention was longer, this was more of a commitment for parents increasing the likelihood of drop-outs. The Incredible Years and Parents Plus Parenting When Separated are both reasonably long interventions requiring a group of parents to be available at the same time. Providers reported that low referrals meant that there was sometimes a lag in assembling a group, which caused parents not to start.

Specific to Parents Plus Parenting When Separated, providers stated that it was difficult to engage and encourage some parents to commit due to the requirement to participate in this intervention with their ex-partner. They highlighted that parents had to be in the right place in their relationship and prepared to work with each other to fully engage and benefit from the intervention.

*“There was quite a lot of reluctance to work with a partner they have separated from.”*

*Provider*

Finally, providers indicated that a common reason for not starting or dropping out of an intervention was due to a change in circumstances. This was an issue across all interventions.

### **Impact of Coronavirus on participation**

For the majority of interventions, providers felt the Coronavirus pandemic had not greatly impacted on the proportions of parents starting, dropping out and completing, with the exception of The Incredible Years Advanced.

Since lockdown began, all interventions had been moved to be delivered using Zoom or Teams, bringing some advantages and disadvantages. Providers reported that children being home from school or nursery during the Coronavirus pandemic had caused some issues with parents being able to log into the sessions. Additionally, providers reported participation had been impacted by illness, caring responsibilities or changes in work patterns due to the Coronavirus pandemic.

A couple of providers also highlighted that some parents experienced digital exclusion, so this needed addressing to allow them to take part.

However, more often, providers indicated that participation had increased because parents had been able to access the intervention from home. Particularly where interventions had originally been delivered in groups or at community venues, parents had been able to save time on travel leading to increased participation.

Providers stated that the key reasons for not starting or dropping out of the interventions involved changes in family circumstance or issues with domestic abuse. Most providers indicated that this remained the same both before lockdown and since lockdown began.

*“I think those reasons remain the same as pre Covid. There are some families where there are children in the house which meant it was difficult to engage, but there's only been one or two where that's been the reason. It's been the same as pre lockdown, mental health crisis, going into hospital, separation, court cases or changing family circumstances due to work.”*

*Provider*

The profile of parents reached since lockdown began remained consistent with before lockdown for the majority of interventions, though changes were outlined by a couple of providers. A couple of providers stated that they had more fathers taking part since lockdown began due to increased flexibility of the timings.

*“More men because it's more flexible with timings of the day. We did one 7.30 in the morning, and some at 8.30 in the evening. Also lunchtime and weekends.”*

*Provider*

Finally, one provider stated they had more self-referrals, with families actively seeking help themselves without input from a social worker or other agency.

### **How well do the interventions work for parents?**

At this stage in the evaluation, data is only available on parent experience from providers, and what they have heard from parents, rather than parents themselves. Findings from research with parents will be included in following reports.

Overall, providers were positive about the perceived impact of the interventions on parents. Providers felt that parents engage well with the content and take away useful strategies they can apply.

*“I think it's really a good intervention and there are plenty of strategies we can implement, and they feel greatly supported. And they really appreciate the support that we give them.”*

*Provider*

In terms of specific interventions, Parents Plus Parenting When Separated was praised for engaging fathers, and delivery staff have received positive feedback from both parents that it is a strong intervention.

*“They like the split between the focus on the parent, then the children. Some of my team have delivered [other similar interventions] in the past, but they feel Parents Plus Parenting when Separated is much better - you build more of a relationship with them and get a deeper understanding of what's going on. Parents going away and trying something different and then reporting back, you can really see progress.”*

*Provider*

Providers had received positive feedback from parents themselves, for a couple of interventions, such as Family Transitions Triple P and Parents Plus Parenting When Separated. Parents had reported that it had been useful to understand their separation and how to work with it.

*“Feedback has been generally good. Parents value having something that actually focuses on their separation. It is a fraught time so they appreciate having something written.”*

*Provider*

One provider mentioned that the popularity of Mentalisation Based Therapy could be due to this intervention being the closest to what you would expect of a couple’s relationship intervention. Therefore, parents understand why it will be helpful to them and therefore engage well.

Despite low uptake, providers reported that parents who had taken part in Incredible Years Advanced programme had been really positive about it, particularly finding that it has improved their children’s behaviour.

At an overall level, providers reported that the interventions had been particularly needed and welcomed by parents because of the Coronavirus pandemic forcing them to spend more time together.

*“Actually, during the pandemic it's been a real support to parents who have been struggling. There's a higher level of need in families than there has been before.”*

*Provider*

However, a couple of providers did caveat that the parents have to be ready to address their conflict and work together to benefit the most from the interventions.

*“We’ve had a number of parents who’ve come in expecting something else, particularly separated parents, have come to us expecting us to just resolve conflicts and mediate between the conflicts and they’ve found it difficult when actually what we’ve been trying to do is get them to see things from the others perspective... when there’s been a good match between what parents are expecting and what MBT actually is, that’s where it works well.”*

*Provider*

# Chapter 3 Training

This chapter examines the use of the Practitioner Training (PT) grant and the experience of frontline practitioners who took part in the training delivered through the RPC programme. It also explores the impact of the training on practitioners and how they have applied it in their day-to-day roles.

## Introduction to the training

The training provided through the programme is available throughout England and consists of a range of options. It is primarily aimed at frontline practitioners.

A training provider, KnowledgePool, was appointed to produce 4 bespoke training modules and a Train the Trainer workshop. The first 3 modules are designed to build upon each other, with module 1 offering an introduction to the concept of parental conflict, module 2 progressing to cover the identification of it, and module 3 building confidence in addressing it, offering tools and support for frontline practitioners working with families. Practitioners can choose which modules they complete and the order they take them in.

The fourth module is designed for supervisors to enable them to support their colleagues working with parents in conflict.

The Train the Trainer workshop is intended to build the capacity of those already skilled in training to deliver training about parental conflict and the impacts of it. It is designed to be a two-day workshop.

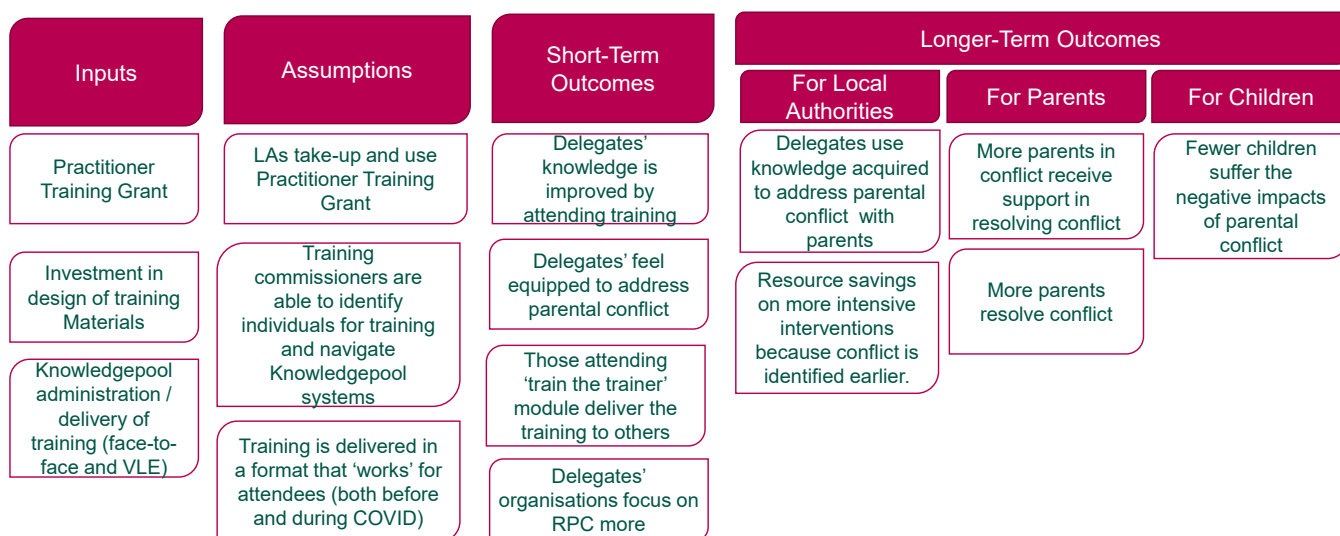
Local authorities have been provided with a PT grant they can use to buy the training most suited to their local needs from KnowledgePool. Local authorities decide which practitioners access the training.

Training has been available since April 2019. In Spring 2020 delivery switched from a blend of online and face-to-face delivery to digital delivery only in response to the social distancing requirements implemented in response to the Coronavirus pandemic.

In addition to the training delivered by KnowledgePool, within the programme there is a ring-fenced budget to train relevant professionals to deliver interventions such as the 8 being delivered and described within the previous chapter. At the time of writing this training had not started.

The diagram below shows how the provision of training for frontline practitioners was ultimately intended to achieve positive outcomes for families.

**Figure 3.1 Logic Model for Training**



The research covered by this report explores some of the assumptions and short-term outcomes in this model.

## Emerging findings

- Nearly all local authorities had made use of the PT grant ensuring a wide reach for the training.
- Overall, practitioners taking part in each element of the training package were positive about their experience. The modules were viewed as relevant to their work and were felt to provide an appropriate level of detail. Some practitioners felt module 4 (the role of supervisors) had too great a focus on managing generally rather than on specifically supervising practitioners working with families with complex needs.
- Practitioners reported that taking part in the training had resulted in considerable increases in their knowledge, understanding and skills around parental conflict. Particularly large improvements were reported in understanding of how parental conflict can lead to negative outcomes for children.
- Six months after completing training, a third of practitioners were applying their training on at least a weekly basis in their role. Generally, practitioners were applying their training slightly less frequently than anticipated when training was initially received, which could, in part, be a result of the Coronavirus pandemic.
- Practitioners who had applied what they had learnt from the training, had most commonly used it to help identify children/families who may be affected by

parental conflict and to start conversations about parental conflict once a concern had been identified.

- The majority of practitioners agreed that the training had improved their effectiveness in supporting parents in conflict and they felt that the training had equipped them to have conversations with parents around parental conflict.
- Practitioners felt that the training had changed their approach to supporting parents. Most commonly, practitioners reported having the confidence to approach families and start conversations.
- Many practitioners had observed that parental conflict was now being treated as a more important issue in their local area and organisation.

## Findings explained

### **Local authority take-up and use of Practitioner Training (PT) grant**

The programme has been successful in engaging local authorities with training their staff about reducing parental conflict. Almost all local authorities confirmed that they had received the PT grant to train staff (autumn 2020 97%).

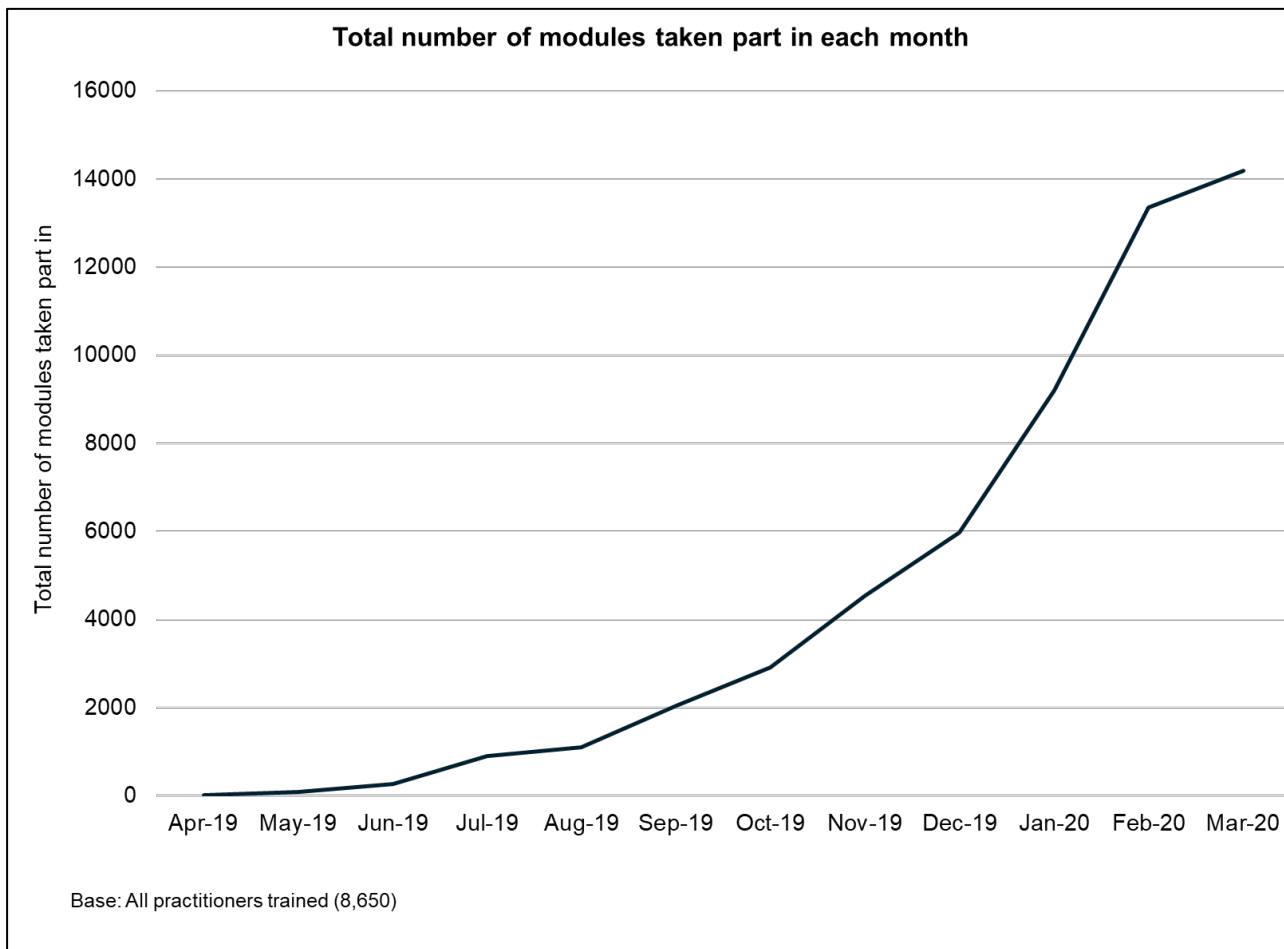
Between April 2019 and March 2020, over 8,500 practitioners across these local authorities took part in at least one of the reducing parental conflict programme training modules, with almost 15,000 training modules completed between them. January and February 2020 saw the largest take up with over 3,000 and 4,000 modules respectively undertaken by practitioners.<sup>12</sup>

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<sup>12</sup> The numbers of practitioners attending training described here and shown in figure 3.2 and 3.3 were calculated from the KnowledgePool data, which was used as the starting sample to invite practitioners to take part in the training survey.

