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Reducing Parental Conflict Programme 2022 to 2025 – Local Grant Evaluation

Final Report

February 2025

DWP research report no. 1088

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Executive summary

This is the final report from the evaluation of the Local Grant element of the 2022-2025 Reducing Parental Conflict (RPC) programme. To understand the process, experience and outcomes of the Local Grant, the Department for Work and Pensions (DWP) commissioned IFF Research to conduct an evaluation to contribute to the wider evidence base on what works for families to reduce parental conflict.

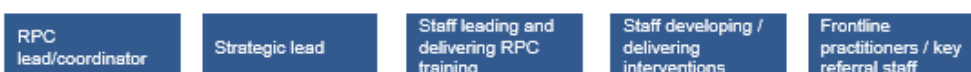
The RPC Local Grant began in April 2022 and was designed to encourage local authorities (LAs) to continue to: integrate RPC-focused practice and organisation into local services for children and families; build the capability of frontline practitioners who support parents and families; and improve the overall RPC support offer for parents.

The findings in this final report are based on evidence gathered during six workshops conducted with LA staff, ten LA case studies, qualitative interviews conducted with parents, and 50 interviews with referral practitioners (see Figure below).

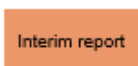
Early-stage workshops: March – April 2023



LA case studies: August – December 2023



Interim analysis and report: March – April 2024



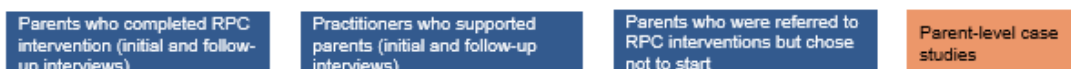
Key:



Referral deep dive : March – June 2024



Parent strand research: October 2023 – August 2024



Final analysis and report: August – December 2024



There are several considerations to keep in mind when reading the findings in this report. This includes several challenges engaging LA staff in case study interviews. A number of challenges were faced in recruiting parents for this research. It is also important to note that most of the research was conducted and completed in the first two years of the programme; this report does not therefore reflect RPC activity in the final years of the 2022-2025 programme. As a result, the report captures a snapshot of RPC implementation during its early and mid-stages but cannot account for any adaptations, developments, or longer-term impacts that may have emerged later in the programme. However, these are still robust findings that provide valuable insights into the implementation and outcomes of the Local Grant.

Key findings

RPC vision and strategy

The LAs involved in this evaluation were positive about the continuation of the RPC Programme. They noted that the programme had enabled them to embed support for parental conflict, as well as increase practitioner awareness and confidence to identify it. The programme also raised awareness amongst parents about the harmful impacts of parental conflict on them and their children.

In most LAs, the programme was largely integrated within broader family support services, and particularly within Early Help. RPC was also increasingly integrated alongside Family Hubs and the Supporting Families Programme. This integration facilitated a more holistic approach to family support, allowing LAs to address parental conflict as part of the wider set of challenges that families face.

Many LAs stressed that RPC should not be treated as a stand-alone initiative but should be embedded within existing services to maximise impact. This vision encouraged a shift in focus from short-term interventions to more sustainable, long-term capability-building across the workforce, especially amongst family practitioners, which was critical to ensuring the continuation of parental conflict support beyond the lifespan of the Local Grant.

Use of RPC Local Grant funding

The flexibility of Local Grant funding was valued by LAs in allowing them to adapt RPC activity to the needs of their local area. Most LAs allocated substantial proportions of the grant to training and workforce development. This investment aimed to increase frontline practitioners' ability to identify and address parental conflict and promote the sustainability of RPC practices.

All ten of the case study LAs had taken the decision to fund an RPC lead/coordinator with Local Grant funding, a decision all strategic leads interviewed described as a key enabler for delivering their RPC activity.

RPC interventions typically involved one-to-one support, group support, digital apps, webpages, and toolkits, with limited availability of higher cost intensive specialist support. While many of the interventions delivered were evidence-based, some included locally developed interventions that had not yet been formally tested. These locally developed approaches often addressed specific local needs and priorities.

Practitioners' experience of delivering RPC activity

Practitioners across the LAs involved in the research largely had a positive experience of delivering RPC. Key enablers of this included having a dedicated RPC lead/coordinator in post; having positive experiences of RPC training and feeling that it was relevant and engaging; and having senior buy-in to the RPC agenda (so time and resource could be dedicated to implementation and attending training).

The majority of the LAs involved in the case studies highlighted a lack of resource and staff time to attend RPC training as a challenge. For many LAs, having capacity to deliver RPC training was also difficult, especially for frontline practitioners who already had a high workload.

Although a key enabler of RPC delivery for some, other LAs said they were still in the early stages of developing partner relationships. Some LAs had struggled to encourage partner organisations to buy into RPC, mainly due to lack of time and high staff turnover. Those with more advanced partnership collaboration also cited these relationships as a way of progressing and embedding their RPC activity.

Referral to RPC interventions

A variety of referral pathways were used to engage parents in RPC interventions, including self-referrals and referrals by health visitors, school staff, and social workers. Key enablers to the referral process were comprehensive and straightforward referral forms; proximity and familiarity between referral and intervention delivery teams; and good relationships between practitioners and the parents they were referring.

Key barriers to the referral process were difficulties in encouraging take-up of RPC support by both parents, particularly fathers, and long, sometimes complex referral forms which were difficult for some parents to complete.

Parents' experiences of RPC support

Parents who accessed RPC support reported positive experiences overall, with many appreciating the support they received in managing conflict and improving communication within their relationships. Positive elements of parents' RPC support

included helpful session content, positive and supportive group sessions, and skilled and knowledgeable practitioners.

Challenges of RPC included long wait times in some LAs, engaging with support around other commitments, and reservations among parents about group support. Where referred parents did not go on to start their interventions, this was usually because they did not feel that the intervention content would be useful for their situation, and/or that they did not want to receive support in the structure or format that was available.