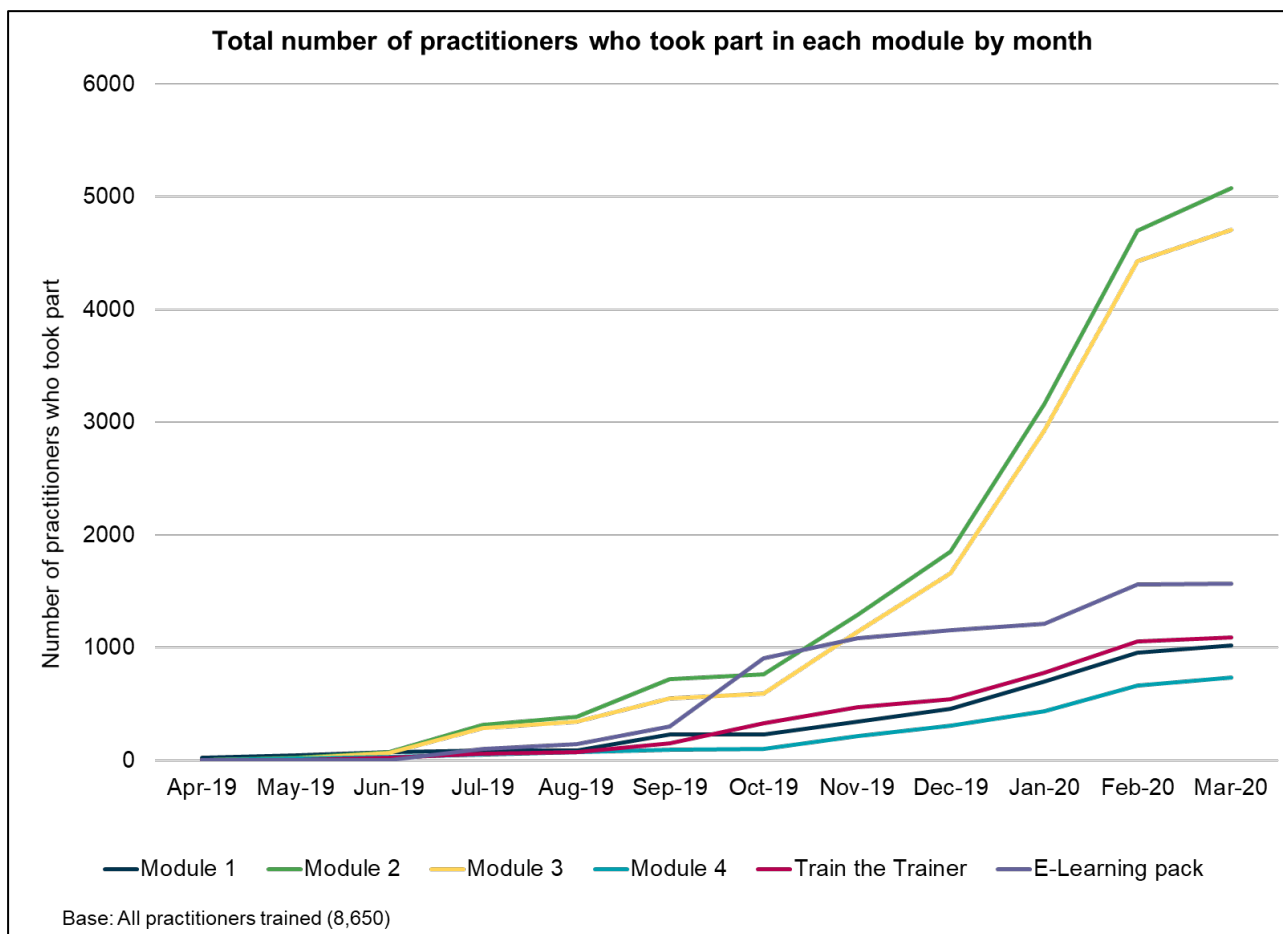


**Figure 3.2 Over 8,500 practitioners took part in training covering over 14,000 modules in the period up to March 2020**



As shown in Figure 3.3 Modules 2 (recognising parental conflict) and 3 (working with parents in conflict) were the most popular with over 4,000 practitioners undertaking these modules in February 2020 alone.

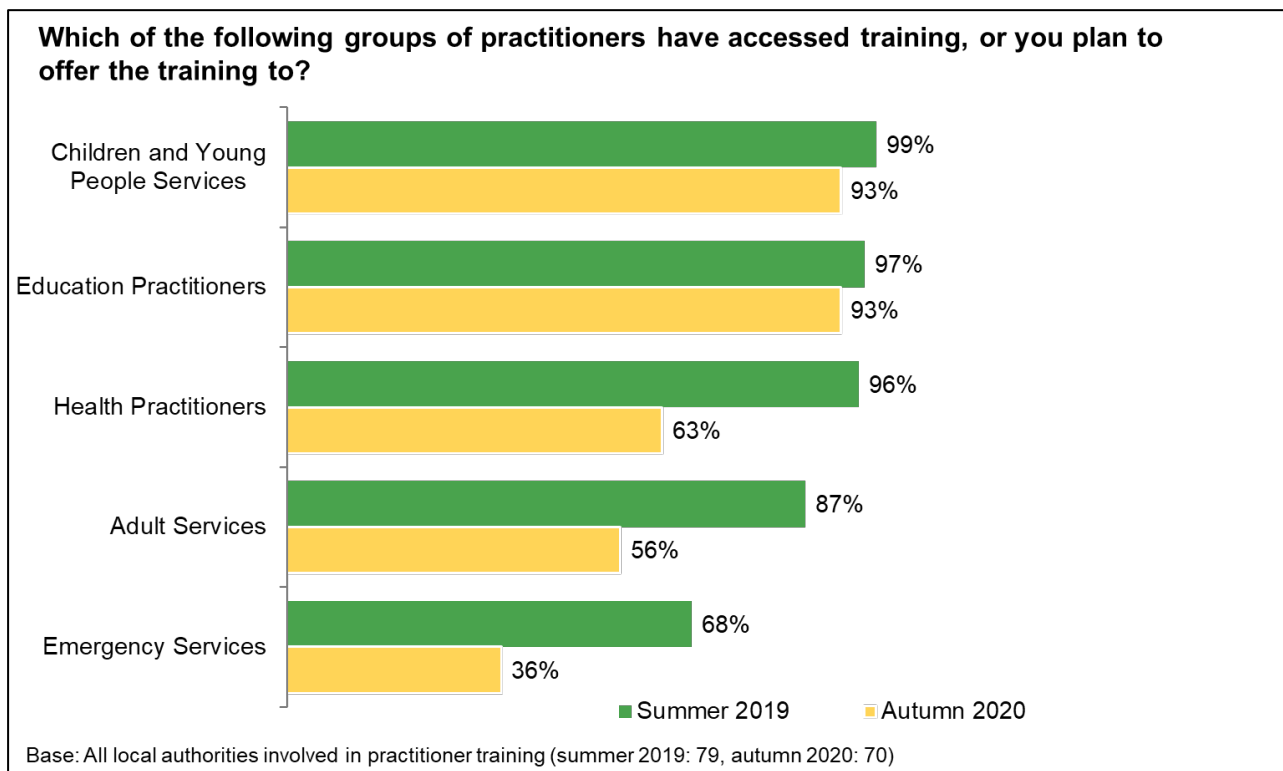
**Figure 3.3 Modules 2 (recognising parental conflict) and 3 (working with parents in conflict) were the most popular, with over 4,000 practitioners taking part in February 2020**



Local authorities had either delivered training, or planned to offer training, to practitioners across a range of public services. However, by autumn 2020 it appeared that they had become more selective in the roles selected for training, or it is possible that more of the higher priority roles had already been trained, compared with summer 2019.

The most common practitioner roles either receiving training, or identified for future training, were those working in Children and Young People’s Services (93%) or education-based practitioners (93%). This is detailed in Figure 3.4. Compared with the situation in summer 2019, there were large reductions in the proportion of local authorities training or intending to train those in health, adult education or emergency services roles. It is possible that the Coronavirus pandemic may have contributed to the reduction in local authorities training or intending to train individuals in these roles.

**Figure 3.4 Training is commonly being accessed or offered to practitioners in Children and Young People’s Services and education**



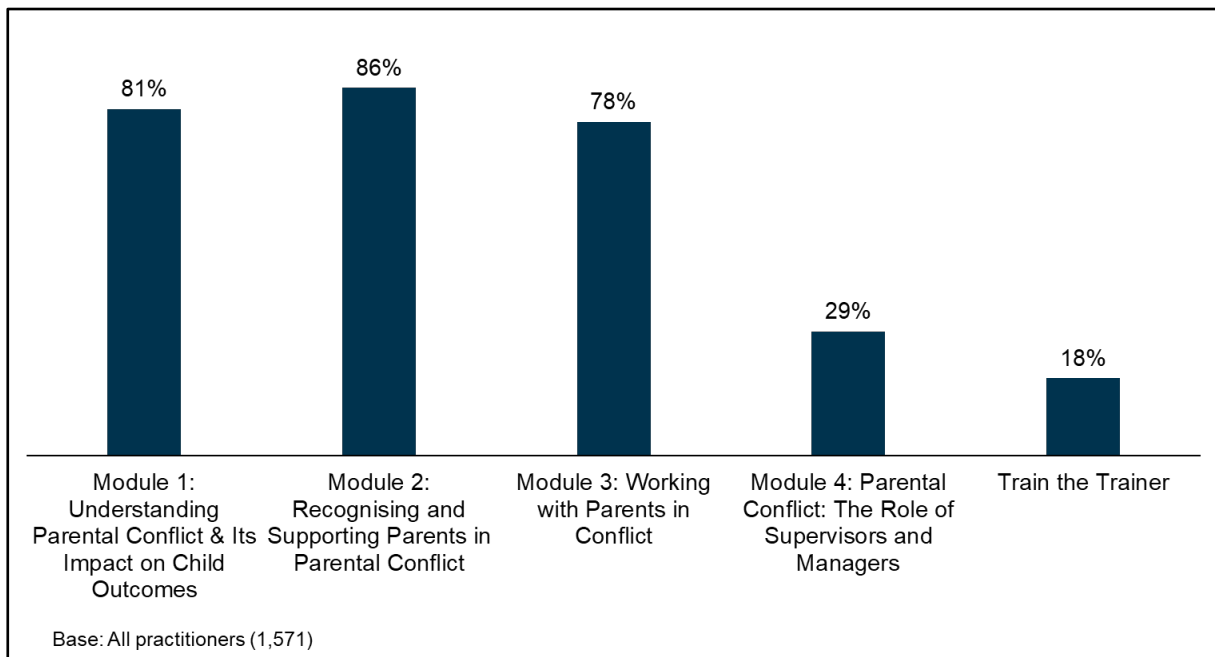
In terms of specific practitioner roles, the proportion of local authorities training or intending to train health visitors and school nurses fell from 96% to 59% between summer 2019 and autumn 2020. In summer 2019 a third planned to train GPs (38%) or Adult Community Mental Health Practitioners (38%), yet in 2020 only 7% of local authorities had trained, or planned to train, each of these professions. Again, it is possible that the Coronavirus pandemic has impacted on the ability of local authorities to train practitioners.

## Training delivery

### Training completed

Among the practitioners who completed surveys about their experiences, most had completed modules 1 (understanding parental conflict), 2 (recognising parental conflict) and 3 (working with parents in conflict) (see Figure 3.5, below). Fewer practitioners had completed module 4 (the role of supervisors) (29%) or Train the Trainer (18%), reflecting their relevance to a smaller pool of practitioners.

**Figure 3.5 Frontline practitioners are most commonly completing Modules 1-3**



Generally, practitioners tended to complete all the training they were enrolled on within a relatively short timeframe. Almost all of the modules frontline practitioners reported completing had been completed by the time of the 1-month survey. For example, fewer than 1% of those completing modules 1 and 2 (understanding parental conflict and recognising parental conflict) did so between the 1-month and 6-month surveys. The Train the Trainer workshop was most likely to have been completed after the 1-month survey, with 6% of practitioners completing this between the 1-month and 6-month surveys.

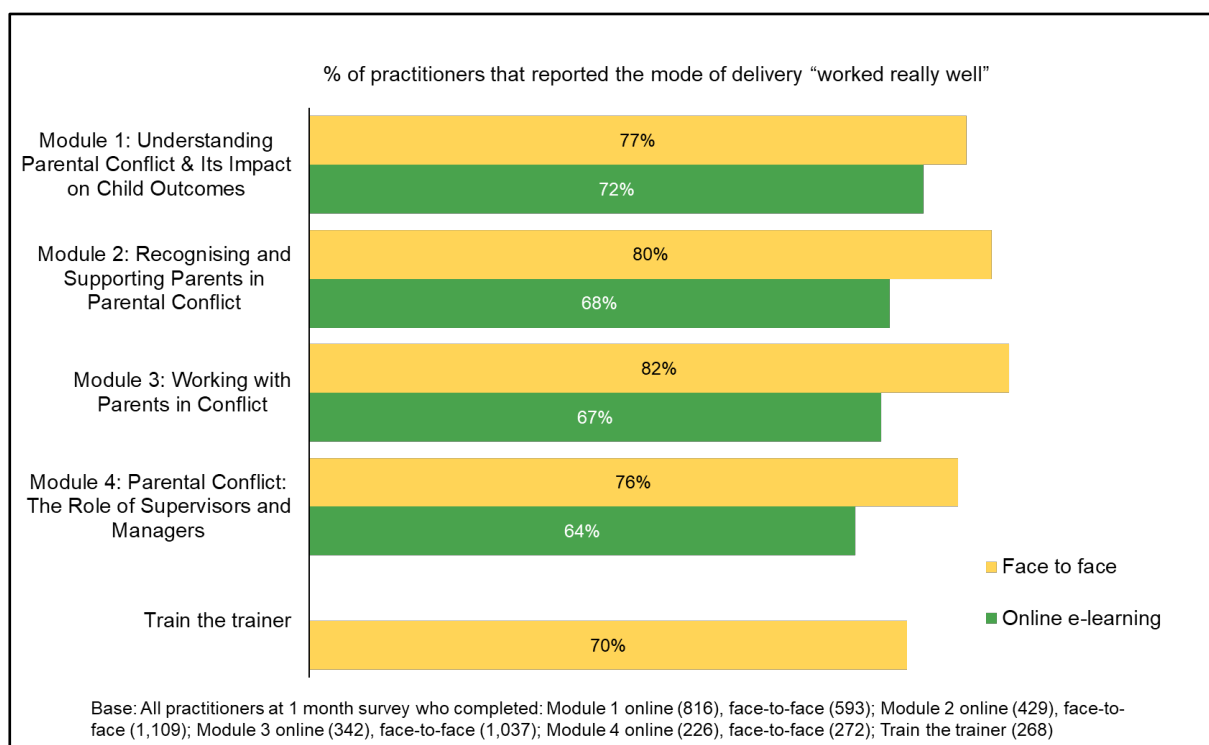
### Mode of delivery

In the period up to March 2020, practitioners completed modules via a mixture of online and face-to-face delivery. The typical mode of delivery varied between modules:

- Module 1 (understanding parental conflict) was the only module that practitioners were more likely to have completed online only (52% compared with 35% face-to-face and 12% both online and face-to-face).
- A majority of practitioners that completed module 4 (the role of supervisors) did so using online learning (51%), either exclusively (36%) or alongside face-to-face delivery (15%, compared with 47% who completed face-to-face only).
- Modules 2 (recognising parental conflict) and 3 (working with parents in conflict) were most likely to be conducted via face-to-face training courses (68% and 72% respectively). Around three-in-ten completed some form of online training for modules 2 (recognising parental conflict) (17% online only and 14% both) and 3 (working with parents in conflict) (15% online only and 13% both).

While the majority of frontline practitioners felt the mode of training “worked really well” for the modules they had completed, a preference for face-to-face training, rather than online e-learning, emerged. Practitioners completing each of modules 1-4 face-to-face were significantly more likely to say the mode of delivery “worked really well” than those who completed the same modules via online e-learning (see Figure 3.6). Train the Trainer was classroom based / face-to-face only until March 2020.

**Figure 3.6 Frontline practitioners favoured face-to-face training**



Practitioners expressed a preference for face-to-face training over e-learning; more practitioners stated that they might have taken more out of the training through a different mode if they received it via e-learning (between 23% and 29%) compared with face-to-face (between 13% and 16%).

Further supporting face-to-face delivery, the most common improvement suggested by practitioners was for more face-to-face learning (16%). It should be noted that these findings are from the 1-month survey, which primarily looked at training experiences prior to the outbreak of the Coronavirus pandemic.

During the qualitative interviews, frontline practitioners commonly pointed to the classroom-based learning as an opportunity to practice the theory with other learners and to discuss concepts with the trainer, whom many practitioners felt brought the content of training to life.

*“Think it was good as if it was online you wouldn’t get the opportunities to do the activities like the role play exercise. Good that it was classroom based.”*

*Frontline practitioner*

*“[The trainer] really engaged all of us and brought a lot of real-life examples into it... she had a lot of experience and knew what she was talking about.”*

*Frontline practitioner*

### Mixed groups

Practitioners found it beneficial to complete training in groups combining practitioners from different agencies and professions, with just under three-quarters (74%) reporting a preference for this over training with other practitioners just from their own area. Practitioners who were positive about training being delivered in mixed groups typically pointed to the opportunity it gave to hear different professional perspectives. Some also felt that this experience would help them in their own role as they gained a better understanding of how parental conflict was approached by other professionals working with families they also interacted with.

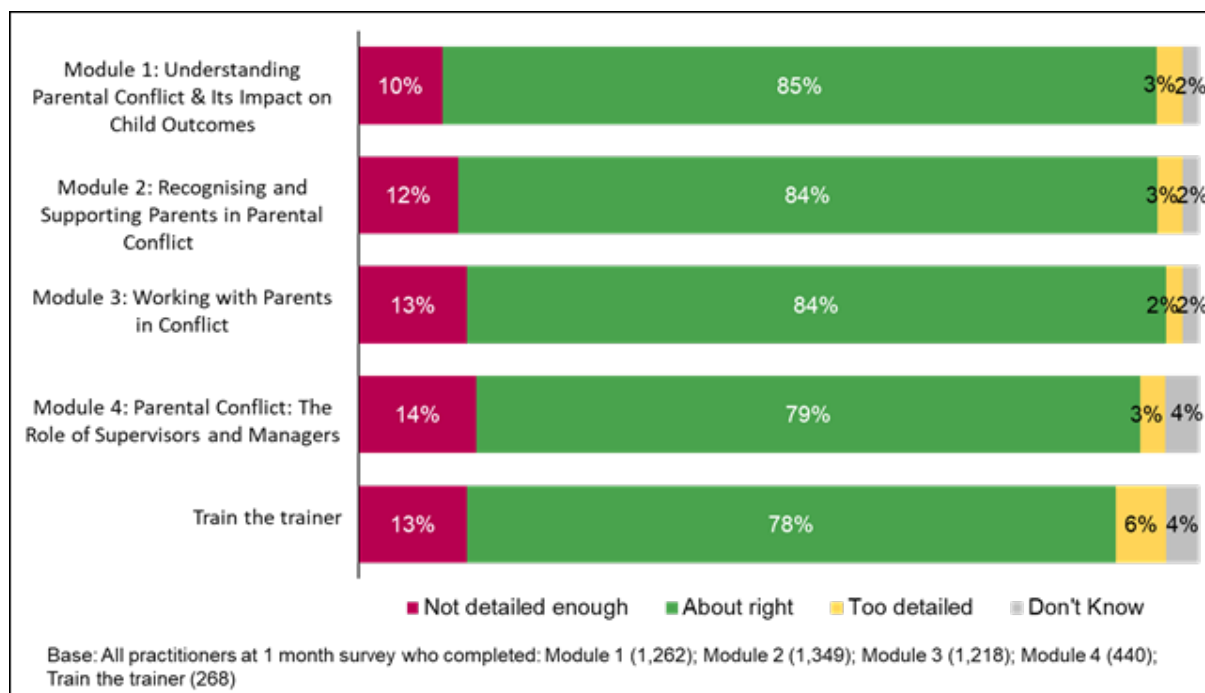
*“If you do a multi-agency training face-to-face it is really helpful for practitioners to understand things from a different agency’s perspective, they can get very silo-ed in the way they work so having different agencies in the room at the same time can be very helpful.”*

*Frontline practitioner*

### Content of training

Practitioners were broadly satisfied with the content of the Reducing Parental Conflict programme training. A large majority of frontline practitioners found the training modules they had completed to be “about right” in terms of detail (see Figure 3.7 below) and between 93% and 95% judged the material of each module to be relevant to the parents that they worked with / the situations that they faced at work.

**Figure 3.7 The majority of frontline practitioners felt the level of detail in each module was “about right”**



In the qualitative interviews, frontline practitioners highlighted the relevance and applicability of the training to their roles and stated that it provided useful lessons and tools that they could take back to their day-to-day work. The training was considered

useful even to those who already felt familiar with the concepts. It ensured practitioners who had been through the training had a shared language and understanding to draw on.

*“The training showed how you can have a conversation without making it into a big deal, so it escalates. We all have the skills, but everyone delivers things differently. Because we all got the same [RPC] information [now] if you need support from a staff member they can elaborate and support as well by saying “remember when we discussed that...”*

*Frontline practitioner*



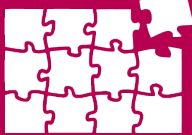
*“It left me really excited and glad that we are taking this as a borough and rolling it out to staff, so they have something in their tool bag to be able to use when working with parents. Exceeded my expectations.”*

*Frontline practitioner*



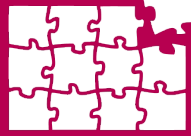
### **Module specific feedback**

Overall frontline practitioners were largely positive about each of the training modules they had completed. Positive comments and areas for improvement across each of the modules tended to focus on the content of modules, tools included in the modules and the overall method of delivery, with varied feedback between the modules.

**Table 3.1 Frontline practitioners' feedback on Reducing Parental Conflict programme training modules**

	<u>Overall assessment</u> 	<u>Strengths</u> 	<u>Potential improvements</u> 
<b>Module 1 (understanding parental conflict)</b>	<p><b>95% said content relevant</b> to their work.</p> <p><b>85% had the right level of detail.</b></p>	<p><b>Useful introduction</b> to parental conflict.</p> <p><b>Valuable for professionals who did not work with families every day.</b></p>	<p>Content was <b>obvious to practitioners working with families every day.</b></p> <p><b>Could be combined with module 2 (recognising parental conflict),</b> due to similarity of content.</p>
<b>Module 2 (recognising parental conflict)</b>	<p><b>95% said content relevant</b> to their work.</p> <p><b>84% had the right level of detail</b></p>	<p><b>User-friendly tools.</b></p> <p><b>Language</b> to discuss parental conflict.</p> <p><b>Resources</b> to take away and refer back to later.</p>	<p><b>More practical tools</b> and opportunities to practice them.</p>
<b>Module 3 (working with parents in conflict)</b>	<p><b>95% said content relevant</b> to their work.</p> <p><b>84% had the right level of detail.</b></p>	<p><b>Practical tools.</b></p>	<p><b>More sustained use of the training tools.</b></p>
<b>Module 4 (the role of supervisors)</b>	<p><b>93% said content relevant</b> to their work.</p> <p><b>79% had the right level of detail.</b></p>	<p><b>The supervision models.</b></p> <p>The content <b>covering the tools used in module 3 (recognising parental conflict).</b></p>	<p>A <b>greater focus on supervising teams dealing with parental conflict,</b> rather than how to manage a team generally.</p>



	<u>Overall assessment</u>	<u>Strengths</u>	<u>Potential improvements</u>
<b>Train the trainer</b>	 <p><b>94% said content relevant</b> to their work. <b>78% had the right level of detail</b></p>	 <p><b>Useful content and engaging method of delivery</b></p>	 <p><b>A shorter, less repetitive delivery with greater focus on the practical delivery</b> of the content.</p>

Module 1 (understanding parental conflict) was viewed as a useful introduction to the main concepts of parental conflict. This introduction was felt to be most relevant for professionals who do not work with families every day. Some more experienced professionals, with more regular family contact, felt that the content covered topics they were already very familiar with. However, they did tend to feel there was still value in covering this material to reinforce important principles and practices for the work they do, and that the research and statistics covered provided valuable context around reducing parental conflict.

*“Cementing what we already know in terms of the impact on children... Not teaching me anything new; it’s just cementing what I already know.”*

*Frontline practitioner*

Some practitioners suggested modules 1 and 2 (understanding and recognising parental conflict) could be combined, as it was felt the 2 modules covered similar ground.

Module 2 (recognising parental conflict) was seen as providing useful resources practitioners could apply to their work around reducing parental conflict. Practitioners pointed to user-friendly materials and theory (such as the vulnerability-stress adaption module), language to discuss parental conflict and resources to take away with them to refer back to later as valuable components of the training.

*“It enabled me to reflect on theories and use those in practice. We did look into the VSA model and look in slightly more detail than we had done in the morning.”*

*Frontline practitioner*

Practitioners completing modules 2 and 3 (recognising parental conflict and working with parents in conflict) on the same day expressed more favourable views of the training as it enabled them to see, immediately, how the content flowed from theoretical concepts to practical tools. In contrast, many of those who had taken module 2 as a standalone module felt disappointed that it had not contained more practical tools and opportunities to practice them.

*“There were lots of opportunities to do activities to reinforce the knowledge that she (trainer) was imparting, and to apply the skills.”*

*Frontline practitioner*

Module 3 (working with parents in conflict) was received favourably by those completing it, primarily due to its inclusion of practical tools (for example, changing statements of parents from “you” to “I” statements). Despite the widespread positivity about the tools, many practitioners struggled to recall what these were at the time of interview, suggesting that many had not had a chance to put them into practice yet.

*“Tools to facilitate discussions and ask courageous questions – there was a scaling tool and a little staircase – really visual aids that helped you having those discussions with parents.”*

*Frontline practitioner*

*“It was a huge surge on these couple of days, then you come away, and though I do believe I’ve used some of the knowledge, you’re so busy ... that I haven’t had time to revisit and reflect yet.”*

*Frontline practitioner*

Module 4 (the role of supervisors) received mixed feedback in the qualitative interviews. Some felt that it focused more on how to manage a team generally and did not provide enough specific information about supervising teams dealing with parental conflict. However, others did find the module useful and planned to incorporate the supervision models into their work. The content covering the tools used in module 3 (working with parents in conflict) were mentioned as particularly useful.

*“Visual aids, cards to use, charts and things that you could sit down with parents to do to help them see – because often parents will respond to visual aids to help them move forward – and I thought module 3 was really good for that. We have been lacking the actual hands-on tools.”*

*Frontline practitioner*

Frontline practitioners found the content of the Train the Trainer workshop useful and the delivery engaging. However, some participants felt that the training could have been delivered more efficiently, with more of a focus on the practical delivery of the content.

*“The content of the training is good. The ethos behind it and the strategy of delivering it is good. I just feel that it could be really condensed down as all the important bits get lost in the repetitiveness.”*

*Frontline practitioner*

## **What did practitioners take away from the training?**

Practitioners who completed the training felt that it had greatly improved their skills, with an increase of between 30 and 43 percentage points in the proportion of

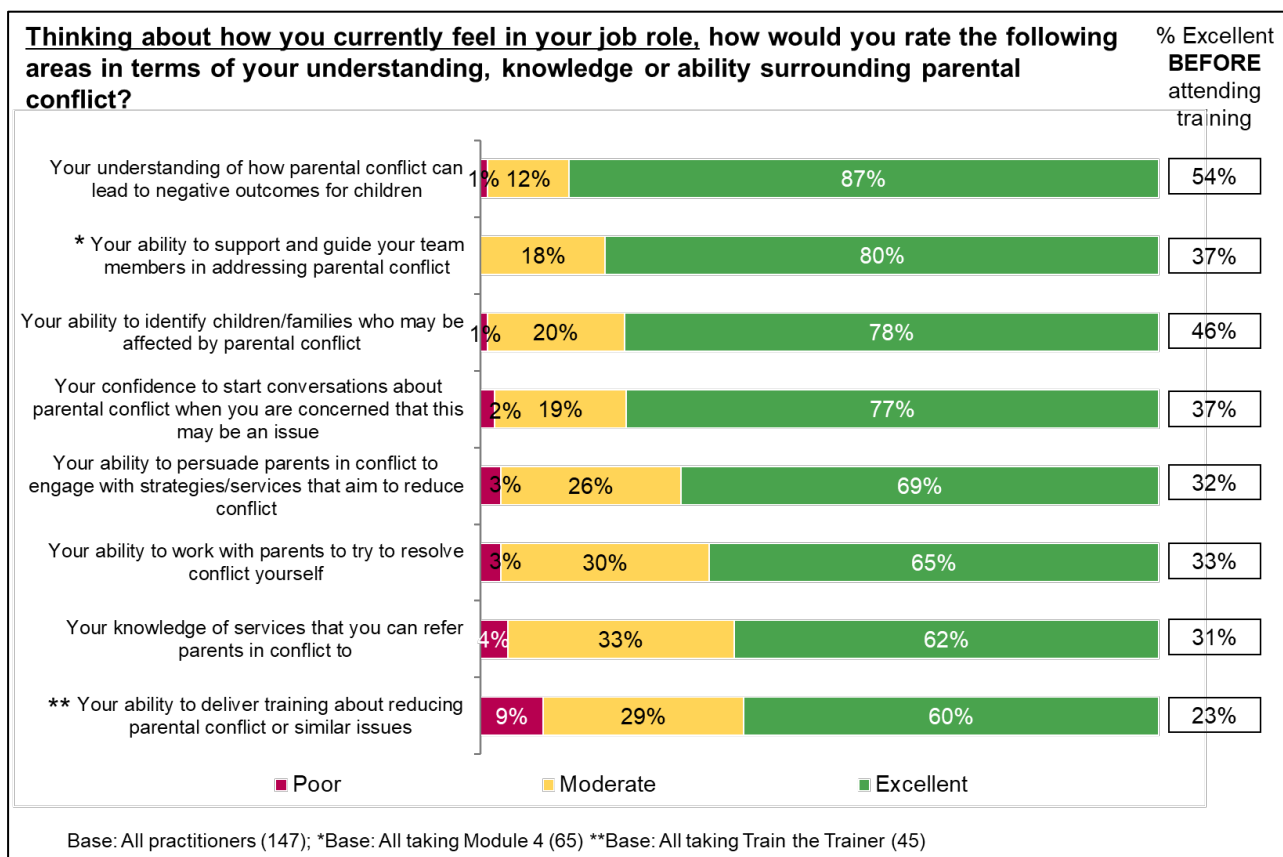
practitioners rating their skills as excellent in each of the skill areas covered in Figure 3.8 before they took part in the training and at a point 6 months later.

The largest increases were among:

- Practitioners who took part in module 4 (the role of supervisors) feeling they were “excellent” in their ability to support and guide their team members in addressing parental conflict (43 percentage point increase).
- Train the Trainer participants in those rating their ability to deliver training about reducing parental conflict and similar issues as excellent (43 percentage point increase).
- Participants generally feeling their confidence to start conversations about conflict when they are concerned that this may be an issue as excellent (40 percentage point increase).

All other areas of skills around addressing parental conflict saw an increase of between 30 and 40 percentage points in the proportion of practitioners rating their ability as excellent before the training compared to 6 months later, with the majority of participants rating their ability highly 6 months after training.