Monitoring and evaluation

Monitoring and evaluating the effectiveness of the RPC interventions varied across LAs depending on the resources and systems they had in place. LAs with more advanced data collection tools were better positioned to monitor progress, especially in identifying reductions in parental conflict and improvements in family dynamics. However, the maturity of monitoring and evaluation frameworks differed widely, with some LAs still developing their capacity to measure outcomes systematically.

Many LAs used feedback from frontline practitioners and parents to assess the effectiveness of their RPC activity. There was a need for better-defined outcome measures and community engagement strategies to ensure robust monitoring of experience and outcomes could be undertaken more systematically.

Outcomes

Across the LA case studies, broad buy-in to the RPC programme was achieved, with practitioners incorporating RPC across children's services. RPC training and resources, like toolkits, boosted practitioner confidence in addressing parental conflict. RPC leads/coordinators were key to embedding RPC and fostering integration.

This evaluation found evidence that most of the anticipated outcomes for parents, as outlined in the Theory of Change (ToC), had been achieved; this was particularly the case with improved communication and conflict resolution. Increased confidence in addressing relationship issues was also noted, though resilience to stress and health improvements were less common. Stronger outcomes occurred when both parents accessed support, especially amongst intact couples.

There was less evidence around child outcomes than for parents, partly due to limited feedback. Some stronger relationships and improved mental health in children were noted, though evidence of improved emotional development or reduced anti-social behaviour was scarce.

Glossary

Domestic abuse

Domestic abuse can be physical, verbal, sexual, emotional, psychological, economic, a combination of these, and include many other forms of harmful behaviour. This is reflected in the statutory definition set out in the [Domestic Abuse Act 2021](#), which covers numerous forms of behaviour, any one of which can constitute domestic abuse if both the victim and survivor and perpetrator are ‘personally connected’.

Early Help

Early Help is the support provided for children, young people and their families to respond when difficulties emerge or to stop problems developing in the future. The type of support on offer varies substantially across LAs and aims to cater for a wide variety of individual needs. Many services will provide information, advice and interventions to support families. This can be offered in a one-to-one setting or as part of a group. They may also help families find solutions to specific problems.

Family Hub areas

Family Hub areas are the 75 LAs that received a share of the £301.75 million Family Hubs and Start for Life Programme funding package for 2022-2025. This funding was provided to create Family Hubs in their area, which give advice to parents on taking care of their child and ensuring that they are safe and healthy. The Programme aims to join up pre-existing services, as well as to enhance them.

Frontline practitioner

Local authority colleagues and their partners working with families including those who work for services such as social work, health visiting teams, Early Help and early years’ services.

Management information (MI)	Management information (MI) is information about a programme/project/service etc. that is collected. It is usually quantitative, but not always. Local authorities use this to monitor and evaluate the delivery and performance of their RPC activity.
National Supporting Families Outcome Framework	The National Supporting Families Outcome Framework recognises the long-term benefit of positive parenting and attachment, and the impact that family conflict can have on children in the family. The Framework also recognises the impact of violence or abuse inflicted by children towards other members of the family, and the impact of unmet needs for young carers.
Parental conflict	<p>Harmful parental conflict behaviours in a relationship which are frequent, intense and poorly resolved can lead to a lack of respect and a lack of resolution. Behaviours such as shouting, becoming withdrawn or slamming doors can be viewed as destructive.</p> <p>Parental conflict is different from domestic abuse.</p>
Reducing Parental Conflict (RPC) Programme	The Reducing Parental Conflict Programme 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. The initial Programme ran from 2018 to 2022, with the second programme including the Local Grant funding, beginning in April 2022. The Local Grant funding is the focus of this evaluation.
Regional Integration Lead (RIL)	They are DWP employed staff available to provide expert advice and support to local authorities and their partners and maximise the opportunities that the RPC Programme presents.

RPC Local Grant

The RPC Local Grant, which began in April 2022, encourages local authorities to continue to integrate RPC, build the capability of frontline practitioners who support parents and families and improve the overall RPC support offer to families. Under the Local Grant, RPC interventions are not provided centrally by DWP, and instead local authorities can commission them themselves or build the capability of their own practitioners to deliver them in-house.

RPC Planning Tool

The RPC planning tool is a self-assessment of local authority RPC capability to help local authorities and their partners to deliver a system-wide approach to reducing the negative impact of conflict between parents on their children. It was developed by the Early Intervention Foundation (now Foundations) and covers eight areas of capability. Although the tool is primarily to guide local area planning, DWP ask to see planning tools on an annual basis to help gauge progress at a local and national level.

Theory of Change

A Theory of Change is a tool that maps out how and why a desired change is expected to happen in a particular context, based on the link between activities and outcomes.

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Introduction

Background and 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 both the short and longer term.¹

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 them 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.²

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. The aim of the RPC Programme was to encourage local authorities (LAs) across England to integrate services and approaches which address parental conflict in their local provision for families. There was also an aim to build evidence on what works to reduce parental conflict and understand best practice.

Funding began under the first RPC programme in 2018, with a total of £39m allocated for the period up to March 2021. It was then extended with additional funding through to March 2022. After this, a further phase of funding was secured up to 2025, which included the RPC Local Grant, offering up to £7 million in the first year and up to £6 million in subsequent years. This evaluation focuses on the Local Grant element of the RPC programme.

This evaluation builds on IFF's evaluation of the 2018-22 RPC programme, the final report from which was published in August 2023.³ An interim report of findings from this current evaluation was published in October 2024⁴ and covered early findings from early-stage workshops and LA case studies.

¹ Harold et al. (2016) What works to Enhance Inter-Parental Relationships and Improve Outcomes for Children. London: Department for Work and Pensions.