**Figure 3.8 Following training, understanding of how parental conflict can lead to negative outcomes for children was much higher than before attending training**

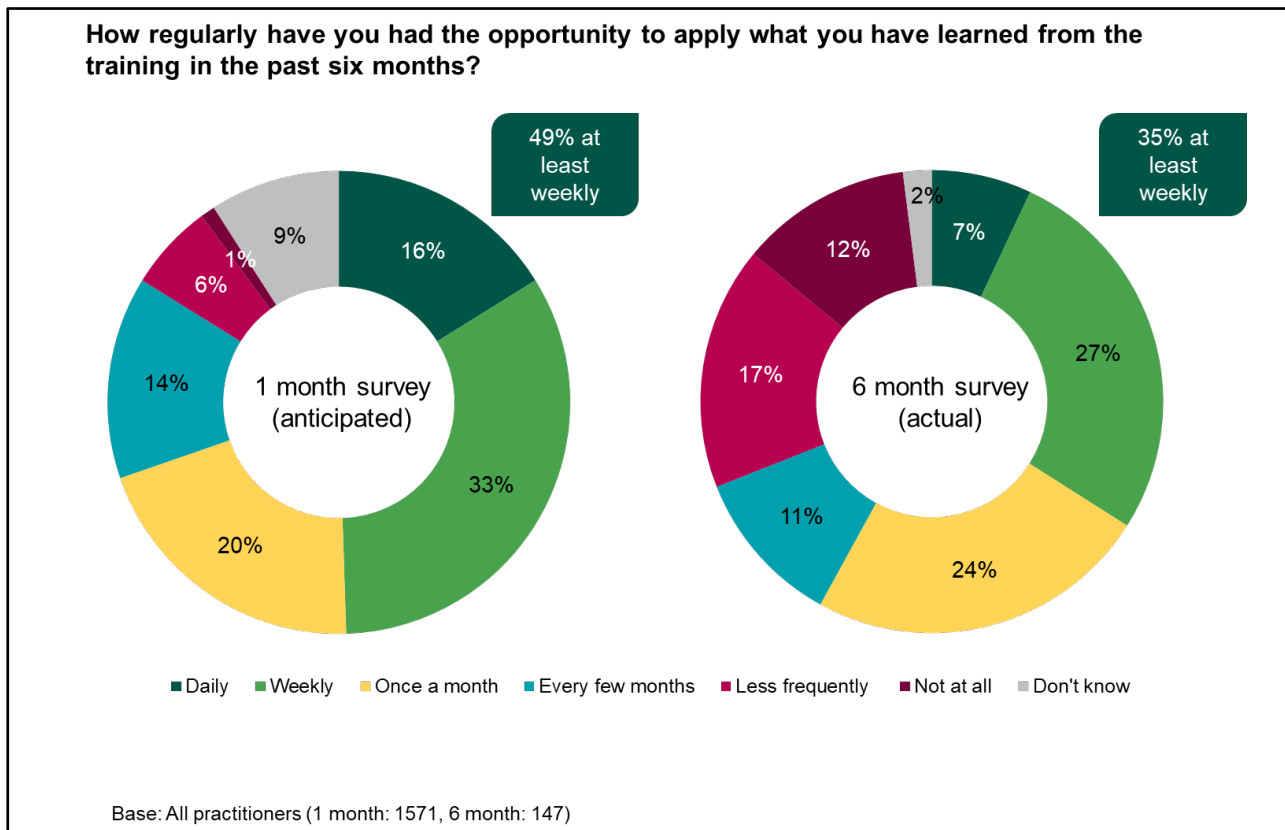


## **How have practitioners put the training into practice?**

### **Use and impact of training in day-to-day role**

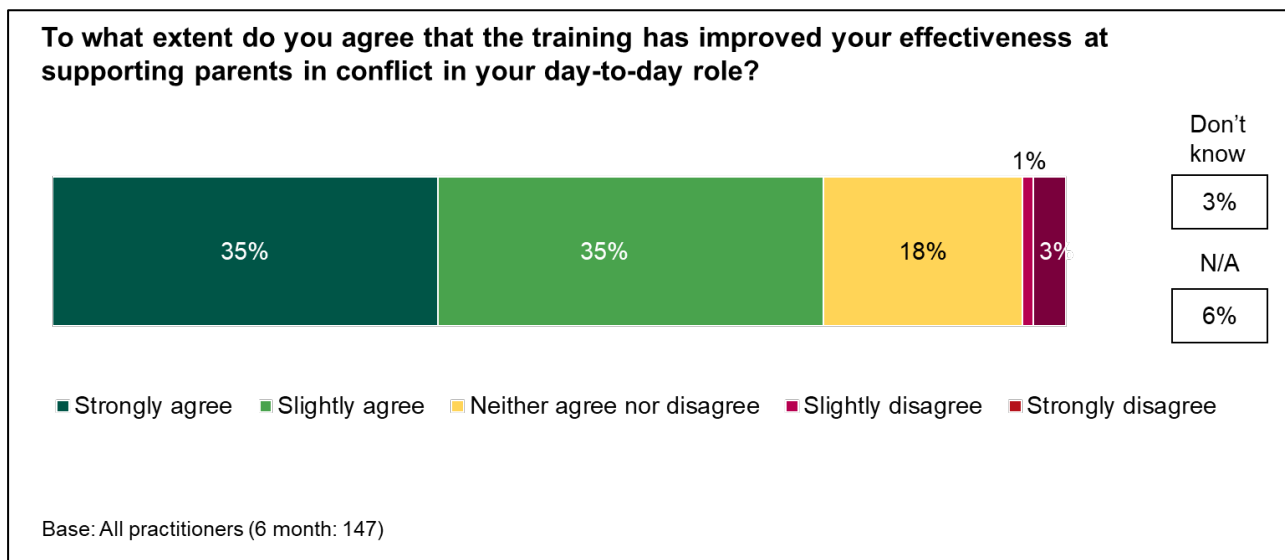
Practitioners were using their learning on a regular basis (albeit less regularly than they initially envisaged). Just after taking part in the training, at the 1-month survey, almost half (49%) of practitioners anticipated that they would use the training at least weekly. However, 6 months later, around a third (35%) of practitioners reported they were using the training at least weekly. The Coronavirus pandemic may have had an impact on the ability of some practitioners to put their learning into practice.

**Figure 3.9 Practitioners are most likely to report using training on a weekly or monthly basis**



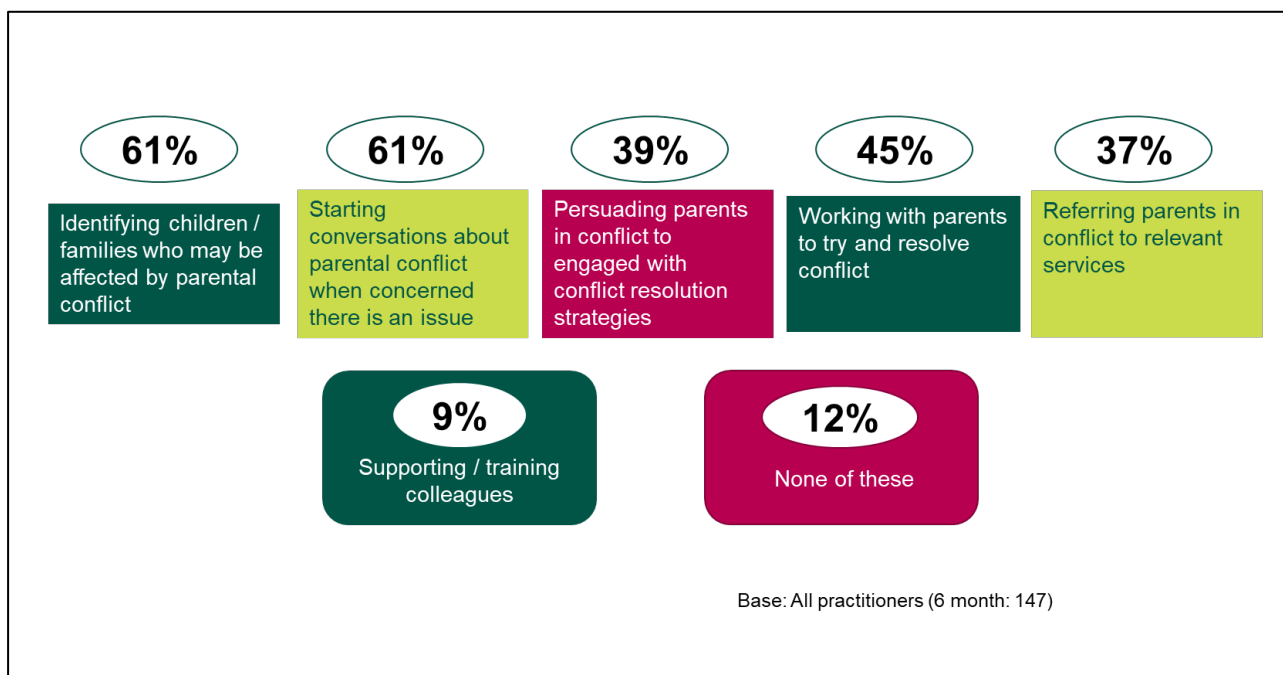
Around seven in ten practitioners (70%) agreed that the training had improved their effectiveness in supporting parents in conflict, with more than a third agreeing strongly (35% - see Figure 3.10 below). Only 4% disagreed.

**Figure 3.10 Seven in ten practitioners agree that the training has improved their effectiveness in supporting parents**



As previously shown, most practitioners had had the opportunity to apply their training to their role in the 6 months after taking part. This was most commonly in the early stages of intervention; around six in ten (61%) had used it to identify children/families who may be affected by parental conflict or start conversations about parental conflict after identifying a concern. Fewer than one in ten (9%) had used the training to support or train colleagues and 12% had not been able to apply any strategies outlined in Figure 3.11 to their job role.

**Figure 3.11 Practitioners had most commonly applied their training to identify families that may be affected by parental conflict and to start conversations about parental conflict.**



Most practitioners reported applying their learning from the training to fewer than 10 families (see Table 3.2). For most actions, only around a fifth of practitioners reported using their training with 10 or more families.

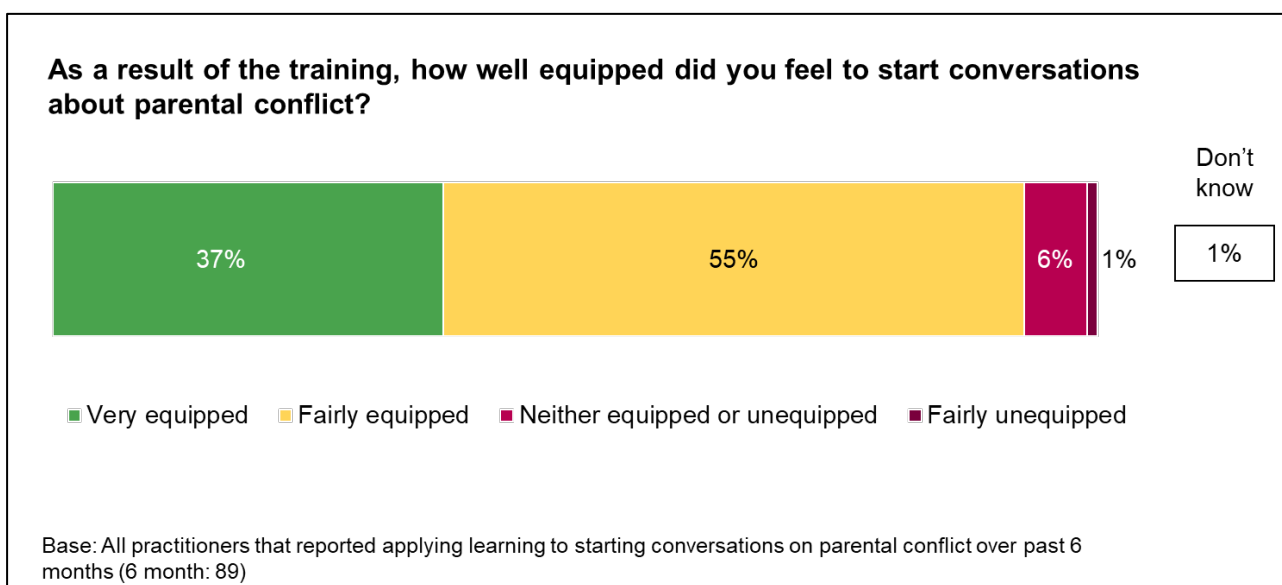
Looking specifically at persuading families to engage with conflict resolution strategies/services, and referring families to relevant services, most practitioners used these skills with fewer than 5 families (54% and 51% respectively). Again, it is worth considering the impact that the Coronavirus national lockdown may have had on the number of families that practitioners were interacting with. For a significant proportion of practitioners who took part in the survey, the 6-month period they were considering covered March 2020 and the following months, where practitioners may have been unable to visit, or fully engage, families at all. It is also worth noting that some practitioners will have had less contact with eligible families because of their roles, and some will have small caseloads, which may have impacted on their capacity to put the training into practice.

**Table 3.2 For most actions, only around a fifth of practitioners reported using their training with 10 or more families**

Actions	Base	Number of families supported			
		Fewer than 5	5-9	10 or more	Don't know
Identifying children/families who may be affected by parental conflict	89	34%	21%	21%	24%
Starting conversations about parental conflict when you are concerned there is an issue	89	43%	24%	18%	16%
Working with parents to try and resolve conflict	66	47%	20%	20%	14%
Persuading parents in conflict to engage with conflict resolution strategies/services	57	51%	23%	14%	12%
Referring parents in conflict to relevant services	54	54%	17%	7%	22%

Practitioners provided positive feedback on the training for equipping them to start conversations about parental conflict. Among those who had used the training for this purpose, nine in ten (92%) said the training had left them “fairly equipped” (55%) or “very equipped” (37%) for this, with only one per cent “fairly unequipped” and none reporting they were “very unequipped” (see Figure 3.12).

**Figure 3.12 The majority of practitioners felt the training had equipped them to have conversations with parents around parental conflict**



Of the 54 practitioners who used the training to refer parents to relevant services, only 4% said parents had taken up “none” of the services offered. One in five (19%) said parents took up “all” of the services offered, three in ten (30%) took up “most” of the services, with a similar proportion taking up “some” (28%). One in five (20%) didn’t know which services were taken up.

Fewer than one in ten (9%) practitioners who had completed Train the Trainer training had delivered any training modules on reducing parental conflict in their local area 6 months after taking part in training. Half (51%) said they were planning to do so, while more than a third (36%) had not delivered training and had no plans to do so.

### **Use of training in the wider organisation**

There was evidence to suggest that the training had been successful in bringing wider change within participants’ organisations.

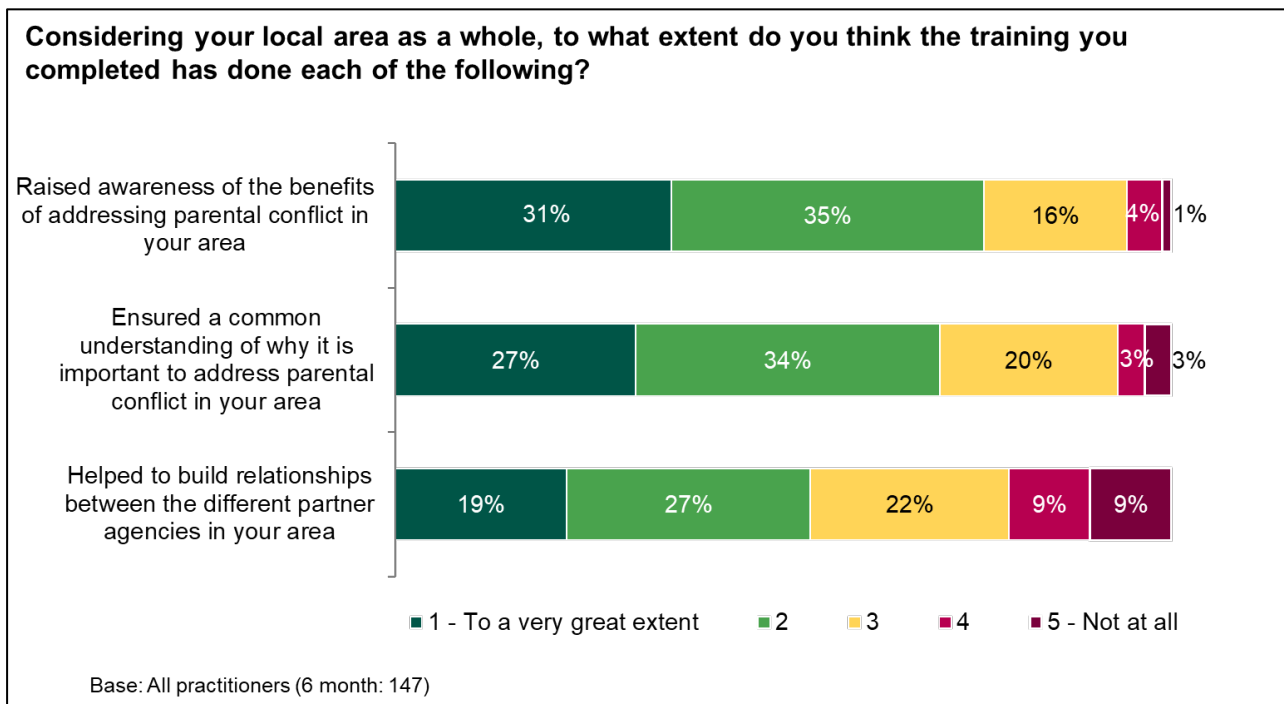
- Six in ten practitioners (61%) reported some degree of cultural change within their organisation as a result of the training. This group was evenly split between those reporting parental conflict being treated as a “much more important issue” (31%), and those that said it was “a bit more of an important issue”.
- More than a third of practitioners (37%) reported a change in processes or systems relating to parental conflict in their organisation since the training. Around one in five (18%) said that no such changes had yet occurred, but plans were in place to do so.
- Since taking part in the training, two in five practitioners (41%) said they had become involved with how their organisation approaches reducing parental conflict. Involvement with the organisation’s approach most commonly took the form of programme development or planning, training other staff or co-ordinating training.