² Further information is available here: <https://reducingparentalconflict.eif.org.uk/child-impact/>

³ <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-2018-to-2022-final-evaluation-report>

⁴ Publication of the interim report was delayed until October 2024, due to the general election. [Interim report: Reducing Parental Conflict Programme – Local Grant Evaluation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/reducing-parental-conflict-programme-local-grant-evaluation)

About the RPC Local Grant

The Local Grant was introduced in April 2022 and was designed to encourage LAs to continue to:

- Integrate RPC focused practice and organisation into local services for children and families.
- Build the capability of frontline practitioners who support parents and families.
- Improve the overall RPC support offer for parents.

The Local Grant was designed to give more flexibility to LAs to develop their own plans for progressing the RPC agenda and tailoring it to the needs of their local area. Under the 2018-2022 programme, the LAs had been offered funding for specific activities such as strategic leadership support, practitioner training and workforce development. Under the Local Grant, funding was offered to LAs over multiple years, rather than just one year (as with all previous grants) and was much less prescriptive in relation to what the money could be spent on. Importantly, RPC 2022-2025 did not include a test of any specialist interventions, so no LAs could refer parents to interventions provided by DWP. Instead, LAs could commission interventions from third party providers or build the capability of their own practitioners to deliver them in house.

More detail on the inputs, activities and intended outcomes of the RPC Local Grant Programme can be found in Annexes 1 and 2 (DWP developed Theories of Change (ToC)).

Report structure

This report, presenting findings from the RPC Local Grant evaluation, is structured as follows:

- **Evaluation approach and reporting:** evaluation objectives and evaluation activity undertaken.
- **RPC Vision and Strategy:** the vision that LAs had for the RPC Local Grant Programme in their area, detail on the integration of RPC with other initiatives, and on the approach to partnership engagement.
- **Use of RPC Local Grant funding:** intended RPC delivery and how the Local Grant funding has been used.
- **Practitioners' experience of delivering RPC activity:** experiences of those delivering RPC, including key enablers and challenges, and views from LAs on their experience of support from DWP.
- **Referrals to RPC interventions:** referral pathways used for RPC interventions, including enablers and barriers.

- **Parents' experiences of RPC support:** parents' experiences of RPC support including format of delivery, key successes and areas for improvement.
- **Monitoring and evaluation of RPC:** LA views on monitoring and evaluating the performance of their Local Grant funded activity.
- **Outcomes:** extent to which outcomes in the ToC have been achieved and the key mechanisms for this.
- **Conclusions:** overview of key findings based on the above.

Evaluation approach

Evaluation aims

In September 2022, the DWP commissioned IFF Research to undertake an evaluation of the RPC Local Grant. This built on the IFF evaluation of the 2018-22 RPC programme, the final report was published in August 2023.⁵

The main objectives of the Local Grant evaluation were to:

- Assess how much progress has been made by LAs in relation to integrating RPC focused practice and organisation into family services;
- Understand how the LAs have spent their funding and how this has varied across England;
- Understand how LAs in different circumstances have approached specific challenges and problems in their local areas to further embed RPC and improve their overall support offer for families; and
- Evaluate the quality of support for parents who access specialist RPC interventions (or support with a significant RPC component) to identify key outcomes and establish if and how the overall RPC support offer has changed under the Local Grant.

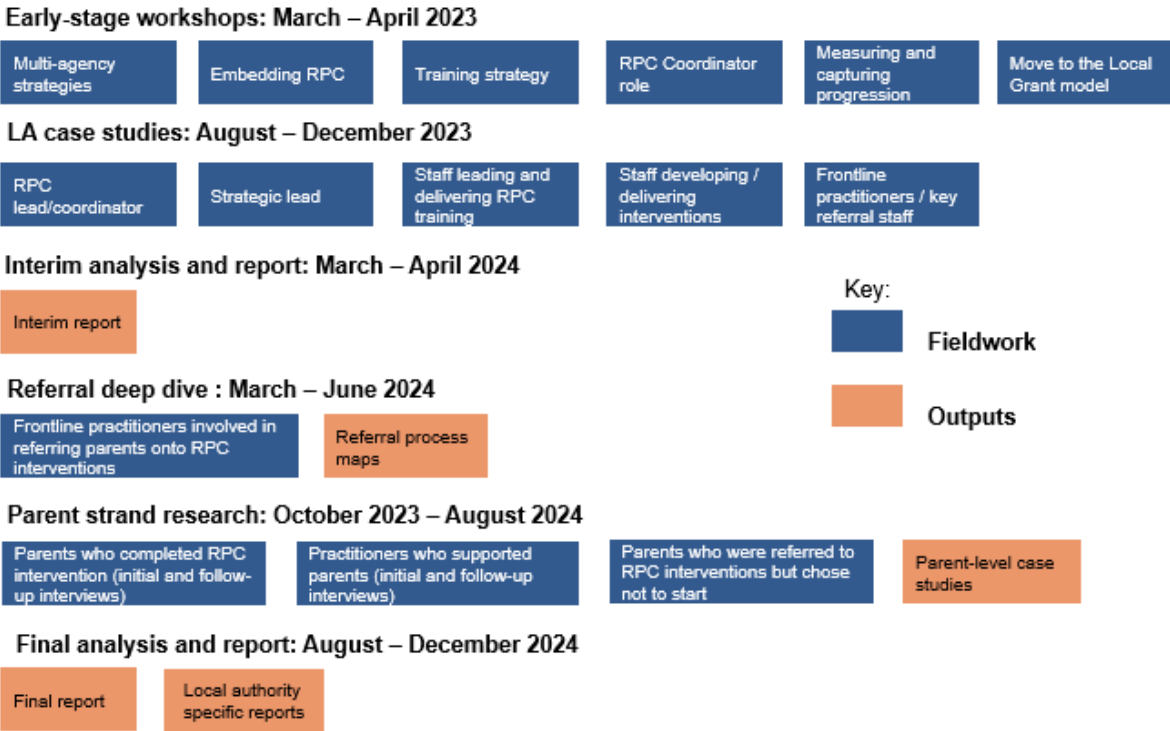
A key underlying aim of the evaluation was to identify best practice, effective models of service configuration and delivery alongside any other lessons. This was designed to benefit other LAs and promote rapid progress in relation to embedding RPC into family services and improving the overall RPC support offer for building stronger relationships.