Two-thirds (66%) of all practitioners reported that the training has been important in embedding parental conflict reduction within their organisation (29% “very important” and 37% “fairly important”).

When asked what advantages had arisen locally from the training, the most frequently mentioned was raising awareness of the benefit of addressing parental conflict; 31% reported this impact “to a very great extent” (see Figure 3.13). More than a quarter (27%) reported that a common understanding of parental conflict had benefitted their areas to a great extent. One in five (19%) reported a local benefit to a great extent through building relationships between partner agencies. Only a small minority felt the training had not delivered these benefits.



**Figure 3.13 The training was reported to have made a positive impact to the local area, particularly through raising awareness of the benefits of addressing parental conflict**



# Chapter 4 Local integration

This chapter explores local authorities' ongoing relationships with the Regional Integration Leads (RILs) and their reasons for continued involvement with the programme. It discusses activities funded through the SLS grant and evidence of progress in local integration of reducing parental conflict.

## Introduction to the local integration element

The local integration element of the programme covers all areas of England. It aims to encourage local areas to consider the evidence base around parental conflict and integrate support for parents in conflict into existing provision.

To support local areas with integration DWP recruited a team of Regional Integration Leads (RILs). The RILs were seconded from local authorities to DWP and are available to provide expert advice and support to local authorities and their partners to maximise the opportunities that the programme presents.

A Strategic Leadership Support (SLS) grant was made available for local authorities and their partners to use in ways that best suit them and their aspirations in respect of reducing parental conflict. This was available from January 2019 and was intended for use by March 2020.

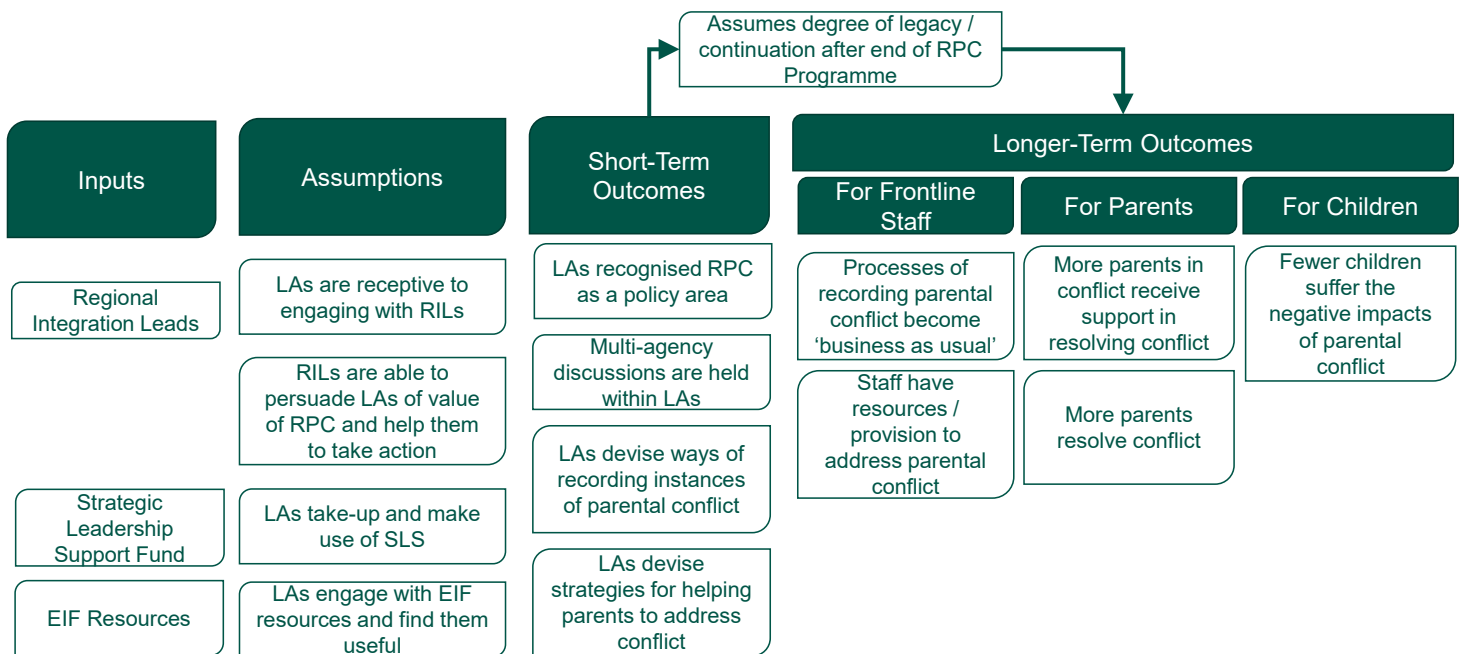
Local authorities have been encouraged to use a Planning Tool developed by the Early Intervention Foundation (EIF) to help them decide on priorities and track their progress. This was intended to be reviewed, locally, on a regular basis. Local authorities have also been encouraged to access information made available on the RPC online hub hosted by the EIF.<sup>13</sup>

The next diagram shows how the provision of these tools and support was ultimately intended to achieve positive outcomes for families.

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<sup>13</sup> <https://reducingparentalconflict.eif.org.uk/about/hub>

**Figure 4.1 Logic Model for Integration**



The research covered in this report was conducted while the programme is ongoing hence it focusses on testing the assumptions in this diagram and exploring short-term outcomes. Longer-term outcomes may be detected in upcoming research and covered in later reporting.

## Emerging findings

- The frequency of contact with RILs had decreased slightly by autumn 2020 in comparison to summer 2019, with local authorities more likely to be in contact with RILs on a monthly rather than a more frequent basis.
- Local authorities were still very positive about the support provided by the RILs; they had enhanced their understanding of the programme and provided helpful suggestions on how to spend the grant funding.
- Restrictions that were put in place due to the Coronavirus pandemic increased the importance of reducing parental conflict among local authorities.
- There was evidence of continued progress in terms of **multi-agency discussions/decisions**:
  - The most common use or planned use of the SLS grant was on activities that would enable a knowledge exchange between local professionals, such as events, workshops or multi-agency working groups.
  - More local authorities had specific multi-agency strategies to tackle parental conflict.
- The Coronavirus pandemic had led to some plans needing to be changed or delayed.
- There were a number of positive indications of progress on mechanisms to **measure and record parental conflict**;

- Most local authorities reported that frontline practitioners were now routinely asking parents about their relationship to identify a need for support.
- More local authorities had an explicit question about parental relationships in their Early Help assessments to record cases of parental conflict.
- There were also positive indications in terms of **developing more support for parents in conflict**:
  - Local commissioning decisions were more aligned to reducing parental conflict strategies than in autumn 2019.
  - The number of local authorities embedding reducing parental conflict into mainstream services had increased.
  - The support offer for parents had significantly expanded across local authorities with more local authorities confirming that they were offering reducing parental conflict support for parents in a variety of ways. This was most commonly through family key workers or referrals to specialist reducing parental conflict services (internal and external).
- However, local authorities struggled to confirm the percentage of parents that had been signposted or referred to parental conflict support.

## Findings explained

### Local authority engagement with Regional Integration Leads (RILs)

The frequency of contact with RILs decreased slightly between summer 2019 and autumn 2020. In the summer 2019 survey of local authorities just under half (45%) were in contact with their RIL at least fortnightly. In autumn 2020 this had decreased to a quarter (24%). By autumn 2020 monthly contact was more common (46% compared to 31% in summer 2019). This decrease in the frequency of contact is not surprising; as the programme progresses we expect local authorities to become more familiar with the agenda and therefore the level of support needed from the RILs to reduce. It is also possible that the pandemic has impacted on the frequency of contact, due to shifting priorities and staff redeployment.

RILs continued to be held in high regard by local authorities. The majority agreed that the RILs had supported their local area in understanding the programme (summer 2019 84%; autumn 2020 81%) and that they had offered helpful suggestions on how to spend the funding available (summer 2019 76%; autumn 2020 81%). During the winter 2020 interviews with RILs they also reiterated that they had provided a lot of advice and guidance to local authorities on how they could spend the SLS grant, however, they made it clear that the final decisions had been undertaken by the local authorities without their involvement. In addition, in the autumn 2020 local authority survey around three quarters (74%) agreed that the RILs had helped them to explore

how to work with their multi-agency partners to integrate reducing parental conflict into local area service delivery.<sup>14</sup>

The wave 2 case studies with local authorities reinforced this positive view of the RILs. All of the local authorities discussed the continued support and information that had been provided by their RIL.

*"[REDACTED] is a constant source of really useful information, so a constant flow coming from [REDACTED] which is really useful to me and I share it more widely, that's really helpful."*

*Local authority*

In line with the summer 2019 case study findings local authorities once again mentioned the value of the RILs independence from DWP and how this made them feel that the RILs could provide impartial advice.

*"Felt like [REDACTED] was nicely placed [REDACTED] had some independence so it felt like [REDACTED] could give genuine advice."*

*Local authority*

Several also mentioned the role the RILs had played in organising regional working groups with other local authorities. These working groups had been a really helpful platform for knowledge sharing and learning about how other local areas had been approaching the agenda. Other local authorities also mentioned the Communities of Practice events RILs set up and how these enabled knowledge sharing across local authorities.

## **Local authority recognition of reducing parental conflict agenda and engagement with it**

During the first local authority case study visits and the first interviews with RILs (more detail on these findings can be found in the first evaluation report on the programme)<sup>15</sup> local authorities mentioned that the main reasons for engagement with the programme were that it:

- provided further funding for programmes that were already underway in the local area;
- would help to improve outcomes for children and families through addressing a recognised gap in services;
- was a possible route for cost saving in the future, as it may prevent families from needing support from statutory services.

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<sup>14</sup> The following statement was amended at wave 2 and therefore is not comparable with the wave 1 statement 'Helped us explore how to meet the needs and priorities of our local area'.

<sup>15</sup> Reducing Parental Conflict programme evaluation: report on early implementation (DWP, April 2021) <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-evaluation-report-on-early-implementation>

The autumn 2020 local authority survey confirmed the importance of improving outcomes for children as a motivation but suggested that cost savings on more resource-intensive services was less important as fewer local authorities selected this as one of their top 3 reasons for engaging with reducing parental conflict. The most common main reason for local authorities engaging with reducing parent conflict was to reduce negative impacts on children (83%).

Two thirds of local authorities (67%) felt the restrictions imposed due to the Coronavirus pandemic had increased the importance of reducing parent conflict. Only a quarter felt it had no impact (24%) and a small proportion felt it had decreased in importance (10%) since the restrictions were introduced.

In autumn 2020, case study local authorities reiterated that the Coronavirus pandemic had increased the importance of parental conflict as pressures on families were growing. This pressure was felt to be predominantly due to families being forced to spend more time together during lockdowns or tighter restrictions within the tier system. A few had also noticed that they had seen an increase in referrals since the beginning of the first national lockdown in March 2020.

*“We get a lot of referrals, particularly since Covid, through the Front Door, through Children’s Services around issues of parental conflict... that was the case before Covid but it has gone through the roof a bit since Covid.”*

*Local authority*

## **Take-up of Strategic Leaderships Support (SLS) grant**

The SLS grant was made available for local authorities and their partners to help them embed the reducing parental conflict agenda within their local strategies and services. The way local authorities could use their grant was very flexible and it was down to each local authority to choose the best use of the grant within their local area.

Nearly all local authorities stated that they were making use of the SLS grant (summer 2019 98%; autumn 2020 97%).

## **Activities undertaken through the SLS grant**

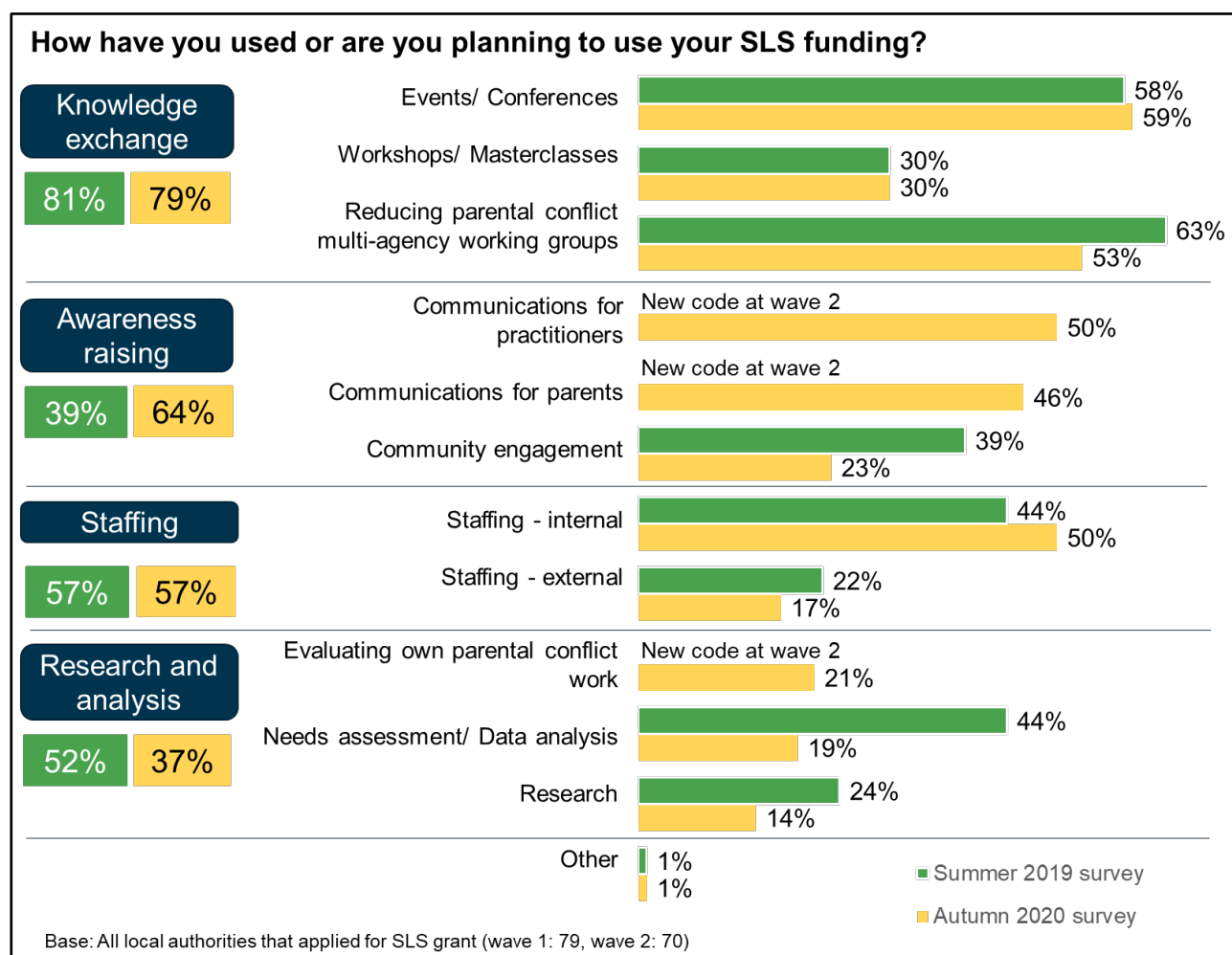
Generally, the SLS grant seemed to have been used as it was intended i.e. to start debate around the topic and encourage the development of multi-agency strategies. However, activities funded through the grant had extended well beyond the finish date originally envisaged (March 2020).

Local authorities had most commonly used or were planning to use the SLS grant on activities that would enable an exchange of knowledge such as events, workshops or multi-agency working groups. Around four-fifths confirmed this in summer 2019 and autumn 2020 (81%; 79%). The proportion of local authorities that had used or were planning to use the SLS grant for staffing costs was also consistent across the two surveys (summer 2019 57%; autumn 2020 57%). However, in autumn 2020 there had been an increase in usage or planned usage to raise awareness (communications and community engagement). In summer 2019, just under two-fifths

(39%) of local authorities confirmed that they had used or planned to use the grant in this way. This had increased to just over two-thirds (64%) by autumn 2020. However, there had been a decrease in usage for research and analysis by autumn 2020. In summer 2019 just over half (52%) were using or planned to use the grant in this way. This had fallen to just under two-fifths (37%) in autumn 2020.

It is not possible to be certain why fewer local authorities were planning to use the grant for research and analysis. However, in summer 2019 case study local authorities were still in the very early planning and hence it is perhaps not surprising that plans had shifted in focus over a year later. There were also some indications from the later case studies, conducted in winter 2020, that the Coronavirus pandemic had impacted some of their plans.

**Figure 4.2 Most local authorities used or were planning to use the SLS grant for activities which would enable knowledge exchange (events/ workshops or working groups)**



In the winter 2020 local authority case studies, a variety of uses of the SLS grant were described. These local authorities had run events, conferences, or workshops, conducted research, paid for internal staffing costs and created a self-help tool for parents. Some had spent all of the grant, whereas others still had some of the funding left to spend. Those that had not yet spent all of the grant felt that they had

prioritised the workforce development side of the programme and they still had some work to do when it came to the strategic side of the programme.

### Case study: Use of SLS grant – conferences and workshops

One non-CPA local authority we researched in 2019 and 2020 had started to spend the SLS grant when first interviewed in summer 2019 (wave 1). They had started to arrange a regional conference for strategic managers to talk about embedding parental conflict and a local conference which focused on frontline practitioners. The local conference discussed the programme and parental relationships.

They had planned to have 2 follow-up conferences similar to the ones conducted in Autumn 2019. However, due to local flooding and then the Coronavirus pandemic, these unfortunately had not taken place.

Instead, the local authority had developed some training for “middle managers” (individuals that manage and support frontline practitioners working with families), with a local college. They used some of the grant to pay a consultant from the local college to develop the workshop materials for them and to run the online workshop with managers.

The key aim of the training was to continue raising awareness and ‘to keep bringing it to the top of the pile’. They were very aware that lots of staff were struggling with lots of competing priorities but they wanted to ensure that reducing parental conflict was kept on the agenda.

*“Developed some middle manager workshops [with a local college] ...so they are continuously thinking about parental conflict in supervision. Those workshops went down really well, and we will sustain those. It has to be an ongoing programme because what we do know is just doing the training once doesn’t make you skilled and experienced enough to handle that. Something that we need to keep embedding. One of the things I would like to see is getting some practitioner events up and running...so we have communities of learning around parental conflict.”*



### Case study: Use of SLS grant – self-help tool for parents

One non-CPA local authority used most of the grant on a collaborative project with a training provider to create a resource for parents to use as a self-help tool. The tool was predominantly designed for parents to use on their own, but practitioners had also been trained to use it with parents and help to facilitate conversations about parents' relationships. The tool consists of 8 postcards.

*“We developed little postcards with self-help relationship type stuff for parents to use, which was using the training providers' visuals and developing a card with various questions where couples or separated parents can look at it and reflect on their relationship.”*

The local authority had sent out around 200 packs to parents and frontline practitioners directly.

They had planned a big community event where lots of projects would come together and they would hand out the packs for practitioners to distribute to parents directly, when appropriate. However, the Coronavirus pandemic interrupted this and now practitioners request them through a specific email address and then the local authority sends them direct to parents or to the frontline practitioner (if requested).

They have so far received requests from a range of practitioners: social workers, parenting practitioners, family coaches (Supporting Families team), early years workers, health visitors and schools.

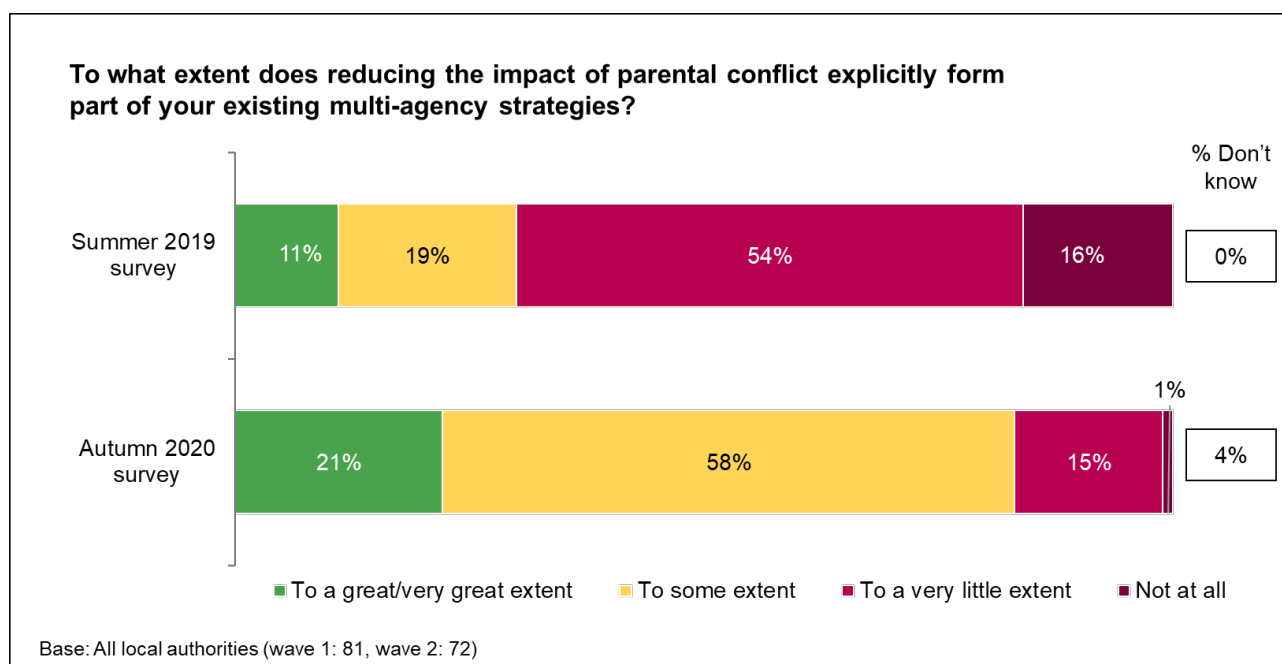
The postcards have been very well received and other local authorities have also requested access to them.

## Evidence of progress in local integration

### Strategies and commissioning processes

Between summer 2019 and autumn 2020 there was progress in the proportion of local authorities that had translated multi-agency discussions into multi-agency strategies. As shown in Figure 4.3, in summer 2019 just under a fifth (19%) confirmed that reducing the impact of parental conflict formed part of their existing multi-agency strategies “to some extent”. In autumn 2020 this had increased to just under three-fifths (58%) of local authorities. In autumn 2020 more local authorities were also stating that parental conflict explicitly formed part of existing multi-agency strategies “to a great or very great extent” (autumn 2020 21%; summer 2019 11%).

**Figure 4.3 There was a marked increase in reducing parental conflict explicitly forming part of existing multi-agency strategies (to some extent) in 2020 compared to 2019**



In addition, just over one in ten (11%) of the local authorities had a specific multi-agency strategy to reduce parent conflict in their local area in autumn 2020. In summer 2019 no local authorities had a specific multi-agency strategy.

The 5 most common partner agencies involved in delivering multi-agency strategies that incorporated reducing parental conflict or specific reducing parental conflict strategies were reasonably in line across the local authority surveys conducted in summer 2019 (wave 1) and autumn 2020 (wave 2):

- Early Help Teams (wave 1 93% of those with strategies; wave 2 99%)
- The local authority Front Door Team (wave 1 87%; wave 2 91%)
- Children’s Social Care Teams (wave 1 85%; wave 2 94%)
- Commissioner Health Visiting and School Nurse Providers (wave 1 85%; wave 2 84%)
- Commissioned/ in-house Children’s Centres (wave 1 84%; wave 2 91%)

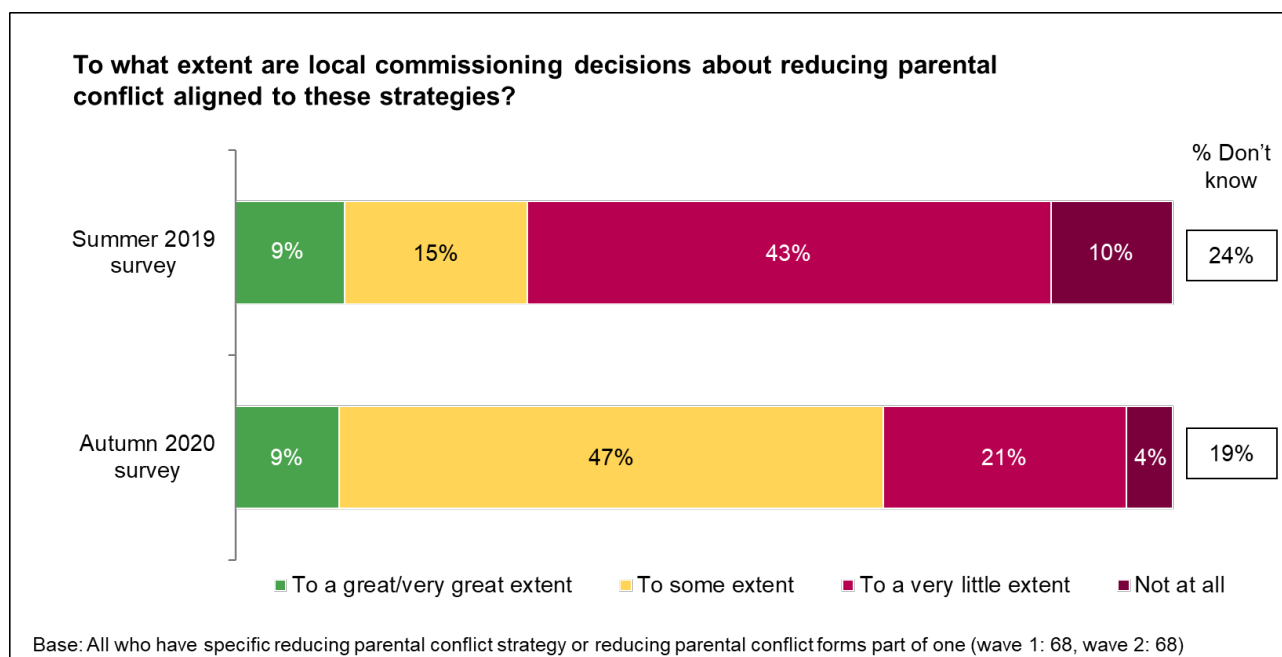
However, there were a few partner agencies which had become more commonly involved in delivering these strategies by autumn 2020 (perhaps indicating that strategies were increasing in breadth);

- Domestic Abuse Services (wave 1 71%; wave 2 84%)
- Youth Services (Youth Workers, Specialist Adolescent Services) (wave 1 69%; wave 2 81%)
- School Head Teachers (wave 1 60%; wave 2 76%)
- Children’s Mental Health Services (wave 1 56%; wave 2 72%)

Local authority case studies in winter 2020 commonly discussed the involvement of Early Help teams, the local authority Front Door team, Children’s Social Care, health visitors and early years childcare settings. They also mentioned work with pre-birth teams and schools. However, several local authorities mentioned difficulties when trying to engage with the police. One local authority discussed a meeting they had recently had with the police, which was not as successful as they had hoped. They felt the police were concerned about introducing “parental conflict” to officers as they had recently run some updated training around domestic abuse and they were apprehensive that introducing parental conflict could cause confusion and could prevent officers from identifying domestic abuse.

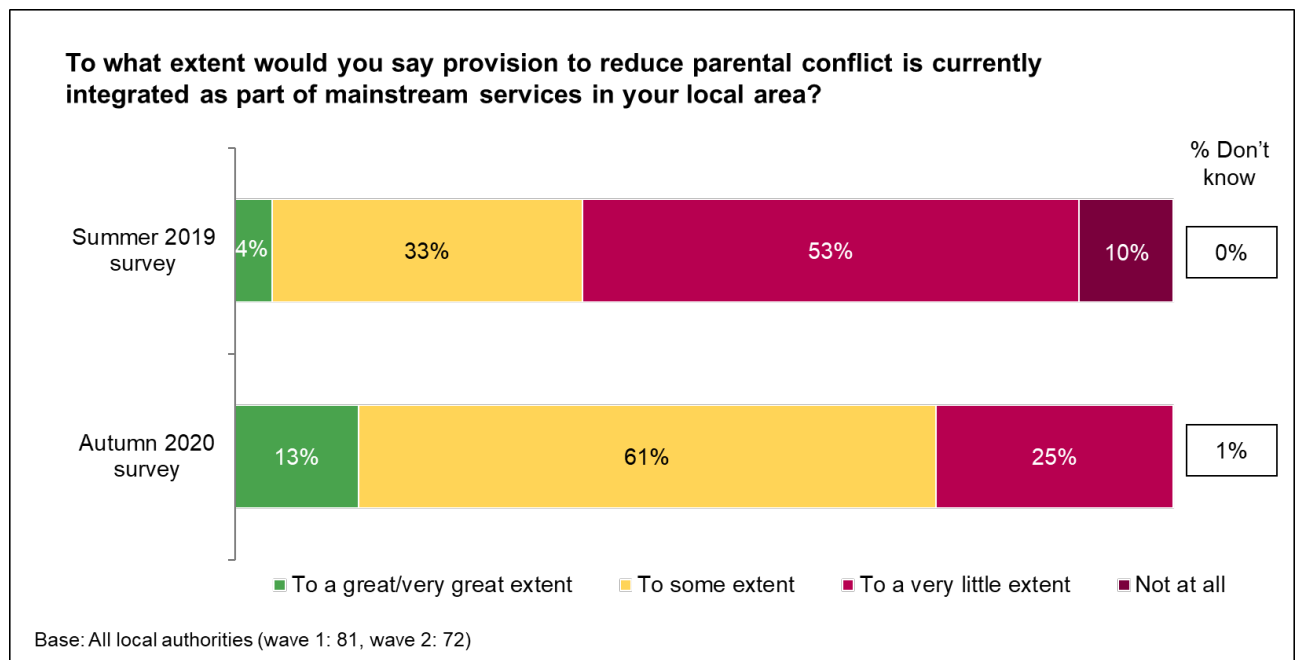
There was a significant increase in the autumn 2020 local authority survey in local commissioning decisions being aligned to multi-agency strategies which include, or are specific to, reducing parental conflict. Just under a fifth (15%) of local authorities stated that local commissioning decisions were aligned to reducing parental conflict strategies “to some extent” in summer 2019. By wave 2 this had risen to just under half (47%). However, local authorities stating these commissioning decisions were aligned “to a great” or “very great extent” had remained the same (summer 2019 9%; autumn 2020 9%) as shown in Figure 4.4.

**Figure 4.4 Local commissioning decisions about reducing parental conflict were more likely to be aligned to multi-agency strategies in 2020**



Overall, provision to reduce parental conflict was more integrated as part of mainstream services by autumn 2020. A third (33%) of local authorities stated that provision to reduce parental conflict was integrated into mainstream services “to some extent” in summer 2019. In autumn 2020 this had doubled to nearly two-thirds (61%) of local authorities. There had also been a slight increase in those stating that provision to reduce parental conflict was integrated as part of mainstream services “to a great” or “very great extent” (summer 2019 4%; autumn 2020 13%), as shown in Figure 4.5.