Evaluation approach

Figure 1 below summarises the evaluation approach and timescales.

⁵ <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-2018-to-2022-final-evaluation-report>

Figure 1 Evaluation approach overview



Early-stage workshops

The evaluation began with six workshops with LAs in March and April 2023. Each workshop ran for two hours and included a 20-minute presentation from one LA around a specific theme, followed by a question-and-answer session, as well as breakout group discussion sessions. Between four and sixteen attendees attended each of the workshops. The workshops varied in focus, covering (more detail is provided in Annexe 3):

- Engaging parents, families, faith groups and communities to design and deliver RPC
- Partnership engagement, including working with health organisations and the police
- The RPC lead/coordinator role
- Developing an RPC support offer for parents/families
- Training
- Measuring and capturing outcomes

Table 1: Participation in the workshops

Topic areas for the workshops	Number of attendees
The RPC coordinator role	13
Partnership engagement – Working with key areas such as health and police	12
Training – Developing reducing parental conflict workforce capability	11
Engaging parents, families, faith groups and communities to design and deliver RPC	10
Developing an RPC support offer for parents/families	8
Measuring and capturing outcomes	5
Total	59

LA case studies

The second stage of the evaluation involved 10 LA case studies, undertaken between late August and early December 2023. More detail on the 10 LAs can be found in Annexe 4. In each LA, the aim was to interview individuals within each of the following job roles:

- **RPC lead:** the nominated lead for the RPC Programme in each LA. Note in some LAs, this role was also called an RPC lead/coordinator.
- **Strategic lead (e.g. Director of Children’s Services):** individuals with strategic oversight of children’s services.
- **Staff leading and delivering RPC training:** either internal (within the LA) or external trainers (training bodies sitting outside of the LA).
- **Providers/staff responsible for developing/delivering interventions for parents:** either internal or external providers/developers of interventions.
- **Frontline practitioners/key referral staff:** including representatives from children’s social work teams, police, health and education.

Table 2 shows the number of interviews conducted with each job role. Each of these individuals were interviewed via one-to-one interviews or paired interviews where appropriate, except for frontline practitioners and key referral staff, who took part in focus groups. The interviews aimed to understand current and future planned RPC activity in each LA, how the Local Grant funding had been used in different areas, opportunities and challenges to delivery, how RPC had been integrated into broader delivery, and to understand staff and beneficiary experiences.

Table 2: Participation across the 10 LA case studies

Job role	Total number of individuals interviewed across all 10 LAs
RPC lead/coordinator	10
Strategic lead	10
Staff leading RPC training	16
Providers/ staff responsible for developing / delivering interventions for parents	10
Frontline practitioners/ key referral staff	36
Total	82

In addition to this, where relevant, Regional Integration Leads (RIL) were interviewed. RILs are DWP staff members who support LAs in the planning and operation of the RPC Programme. At the time of interviewing, only a small number of RILs were in post covering LAs in England, and so each of the **two interviews** conducted covered a broad number of LAs across the country. These interviews aimed to understand the process of moving to the Local Grant funding model, how LAs were shaping RPC provision to meet local needs, as well as to understand the experience of performing the RIL role.

Document review

As well as the qualitative fieldwork, nine (of ten) case study LAs shared their planning tools⁶ from May 2023, the most recent planning tool at the time of fieldwork. Note that the planning tool only included information on specific Local Grant funded interventions being offered in the LA, so conflict-focused interventions funded from other sources may not have been covered.

Additionally, LAs were asked to share other documents for analysis as part of the evaluation. This resulted in 27 documents being shared by 6 LAs. Documents included descriptions of referral/support pathways at the LA (created for use by frontline practitioners), posters aimed at parents that advertised RPC support, and information packs designed to explain RPC provision to parents.

⁶ The RPC planning tool is a self-assessment of local authority RPC capability to help local authorities and their partners to deliver a system-wide approach to reducing the negative impact of conflict between parents on their children. It was developed by the Early Intervention Foundation (now Foundations) and covers eight areas of capability. Although the tool is primarily to guide local area planning, DWP ask to see planning tools on an annual basis to help gauge progress at a local and national level.

Qualitative research with parents

The third strand of research, conducted between October 2023 and August 2024, aimed to capture the voices of parents. The interviews with parents across 11 LAs focused on their experiences of RPC interventions and outcomes achieved. A breakdown of intervention type across the parent interviews is included in Annexe 5. In addition to the parent interviews, practitioners such as social workers and family support workers working with the families were interviewed to explore the experience and outcomes of RPC interventions from a professional perspective.

The breakdown of parents and practitioners was as follows (note all interviews were conducted via telephone or Teams):

- **Parents who received RPC support and completed the intervention:** 22 interviews were conducted with parents across 11 local authorities between October 2023 and May 2024.
- **Practitioners who supported the above parents:** five interviews were conducted covering 14 parents⁷ between October 2023 and May 2024.
- **Longitudinal follow-ups after c. 3-4 months with parents who received RPC support and completed interventions:** 14 interviews⁸ were conducted with parents across six local authorities between January and August 2024.
- **Longitudinal follow-ups after c. 3-4 months with practitioners who supported parents who accessed RPC support:** four interviews (covering 12 parents) were conducted with parents between May-August.
- **Parents who were referred to RPC support but did not start the interventions:** nine interviews were conducted with parents across five local authorities between January and March 2024.

⁷ It's worth noting that a practitioner was invited to participate for each of the 22 parents; however, some practitioners either did not respond or chose not to take part. Since some practitioners were working with multiple families, we conducted 5 extended interviews to avoid the burden of multiple interviews, covering the relevant sections of the topic guide for 14 families within those 5 sessions.

⁸ All parents who completed the initial interviews between October 2023 and May 2024 were invited to participate in follow-up interviews. However, not all chose to take part, either due to time constraints or lack of response.

Table 3: Participation in parent qualitative research

Type of audience	Number of individuals interviewed
Completed RPC support- parents	22
Completed RPC support- practitioners	5
Follow-up interviews- parents	14
Follow-up interviews- practitioners	4
Did not start RPC support	9
Total	54

Following the parent research, five parent-level case studies from the parent completer interviews were developed. These followed the journey of how parents engaged with RPC support, their experiences, as well as outcomes achieved. Each case study focused on one (sometimes composite) family and explored different experiences and outcomes to ensure a variety in the range of opinions/experiences. These are provided in full in Annexe 8.

Referral deep dives

The final strand of the evaluation involved fifty interviews with frontline practitioners who were involved in referring parents onto RPC interventions. Some practitioners were also involved in delivery of RPC interventions.

Practitioners were recruited from eight LAs, and interviews were conducted between March and June 2024. Interviews focused on experiences of identifying parental conflict and making referrals to RPC interventions, confidence in making referrals, what was working well and not well, as well as any areas of improvement.

Three process maps were also created visually showing how the referral process was working across LAs. These maps detailed the step-by-step pathways that parents and practitioners go through during the referral process for accessing RPC interventions. These maps are included throughout the report where relevant, with the full versions provided in Annexe 8.

Analysis

Analysis of the data was a continuous process (during and after fieldwork periods, and between phases) and iterative, moving between the data, research objectives and emerging themes. Data from case study interviews, qualitative research with parents and referral deep dives was entered into a bespoke analysis framework structured by key research objectives and areas of interest. The findings were systematically summarised by the research team and then triangulated through analysis sessions where key findings were discussed, and emerging themes and insights were tested.

All planning tools and other supporting documents were summarised into the analysis framework, with the findings providing useful context and additional insights that were woven through the case study analysis.

Evaluation considerations

LAs were approached for inclusion in the LA case studies and referral deep dive strand based on a purposive sampling approach, with an attempt being made to cover a variety of different evidenced-based RPC interventions that were being offered across the LAs, including online and face-to-face delivery and different intensities of intervention. Effort was also made to balance LAs by their status as Family Hub areas, as well as to get a spread across the volumes of parents LAs intended to reach through their RPC interventions. Engagement from LAs varied and so it was agreed to move to a convenience sampling approach, based on DWP asking LAs to participate. Nevertheless, attempts were made to ensure a spread across Family Hub status and the interventions that were offered.

There were challenges in engaging LA staff for the case study interviews. Due to busy schedules, it was difficult to arrange focus groups with the number of frontline practitioners as was planned. Similarly, because many LAs were focusing less on providing interventions directly to parents, it was at times challenging to interview sufficient numbers of intervention providers.

The original plan was to conduct a survey with parents, but when the volumes of parents accessing specialist interventions in Year 1 fell short of expectation, the decision was made to move to qualitative research. A number of challenges were faced in recruiting parents for this research. This included limited practitioner capacity to engage with recruiting parents (due to high workloads and lack of capacity). Too few eligible parents in the population undertaking RPC interventions of interest for the evaluation and being funded by the Local Grant was also a barrier. Full details of the challenges faced can be found in Annexe 6.

Qualitative case study evidence is not intended to imply prevalence but rather to illustrate the range of experiences of RPC and provide depth of understanding. It should be noted that findings from this evaluation may not be generalisable beyond the particular LA areas explored in this research. In addition to this, it is important to note that a high proportion of the parent sample received the intervention *Parenting When Separated*. This impacted the ability of the research to comment on the full range of interventions and differences across them in terms of parent experiences and outcomes.

Finally, it is important to note that the fieldwork for this evaluation was conducted at various points between March 2023 and August 2024 and covered differing elements of the RPC programme. As a result, some of the data and insights presented may reflect practices or circumstances that have since evolved, and certain findings may not reflect how LAs were delivering towards the end of the programme, especially in

2024/25. However, these are still robust findings that provide valuable insights into the implementation and outcomes of the Local Grant.

RPC vision and strategy

This chapter explores the vision for the RPC Programme in the case study LAs, referral deep dive and parent strand practitioner interviews. It also explores views on the move from DWP-commissioned specialist interventions (under the previous RPC programme) to locally commissioned provision (under the Local Grant model).

Key findings

- Most LAs involved in the case studies were positive about the continuation of the RPC Programme. They noted that the Programme had supported LAs to embed support for parental conflict, as well as increase practitioner awareness of parental conflict and confidence to identify it. It had also raised awareness amongst parents about the harmful impacts of parental conflict on them and their children.
- Case study LAs saw the Local Grant as a way to further embed the RPC agenda within their LA, and to raise awareness and provide additional support to parents and practitioners around parental conflict.
- Most strategic and RPC leads/coordinators described the importance of RPC being integrated within their wider family support offer, and it not being a siloed programme. It was common for RPC to be integrated within wider Early Help support.
- Generally, LAs reported positive impacts around the integration of RPC and Family Hubs. The main reasons for this included enabling LAs to increase awareness of RPC through promotion via Family Hubs and using Family Hub structures to engage practitioners in RPC training.
- Almost all LAs involved in the case study research mentioned integration of RPC and the Supporting Families Programme. The two programmes were felt to be naturally well-aligned and strategic leads saw the benefits of combining resources from both programmes to deliver support to parents on a wider scale.
- LA staff who were involved in the grant application process found it easy and straightforward. They also felt that there was ample support from RILs throughout the process.
- Many LAs in the case studies reported that partnership engagement was a key focus of their RPC activity to date and had largely gone well, though some challenges remained.