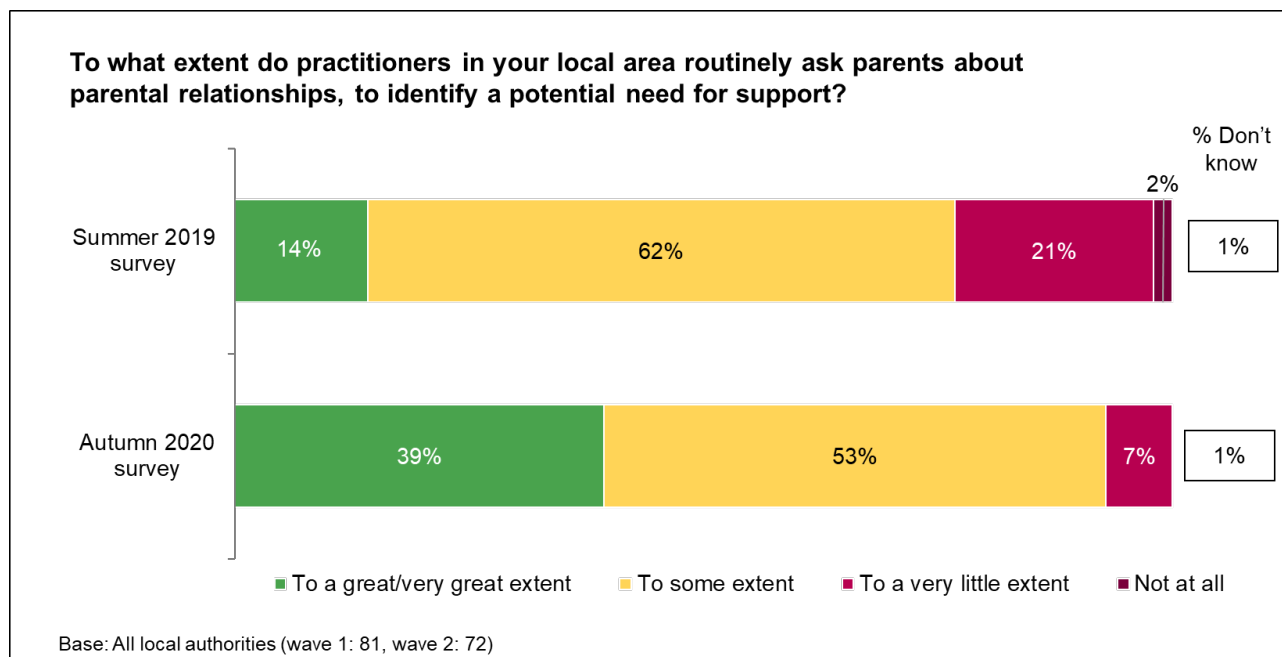
**Figure 4.5 There has been an increase in the extent to which provision to reduce parental conflict is now integrated into mainstream services**



### Recording parental conflict

For practitioners to record cases of parental conflict they need to have conversations with parents about the quality of their relationship. There was a significant increase in the proportion of local authorities reporting that practitioners were routinely asking parents about their relationship to identify a need for potential support. In autumn 2020 two-fifths (39%) of local authorities stated that practitioners in their local area were routinely asking parents about parental relationships, in comparison to under a fifth (14%) in summer 2019, as shown in Figure 4.6.

**Figure 4.6 Practitioners are more likely to routinely ask parents about their relationship to identify needs for support**



In the winter 2020 case studies, all the local authorities agreed that frontline practitioners in their local area were now routinely asking parents about their relationship. Local authorities discussed how frontline practitioners felt more confident in having these conversations with parents because they felt they had been given permission to ask these personal questions of parents.

*"It's almost like we've given them permission to ask about somebody's relationships because before people were a bit dubious about asking the question."*

*Local authority*

The local authority case studies also discussed how frontline practitioners now had a common language to discuss and identify parental conflict. They were aware of difficulties between parents before, but they did not always have the terminology to enable the identification and recording of these issues.

For local authorities to monitor levels of need and adapt services accordingly, it is important that instances of parental conflict are recorded. Findings from the surveys show there had been progress on this front between summer 2019 and winter 2020. In summer 2019 just over a quarter (28%) of local authorities confirmed that there was an explicit question about parental relationships in their Early Help assessments. In autumn 2020 this had increased to just over two-fifths (43%).<sup>16</sup>

<sup>16</sup> Again, note that adding a parental conflict indicator and outcome became part of the financial framework of the Troubled Families programme in May 2020 - <https://www.gov.uk/government/publications/financial-framework-for-the-troubled-families-programme-april-2020>

Some of the local authorities in the winter 2020 case studies discussed the incorporation of questions into Early Help assessments to help record instances of parental conflict. One of the case studies discussed how forms were rejected and sent back to frontline practitioners if it was not felt that they had explored this in enough depth or the detail provided within the form was not felt to be sufficient.

Further, there was an increase in the inclusion of parental conflict within assessment frameworks for families between summer 2019 and autumn 2020. In summer 2019 just over a quarter (26%) of local authorities confirmed that parental conflict was part of assessment frameworks for families. In autumn 2020 this had increased to half (50%) of the local authorities.

However, despite the increases in provision for practitioners to record instances of parental conflict most local authorities were still unable to say how many parents had been signposted to support in autumn 2020 (69% stated “don’t know”).

One way of ensuring that parental conflict remains part of local authority strategies is for a metric recording levels of parental conflict, or the success of strategies to address it, to be included on local authority outcome frameworks. There was not much progress on this between summer 2019 and autumn 2020. In the summer 2019 and autumn 2020 surveys a quarter of the local authorities said that reducing parental conflict was part of a local outcomes framework (summer 2019 25%; autumn 2020 25%). However, more detail was gathered in autumn 2020 around those local authorities that said it was not part of any local outcomes framework. Nearly half (49%) were planning to include this in a local outcomes framework at some point in the future with just over one in ten (11%) having no plans to include it in any local outcomes frameworks.

### **Support for parents**

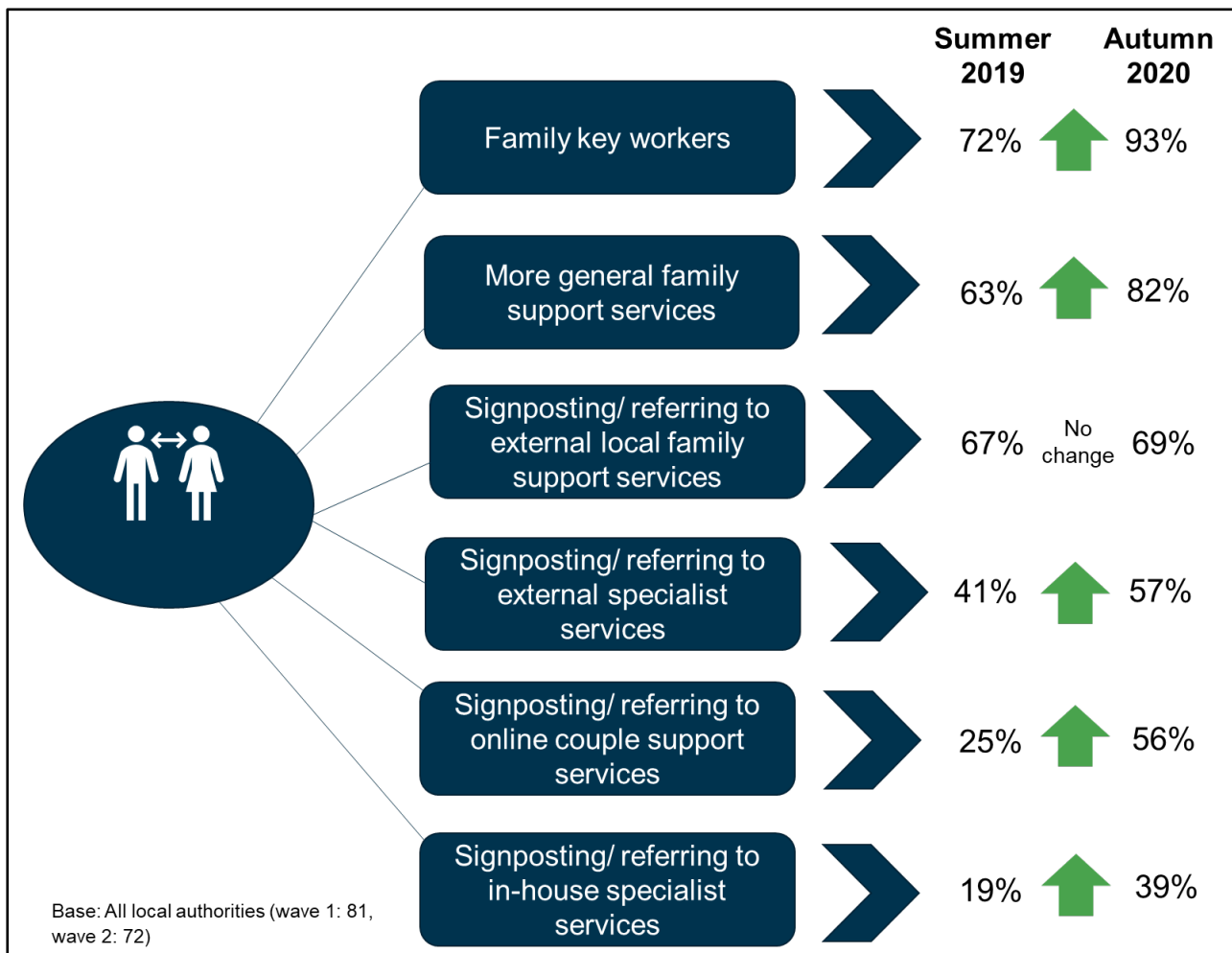
The offer for parents had significantly expanded across local authorities between summer 2019 and autumn 2020 with more local authorities confirming that they were offering reducing parental conflict support for parents in a variety of ways.

In autumn 2020 more local authorities stated that they were offering support through the following:

- Family key workers
- External specialist services
- In-house specialist services
- Online couple support services
- More general family support services

See Figure 4.7 for more details, which is ranked high to low based on autumn 2020 results.

**Figure 4.7 More local authorities were offering support for parents through a variety of services by autumn 2020**



The non-CPA local authority case studies conducted in winter 2020 discussed that a lot of the support provided to parents was through frontline practitioners working one-to-one with families to address the conflict within parental relationships. However, all of the non-CPA case studies either had some courses for parents to be referred onto to address parental conflict or they were looking into interventions and were hoping to have something to offer parents in the spring of 2021. The CPA local authority case studies had been able to offer interventions to parents through the programme.

# Chapter 5 Sustainability

DWP intends that local areas will sustain the momentum achieved under the programme in raising the profile of, and addressing, parental conflict. This chapter focuses on local authority and provider perceptions of how sustainable the progress with integrating the reducing parental conflict agenda will be after the end of the central funding period.

## Emerging findings

- RILs and local authorities themselves felt that the likelihood of progress being sustained once the RPC programme ends varied by local authority.
- The pressure on resources in local authorities is well-known but it is clear that dedication of some resource will be critical to ensuring the reducing parental conflict agenda is sustainable.
- A number of factors were identified as key in helping ensure sustainability.
  - Embedding low-resource activities into day-to-day processes. These included changes to Early Help / Front Door assessment forms and resources used by practitioners to aid conversations about parental conflict.
  - Incorporation of the reducing parental conflict agenda into local authority outcome frameworks and strategic plans.
  - Making use of the Train the Trainer/capacity building approach to workforce development.
- The intervention delivery aspect of the programme was the area generally perceived to be the least sustainable because of the comparatively large amount of funding it requires. Local authorities and providers made suggestions of alternative ways interventions could be funded, such as local authority funding or buy-in from other providers or charities, and stressed the importance of sharing evidence that these interventions have a positive impact on parents and children.
- When the direct funding of interventions ends in CPA areas, the local authorities involved felt they would be unable to offer the range of interventions that they are via the programme.

## Findings explained

### **Sustainability of the progress made once the programme ends**

Throughout the report, findings have demonstrated how local authorities have integrated reducing parental conflict into their provision as part of the programme to



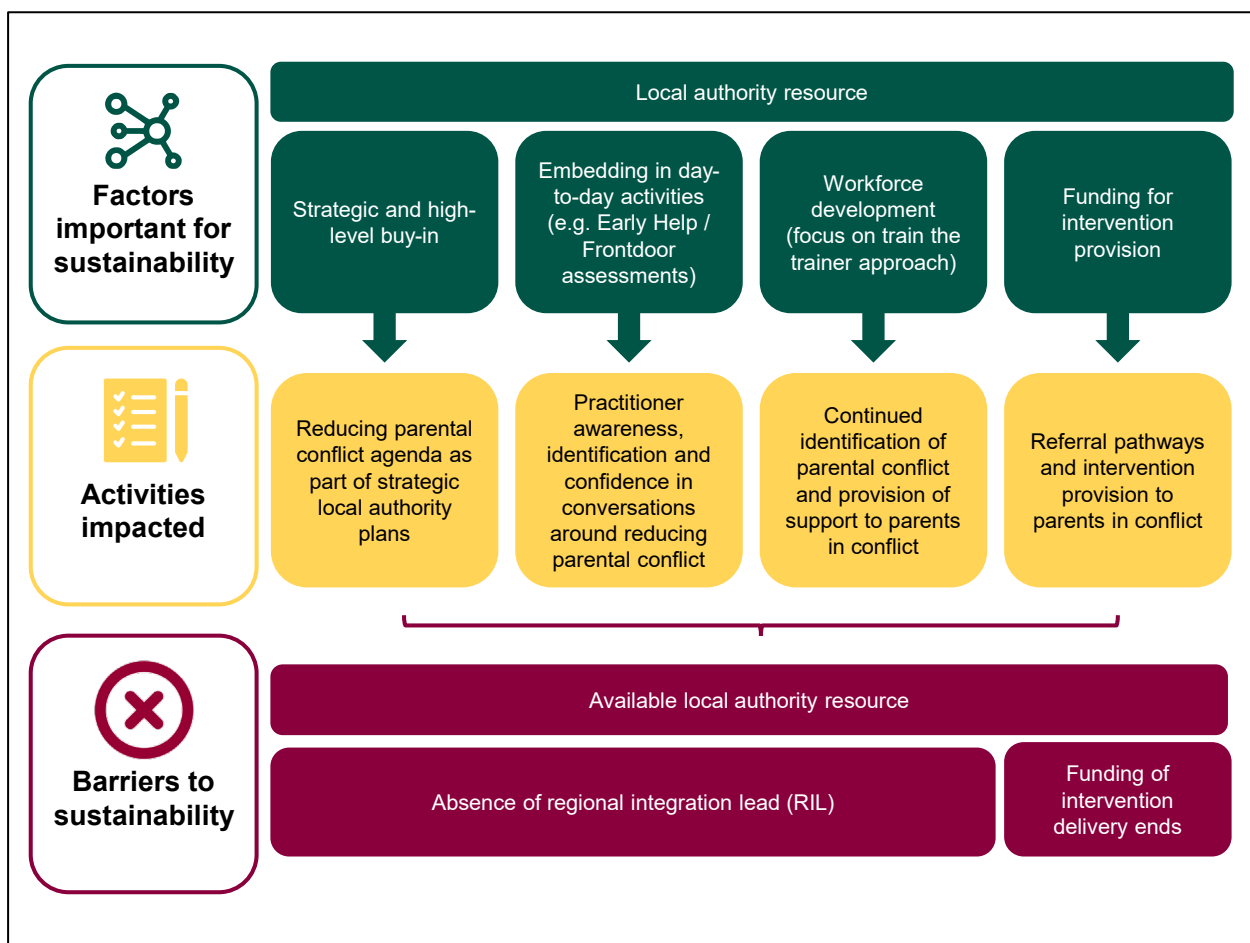
date. The sustainability of this progress will be important in continuing to secure positive outcomes for parents and children.

Both RILs and local authorities expressed real aspirations for the work they have conducted to continue beyond the end of the RPC programme.

Despite this, RILs felt that the sustainability of the reducing parental conflict agenda would be mixed across the local authorities they worked with. They felt some would be able to sustain the changes, but others would struggle to continue to address parental conflict without further funding.

In local authority and provider case studies conducted in winter 2020, there was consensus on the key enablers and inhibitors of sustainability of activities undertaken as part of the RPC programme. These are summarised in Figure 5.1.