The Local Grant model was introduced in April 2022 to afford LAs much more flexibility in how they spent their funding, for example, allowing them to commission RPC interventions from partner organisation or to enhance the capabilities of their own practitioners to deliver interventions themselves. This was a key change from the previous RPC programme where for 31 LAs, DWP commissioned a suite of three or four interventions which LAs could refer parents to at no cost to themselves.

Research participants were asked within the case study interviews about their experience of this change in commissioning; most were unable to comment from direct experience, primarily because they had come into post since April 2022.

Participants were also asked about the integration of their RPC activity with Family Hubs and the Supporting Families Programme:

- Family Hubs co-locate children and family services to create single access points to enable multi-agency assessments and coordinated support for families. By January 2024, parents in all 75 LAs involved in the scheme could now access free help and support. Seven of the 10 LAs involved in the case study research were amongst those 75 areas.
- The Supporting Families Programme (previously Troubled Families) worked closely with Family Hubs and helped families across England to get the help they need to address multiple disadvantages through a whole family approach.

This research sought to understand how RPC aligned with Family Hubs and Supporting Families, and what additional challenges or advantages there are when RPC and Family Hubs and Supporting Families operate together.

LA vision for RPC

The general view of those involved in the workshops and LA case studies was that since 2018, the RPC programme had been an important mechanism in helping them tackle parental conflict. Overall, they felt that, not only had the programme increased practitioner awareness of parental conflict and confidence in identifying parental conflict, but it had also raised awareness amongst parents about the harmful impacts of such conflict.

"I can only speak highly of the RPC programme. It has been very important for us locally to tackle PC [parental conflict] head on and really get practitioners to understand what it is and what we have available locally to help parents."

RPC lead/coordinator

The introduction of the Local Grant was welcomed by RPC and strategic leads in the workshops and case studies. They saw it as a way to further embed and build on the work they had already undertaken under the previous programme. They also saw it as an opportunity to promote the parental conflict agenda more widely amongst practitioners and parents, and as an opportunity to upskill them in identifying and resolving parental conflict.

For RPC and strategic leads, a key aim for the Local Grant was to further increase the understanding amongst practitioners of the distinction between domestic abuse and violence and persistent relationship conflict, and to support practitioners to understand when and how to make referrals to RPC interventions.

“Our RPC work is [about] separating out domestic abuse and violence to parental conflict and actually allowing practitioners to see that is a lot more nuanced and being able to understand their role as early intervention practitioners in being able to have early conversations with parents to show them the impact parental conflict can have.”

Strategic lead

Local Grant funding

Most staff who contributed to the workshops and case studies were unable to comment from direct experience on the change in commissioning approach from the centralised DWP-commissioned model to the flexible Local Grant model, primarily because they had come into post since April 2022.

Overall, most RPC and strategic leads were positive about the rationale for the move to the Local Grant (from the previous central commissioning). They appreciated the flexibility that the Local Grant allowed them, and particularly that it had enabled them to deliver RPC activity tailored to the specific challenges and needs of parents and families in their area.

“It gives us more flexibility because we are embedding it [RPC], we are seeing how it works, we are evaluating it [locally]. By providing reports on how it’s going and getting feedback we can identify our gaps and fill those gaps or look at how in the future we can develop a model for it.”

RPC lead/coordinator

The move to locally commissioned provision had also created motivation and renewed enthusiasm for the programme. RPC and strategic leads felt this was because the Local Grant model reinforced local ownership and allowed LAs the opportunity to explore tailored solutions to challenges in their local context.

“It [RPC Local Grant] means we can decide things locally and meet our specific local contexts. All LAs are different, so I think this is important.”

RPC lead/coordinator

RPC leads/coordinators also talked about the opportunity the Local Grant had given them to invest in their workforce, embed RPC leads/coordinators and offer more training to practitioners. More detail is provided in the next Chapter about how LAs have chosen to spend their Local Grant funding.

"[The RPC Local Grant] has enabled us to have that pocket of money to employ a RPC coordinator to co-ordinate the support and make sure everybody's needs are met. To make sure the teams that are out there on the frontline working are actually getting the support and training."

RPC lead/coordinator

Most staff who contributed to the workshops and case studies had not had any involvement with the Grant application process (as they had come into post since April 2022). Those who were involved in the application process said they found it to be easy and straightforward. They also felt that there was ample support from RILs for those who were unsure or had any questions about the process.

"It was important to have a clear idea of what you wanted to achieve but once you had that it was quite easy to complete the application – I don't have any complaints."

RPC lead/coordinator

A small number of RPC and strategic leads reported challenges with the move to the Local Grant. These included difficulties ascertaining what they could and could not use the funding for because there were still some limitations/conditions of spend which were not clear in the grant agreement. In some instances, this led to delays in implementing activity. A small number of LAs also felt that the time it took to get clearance from DWP for spending decisions meant they were not able to progress with their delivery as quickly as they would have liked.

"[To help with clarity on how to spend funding...] you almost need like a mock-up sheet saying, these are things you can do... For me where I've inherited this post within my team, I don't really know the background. I think we had a big underspend this year because we don't really know what we can and can't be claiming for."

RPC lead/coordinator

Integration of RPC into children's services

RPC and strategic leads felt that it was important to broaden the scope of RPC by aligning it with established programmes, services or teams that offered similar or complementary support to parents. RPC and strategic leads described the importance of this in ensuring that RPC was not a siloed programme. They mentioned that this integration also helped improve engagement among practitioners due to their existing involvement with other local programmes and it not being seen as an additional ask.

“If I had come along and said we have this new thing [RPC] and you can have training. They [frontline practitioners] would have said ‘urgh another thing to add to my plate or I’m sure this will blow over so I’m not going to bother’. But if it’s just part of Early Help and what we do as our bread and butter, then they are fine with it [i.e. to engage].”

RPC lead/coordinator

It was most common for RPC to be integrated within wider Early Help support⁹, with feedback from frontline practitioners indicating that this had been successful. Practitioners reported that RPC felt like a key part of the LAs wider Early Help offer.

“It’s embedded, the tools are shared, the conversations [are] being had so people are aware of the interventions that are available for practitioners, the interventions that people can refer families on directly and the interventions that would need a more detailed conversation to go through that referral process – it all feels very connected”.

Frontline practitioner

Spotlight: Manchester

Embedding Promoting Positive Relationships Toolkit within Early Help offer

In Manchester, RPC sat within the LA's Early Help support offer, with parental conflict included in the Early Help assessment. A relationship toolkit called Promoting Positive Relationships was also developed, which offered all practitioners a range of resources to support parents in conflict. The aim of this integration was to ensure RPC would not be a separate piece of work but would become part and parcel of practitioners' roles and help embed it within the context of limited practitioner time and capacity. Feedback from practitioners during the parent strand fieldwork was positive about the toolkit. It was felt to be easy to use and embed into their day-to-day work. Embedding RPC into Early Help also helped practitioners see it as a way to reduce the amount of work they would have in the long term. Practitioners had also received positive feedback from parents; particularly that the tools were relevant and engaging and they enjoyed working with practitioners.

⁹ Early Help is the support provided for children, young people and their families to respond when difficulties emerge or to stop problems developing in the future. The type of support on offer can vary a lot. Many services will provide information and advice to support families. This can be offered in a one-to-one setting or as part of a group. They may also help families find solutions to specific problems.

In addition to integrating with other interventions, some LAs also incorporated the Local Grant with other sources of funding, such as from the Youth Endowment Fund, to enhance the support on offer for parents by expanding the pool of funding and resources available such as training, additional staff costs, etc. However, it was too early at the time of the case study fieldwork (August to December 2023) for LAs to comment on how well this was working.

Factors limiting integration

There were two commonly cited barriers to closer integration of RPC into children's services. These were limited frontline practitioner capacity, and senior buy-in and awareness of RPC.

Closer integration and embedding RPC into practitioners' day-to-day work was challenging due to limited capacity and existing feelings of being overwhelmed by the range of initiatives and interventions available. This resulted in some reluctance to fully engage with RPC. Although RPC and strategic leads felt closer integration would actually reduce this (through having more joined-up thinking), a number of LAs explored other ways of reassuring practitioners. This included delivering training in phases to help avoid overload, and consulting with practitioners on their capacity to inform the timing of implementation of new activities.

"We have had to phase that workforce development because there's so much new stuff that we're asking them [practitioners] to deliver that's new in the last couple of years that it's a significant change for. It's just understanding that you can only they can only shift their delivery and also do training and become experts in so many things."

Strategic Lead

A small number of LA case studies cited lack of senior leadership buy-in and awareness of RPC as a barrier to closer integration. This was felt to be a greater factor where RPC had historically been seen as an 'add-on', rather than being integrated into core children's services functions.

"You really need the buy-in of seniors [leaders] to get them to see RPC as something to be integrated...it has taken time, but we are getting there."

RPC lead/coordinator

Integration with Family Hubs

Seven out of ten case study areas were Family Hub areas, with two of the LAs being trailblazers.¹⁰ RILs mentioned that while it was a requirement to integrate RPC with Family Hubs, not all LAs had made much progress with this at the time of the case study fieldwork (August to December 2023). Some LAs also said that the implementation of Family Hubs was too recent to comment on the success of integration.

Where progress had been made, RPC and strategic leads typically focused on developing relationships with Family Hub leads and beginning discussions around incorporating RPC into the wider Family Hubs structure and agenda. Generally, LAs reported positive outcomes from these discussions. The main reasons included enabling LAs to increase awareness of RPC through promotion via Family Hubs and using Family Hub structures to engage practitioners in RPC training. Given the scale of Family Hubs Programme, some RPC leads/coordinators felt that strong links with Family Hubs would help generate wider engagement with the RPC agenda and generate more demand for parent support (as more parents are supported and practitioners identify parental conflict).

“Having the clout/benefit of [integrating with] Family Hubs has given RPC a push.”

RPC lead/coordinator

A key benefit of integration with Family Hubs was opportunities for partnership engagement, especially among the police, education and healthcare staff. RPC and strategic leads reported that they could utilise the relationships developed by Family Hubs to promote the RPC agenda.

“Family Hubs have been really helpful for integrating partners. We’ve pulled together a much more coherent, stronger sort of multi-agency strategic steering group that we can link RPC into as well.”

RPC lead/coordinator

A similar point was made around using Family Hubs to identify more parents in need of RPC support. RPC leads/coordinator described families that approached Family Hubs for issues such as housing, finance, additional support needs for children, etc. were also able to speak to practitioners about relationship conflict because practitioners in the Family Hubs had received training on RPC and were aware of available support.

¹⁰ Following a competitive bidding process, 14 local authorities were selected to be Family Hub trailblazers. Their aim was to lead the way in delivering the programme, making the fastest and most ambitious improvements to services for families, and share learning and best practice with other areas, including those not receiving funding.

Spotlight: Blackburn with Darwen

RPC interventions delivered as part of Family Hubs

In Blackburn with Darwen, some RPC interventions were being delivered in the Family Hub. Practitioners who contributed to the referral deep dive described arranging for parents to visit the Family Hub ahead of the RPC intervention starting, so parents could familiarise themselves with the location and provide an opportunity for them to explore what else is on offer at the Hub. Practitioners felt that this collaboration with the Family Hubs made parents feel more comfortable about attending support, and also led to them accessing other available support in the Hubs. Although it was felt to be too early though for any measurable outcomes to be seen, practitioners praised the benefits of close working with the Family Hub and cited close working relationships at a senior level as having enabled the integration.

“It is great to be working with the Family Hubs to deliver coordinated support.”