**Figure 5.1 Factors and barriers to sustainability of activities engaged in as part of the reducing parental conflict programme**



**Resource**

The main concern and well-known challenge within local authorities was resourcing. RILs and local authorities felt that resource needs to be available within a variety of job roles across all levels and a range of teams within a local authority to ensure sustainability of the progress of the programme to date.

*"To give it the justice that it needs, there needs to be more resource to take it forwards."*

*Local authority*

Each of the factors outlined below was seen as potentially influencing the resource committed to the agenda and hence its sustainability.

### **Strategic buy-in**

Local authorities highlighted the importance of senior leadership buy-in to ensure that reducing parental conflict was part of local authority aims and future plans. For example, one local authority was hopeful about the sustainability of their activities because reducing parental conflict was due to be integrated into their children and families plan.

*“I would like the strategic leads to say ‘yes, this is important’, this is part of our work and built in, so we don’t all the time to be going on and chivvying, we want it to be a part of all of the work and all of the targets.”*

*Local authority*

One way in which this commitment had been demonstrated was the inclusion of parental conflict in local outcomes frameworks. As mentioned in the previous chapter, by winter 2020, a quarter (25%) of local authorities stated that reducing the impact of parental conflict was explicitly part of their local outcomes framework, with a further 29% stating that it was not yet but they had plans for it to be included. This perhaps demonstrates that over half of local authorities had some form of strategic buy-in to assist with the sustainability of the agenda.

The role of RILs in driving the agenda forward was emphasised by local authorities in the winter 2020 case studies. Local authorities were concerned that the loss of the RILs when the programme ends could damage momentum and impact on sustainability. They were concerned that the lack of specific activities facilitated by the RILs, such as Communities of Practice meetings, that ensure reducing parental conflict is constantly on the agenda, will no longer be happening.

### **Workforce development**

A number of local authorities that were more optimistic about sustainability reported a considerable investment in upskilling, and continuing to upskill, their workforce to ensure as many practitioners as possible from a wide range of organisations were trained in reducing parental conflict. Two case study local authorities were confident that the approach that they had developed to this element of the programme was sustainable. In these 2 examples, they focused their training of practitioners on the Train the Trainer module so that these practitioners could then cascade the training to develop the wider workforce. This meant they felt that activity to address parental conflict would not only be sustainable but continue to grow and develop beyond the RPC programme.

*“What we have got is a module where we can keep rolling that training forward. One of the things we are looking at is our early intervention workforce development and actually this will be part of what we hope will become the early intervention qualification. Everyone will have to do the training and do an assignment on it.”*

### Case study: Sustainability of workforce development

One local authority used a proportion of their practitioner training grant on the Train the Trainer module. They initially trained the 2 nominated RPC programme leads in the local authority and a lead practitioner. Following this, the lead practitioner used the Train the Trainer session to develop a workshop that could be delivered to practitioners across the local authority covering content from modules 1-3 (understanding parental conflict, recognising parental conflict and working with parents in conflict). This workshop was designed in a way that would fit in with the busy schedules of practitioners and be delivered digitally due to the restrictions of the Coronavirus pandemic.

They were keen to adopt a multiagency approach, so they identified 'champions' in different agencies and areas of service provision to take part in the Train the Trainer module to equip them to deliver the workshop outlined above.

*"First of all, we wanted it multiagency, so within the leadership groups we discussed it and people identified those with a passion and understanding and those practitioners who they thought would be really good [at delivering the workshop covering modules 1-3]... We've tried to establish a champion in different parts of our service across the city council so there's a contact person in each service to take training forward and support practitioners."*

Another key element of this approach is champion working groups. These will be set up regularly to share learnings and experiences. The hope is that with champions distributed across various agencies and parts of the service, working groups will continue beyond the RPC programme to ensure this is embedded. These groups will help to keep momentum in training practitioners across the local authority and associated agencies and allow sharing of best practice.

The aspirations of this local authority include embedding the training in the induction process for staff.

*"[Aspirations] To have everything that we're planning; workforce to be continually developed, the multiagency workforce to continue to be developed. I would like it to very much be something that is part of the plan moving forward... I want it to be part of the induction process for staff, part of supervision so that the conversations still happen after the interventions have finished."*

### Focus of embedding reducing parental conflict into current day-to-day activities

Where elements were truly embedded into day-to-day activities or practice, these were seen to contribute towards sustainability. A key example of this mentioned in the winter 2020 case studies was where parental conflict assessment was incorporated into Early Help or Front Door assessment forms or conversations. Once this change had been made to the forms and guidance for practitioners, local

authorities felt that approach would be continued, particularly since the resource implications were very low.

Similarly, one local authority in the winter 2020 case studies had developed further resources for practitioners to use with parents<sup>17</sup> to help address parental conflict which they felt would contribute towards sustainability. They thought they would continue to use these as prompts for practitioners to regularly and confidently address parental conflict.

### **Intervention delivery ending**

Local authorities in CPAs expressed concern about sustainability of the progress made through the intervention delivery. All CPA local authorities praised the interventions as useful courses that their practitioners could refer parents on to, with encouraging early signs of positive impacts on parents. These local authorities unanimously expressed their concern at the funding of these interventions coming to an end.

*"I think [the end of the interventions] is something we're very conscious of, obviously, we would like that to continue because, as practitioners yes we can have conversations about relationships and identify conflict and perhaps do a bit of exploring but I do feel that for the majority of families, they need specialist intervention."*

*Local authority*

All CPA local authorities and their providers stated that they would not be able to continue with the same range of interventions currently being offered via programme funding without further funding.

*"None of us could continue the interventions without money to pay staff, and particularly with the high cost of MBT, [ability to continue] depends on the finances and whether someone else is going to fund them. Whether that be through charitable fund or local authority. At this point in time, we don't have another way of paying for that."*

*Provider*

In order to combat this, local authorities and providers in the CPAs outlined potential alternative funding options that could be pursued once the programme ended.

- Increasing the viability of direct funding by local authorities through pooling resources and joint funding of interventions with other local authorities in their region.

*"Local authorities themselves will have to make some decisions on whether this is important enough for them to use their finite resources to actually pay for it. You're asking them to decide between funding a refuge for women or 20 couples through reducing parental conflict [interventions], they're both important and they both have an impact on children."*

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<sup>17</sup> Chapter 3 case study 'Use of SLS grant – self-help tool for parents' details these resources in more detail.

*Provider*

- Part funding of interventions by providers (although the view was that this would need to be on a much smaller scale than the current model).
- Cross-government funding, rather than solely DWP; one provider identified Public Health England (PHE), Department for Education (DfE) and the Ministry of Justice (MoJ) as key departments where parental conflict is relevant.

*“This is a public health issue, and it should be seen as one... we now have the knowledge that prolonged arguments have an impact on the neural pathways of children. Public Health England, Ministry of Justice, DfE, because it has massive impact on children and how they can concentrate and manage at school. You do wonder the extent to which integrated budgets might actually enable more to become possible rather than expect one department to shoulder it all... [reducing parental conflict] is across the board in terms of responsibility.”*

*Provider*

Local authorities and providers felt that all of the funding options outlined above would be more likely to come to fruition by creating and communicating a strong evidence base that these interventions work.

*“What would be helpful is knowing what the benefits and drawbacks of these types of interventions are and some real strong data that goes with that.”*

*Provider*

One local authority championed the regional network of local authorities in the CPA that has developed around the reducing parental conflict agenda and stated they would hope to find alternative funding options this way.

### Case study: Sustainability of intervention work

One local authority in a CPA stated that they had already considered how they could continue intervention provision beyond the lifetime of the RPC programme. Despite initial teething issues with practitioners using the RSQ, they noted the significance and usefulness of this tool, so hope to continue using this as a key way to assess parental relationships and identify conflict.

They also highlighted that they have a well-trained workforce to deliver various interventions so felt that this, combined with using regional links to investigate alternative funding streams, could help to ensure they can continue some form of intervention provision.

*"One of the main things which will survive funding will be regional cooperation, some of that will be in facilitating provision where it needs to be."*

Initial plans they outlined included offering "how to argue better", Parents as Partners and something similar to Mentalisation Based Therapy (MBT). Some of these may require involved discussions with the commissioning team and developing a fresh pool of facilitators.

On a smaller scale, as the funding for intervention felt unfeasible to many, a couple of local authorities explained how they would try and sustain some of the inroads made to date using workforce development and tools from the training. For example, one local authority hoped that enough practitioners would be trained in a way that they could use the tools to work with people in conflict to develop ways to deal with this without referral pathways to an intervention.

*"The intention is that the tools will mean that practitioners can work with parents in conflict, they can't necessarily do the same things that the referral pathways do because they are quite intense, but they might stop things from getting to that level and the tools are flexible enough to be used in different ways, they can be used as a brief intervention or as a much longer set of tools."*

*Local authority*

# Chapter 6 Conclusions

This chapter outlines the emerging evaluation findings to January 2021.

## Key findings

### Interventions

**Lower than expected volumes of referrals to the interventions being tested through the programme had been experienced by providers.** There was evidence to suggest that a lack of knowledge about the different interventions amongst referral staff and a lack of their involvement in the allocation of parents to interventions had so far hindered effective referrals. Furthermore, the eligibility criteria for some interventions – particularly the “4Rs 2Ss” and The Incredible Years Advanced interventions – were felt to limit the number of parents who could be referred.

**A switch to digital delivery was associated with greater take-up.** Some providers felt that referral rates had increased since March 2020 when remote delivery was adopted in response to social distancing restrictions imposed by the Coronavirus pandemic. This move was generally successful with providers finding that the content adapted well, and that digital delivery removed some logistical barriers and enhanced flexibility.

**Providers were generally positive about the content and structure of the interventions and felt that all had the potential to have positive impacts for families.** However, a few noted that some of the content did not feel as culturally relevant to parents in England as it could, with use of American English for example.

**Failure to start and drop-out rates varied quite considerably between interventions.** Early indications are that the Mentalisation Based Therapy has higher levels of referrals and starts which some providers speculated was due to it being the closest match to parents’ expectations of a parental conflict intervention.

### Training

**Nearly all local authorities had accessed the Practitioner Training grant ensuring a good reach for the training element of the programme.**

**All of the training modules were received positively.** Practitioners generally felt that they were relevant to their work and provided appropriate levels of detail. Practitioners reported large improvements in their knowledge, understanding and their abilities to support parents in conflict as a result of taking part in training.

**Most practitioners trained had been able to apply their training to their day-to-day role.** The most common applications were in helping them to identify

children/families who may be affected by parental conflict and to start conversations with parents once conflict had been identified. Overall practitioners felt confident in identifying the signs of parental conflict and their abilities to refer parents appropriately.

**Only a small proportion of those taking part in the Train the Trainer workshop had gone on to train others** at a point 6 months after taking part in the training.

## Integration

**Nearly all of the local authorities had taken up the Strategic Leadership Support grant, indicating widespread interest in the agenda.** The SLS grant had been used on the types of activities that it was intended for. The most common use or planned use of the SLS grant was on activities that encouraged knowledge sharing, such as events, workshops and multi-agency working groups. However, in some areas, progress on the use of this grant had been quite slow (with some grants remaining unspent by autumn 2020 against an original target of completing spending by March 2020).

**In many local authorities, the Coronavirus pandemic had pushed reducing parental conflict higher in their priorities** because of concern around the potential for restrictions on movement to place additional pressure on couples in conflict.

**Positive indications of progress with local integration were evident in the increases in the number of local authorities incorporating considerations of reducing parental conflict into planning, monitoring and the development of support for parents.** There were increases in the proportions of local authorities reporting integration of reducing parental conflict into multi-agency strategies and local commissioning, the embedding of reducing parental conflict in mainstream services, with practitioners routinely asking parents about their relationship, and the inclusion of questions on parental relationships within Early Help assessments.

## Sustainability

**Looking ahead to the future of the programme RILs and local authorities both felt that the sustainability of progress beyond the funding period would vary by local authority.**

**Levels of resource available within local authorities were highlighted as a key challenge** although local authorities were optimistic that, where recording mechanisms (such as in Early Help assessments) had been incorporated this would help to ensure the ongoing consideration of the agenda, at least to some degree.

**The area of greatest concern in terms of sustainability was the funding of the interventions.** Providers and local authorities in CPAs felt that they would be unlikely to be able to fund the range of interventions currently being offered through the programme, so some, if not all, would be withdrawn.



# Annex 1: Breakdown of respondents to local authority survey 2020

**Table A: Breakdown of online survey respondent characteristics**

<b>Contract Package Area (CPAs)</b>	<b>Number achieved</b>
Contract Package Area – those with face-to-face interventions	24
Non-Contract Package Area	48
<b>Other elements of the RPC programme involved in</b>	
Practitioner Training grant and Strategic Leadership Support grant funded activity	70
COADeP Innovation Fund (to jointly tackle parental conflict and alcohol misuse)	4
Challenge Fund	2
Local Family Offer Ambassador	4
<b>Region</b>	
North East and Yorkshire and the Humber	15
North West	11
East and West Midlands	12
South East and East of England	10
South West	11
London	13
<b>Total</b>	<b>72</b>

# Annex 2: Characteristics of case studies

**Table B: Breakdown of case studies**

<b>Contract Package Area (CPAs)</b>	<b>Number achieved</b>
Contract Package Area – those with face-to-face interventions	2
Non-Contract Package Area	3
<b>RPC activities undertaken</b>	
Engaging well	4
Engaging less well	1
<b>Region</b>	
North East and Yorkshire and the Humber	3
North West	1
South East and East of England	1
<b>Total</b>	<b>5</b>

# Annex 3: Profile of responses to frontline practitioner survey

The training consists of 4 modules:

- Module 1: Understanding Parental Conflict & Its Impact on Child Outcomes
- Module 2: Recognising and Supporting Parents in Parental Conflict
- Module 3: Working with Parents in Conflict
- Module 4: Parental Conflict: The Role of Supervisors and Managers
- Train the Trainer

**Table C: Breakdown by module(s) undertaken and region**

<b>Modules taken</b>	<b>Number achieved</b>
Module 1 only	5
Modules 1 and 2	7
Module 2 only	2
Modules 1, 2 and 3	44
Modules 2 and 3	8
Modules 1, 2, 3 and 4	33
Modules 1, 2, 3 and Train the Trainer	7
Modules 1, 2, 3, 4 and Train the Trainer	29
Train the Trainer only	8
<b>Region</b>	
North East and Yorkshire and the Humber	29
North West	14
East and West Midlands	13
South East and East of England	35
South West	18
London	14
Not stated	24
<b>Total</b>	<b>147</b>

# Annex 4: Profile of frontline practitioner interviews

The table below provides some further details on the participants that took part in the qualitative interviews.

**Table D: Breakdown of frontline practitioner characteristics**

<b>Modules taken</b>	<b>Number achieved</b>
Module 1 only	2
Modules 1 and 2	5
Modules 1, 2 and 3	17
Modules 2 and 3	5
Modules 1, 2, 3 and 4	4
Modules 1, 2 and Train the Trainer	1
Modules 1, 2, 3, 4 and Train the Trainer	11
<b>Region</b>	
North East and Yorkshire and the Humber	14
North West	7
East and West Midlands	2
South East and East of England	9
South West	11
London	2
<b>Total</b>	<b>45</b>

# Annex 5: Profile of referral staff interviews wave 1 and 2

The table below provides some further details on the participants at wave 1

**Table D: Wave 1 breakdown of referral staff characteristics**

<b>Number of referrals made</b>	<b>Number achieved</b>
1	19
2	33
3	1
4	6
5+	1
<b>CPA</b>	
Dorset	15
Gateshead	15
Hertfordshire	15
Westminster	15
<b>Total</b>	<b>60</b>

The table below outlines some details on the participants at wave 2.

**Table E: Wave 2 breakdown of referral staff characteristics**

<b>Number of referrals made</b>	<b>Number achieved</b>
1	9
2	24
3	2
4	6
5+	2
<b>CPA</b>	
Dorset	14
Gateshead	14
Hertfordshire	5
Westminster	10
<b>Total</b>	<b>43</b>