Frontline practitioner

The only challenge mentioned by a small number of LAs in integrating RPC with Family Hubs was difficulties encouraging frontline practitioners to see the practicalities and value of aligning RPC with the Family Hubs agenda. The RPC leads/coordinators noted that some practitioners were reluctant to prioritise RPC training alongside their existing work in the Family Hubs, which they attributed to resourcing and workload issues.

“It [Family Hubs] is such a big project that getting them [frontline practitioners] to see the need to incorporate and link in anything else [i.e. RPC] is difficult... but the benefits are there, we just might need to explain it more.”

RPC lead/coordinator

Integration with Supporting Families Programme

RPC is an outcome in the National Supporting Families Outcome Framework¹¹ and there is an expectation that resources between the two Programmes were shared to enhance the support offer for parents.

Almost all LAs mentioned integrating RPC with the Supporting Families Programme. The two programmes were felt to be naturally well-aligned and strategic leads saw the benefits of pooling resources from both Programmes to deliver support to parents on a wider scale.

¹¹ The National Supporting Families Outcome Framework recognises the long-term benefit of positive parenting and attachment, and the impact that family conflict can have on children in the family. The Framework also recognises the impact of violence or abuse inflicted by children towards other members of the family, and the impact of unmet needs for young carers.

“Because of the obvious overlaps it just all comes together and dovetails particularly well with Family Hubs Start for Life and Support for Families Programme. It all underpins each other and is threaded all the way through”.

Strategic lead

Spotlight: Nottinghamshire

Using multi-agency networks for referrals

In Nottinghamshire, the RPC lead was also the Supporting Families Programme manager, which had helped them deliver a combined offer to parents in the area. Practitioners who took part in the LA case studies in Nottinghamshire mentioned that due to the scale of offer, they had been able to expand RPC support to parents by utilising the multi-agency networks for referrals established as part of the Supporting Families Offer.

Most RPC and strategic leads did not cite any factors limiting integration of RPC with the Supporting Families Programme. Only one strategic lead noted that RPC funding could seem quite minimal compared to the Supporting Families funding, which meant they sometimes struggled to highlight the importance of RPC (and ensure it was seen as equally important to Supporting Families) amongst frontline practitioners.

Partnership engagement

Multi-agency collaboration was seen as crucial to the success of RPC. Overall, those involved in the workshops and LA case studies reported that their partnership engagement with other organisations had been a key focus of their RPC activity and had largely been going well.

Data from the LA case studies (August to December 2023) showed positive progress in most LAs around partnership engagement, compared with the early-stage workshops (March and April 2023).

During the workshops, LAs mentioned that it had proved particularly challenging to engage staff working in health care services, schools (particularly secondary schools) and the police. This was mostly due to limited capacity and time amongst staff from these organisations to engage. As shown in analysis of the nine original LA case study planning tools from May 2023¹² (shown in

¹² One local authority did not share their RPC planning tool with the research team.

Table 4 below), awareness of the RPC agenda among senior leaders of partner agencies was the highest amongst LA teams and family workers but the lowest amongst police.

Table 4: Awareness of RPC agenda among senior leaders of partner organisations

How aware of the RPC agenda are the senior leaders of your partners?	Very Aware	Somewhat Aware	Not Aware
LA Early Help / family workers	8	1	0
Health	3	6	0
Education	2	7	1
Voluntary and community sector	1	8	0
Police	0	8	1

Source: Analysis of the nine original case study LAs planning tool from May 2023.

By the LA case study fieldwork (August to December 2023), most RPC leads/coordinators highlighted stronger partnerships with a range of organisations (including schools). It was felt that senior leaders in partner organisations had been key to helping them engage frontline practitioners and build skills and knowledge around parental conflict. Senior leaders in partner organisations championing RPC were also key to keeping it on the agenda and being used by frontline practitioners.

“They do want to be more involved they just struggle to prioritise this in light of all the other work that they’re doing which is why messaging coming from top down is pivotal for keeping them engaged in training.”

RPC lead/coordinator

LAs who had successfully engaged a range of partner organisations cited the importance of being flexible and accommodating to different organisations’ ways of working and being mindful of the limited capacity of staff and working to minimise the burden of engagement.

Strategic leads also commonly mentioned having an RPC lead/coordinator to drive partnership engagement and collaboration was key. One LA mentioned that their RPC lead/coordinator had been able to increase buy-in from senior leaders through their engagement work, which had led to more cross-organisation work and collaboration. Other examples included the value of setting up multi-agency steering groups to focus on RPC design and delivery. One case study LA mentioned in their planning tool that they had set up an RPC steering group which had members from key agencies in the LA, such as health, education and police. They had used this to promote the RPC agenda and training available to practitioners. It had also worked

well to build multi-agency partnerships with typically hard to reach agencies, such as the police.

“It’s absolutely essential you have that strategic group to open those doors... It’s still a tough challenge getting it higher up enough on the agenda because there are other competing agendas that have got a bigger public purse and the strings attached to them.”

RPC lead/coordinator

However, some challenges with partner engagement continued to be highlighted during the LA case study fieldwork (August to December 2023) and also during referral deep dive fieldwork (March to May 2024). This was felt to be due to the high workloads of partner organisation staff, competing priorities and a high turnover of staff.

Many RPC and strategic leads felt that police staff were especially time poor when it came to engaging with RPC and struggled to dedicate resource to training or attending meetings with RPC leads/coordinators and steering groups. Other LAs mentioned that while police were often difficult to engage, partnerships with them could have a great impact once established and it was an aspect of partnership engagement they were looking to develop. Where partnership engagement was strong, LAs mentioned conducting weekly meetings with police to gather intelligence on referrals that may be suitable for RPC interventions.

“We want to strengthen our links with the police. We get 7,000 contacts through our front door services and a large part of that is from our police colleagues ... if we could support the police to understand what parental conflict is, it will help with their decision making [about when to make a referral for RPC support]... that is a longer-term aspiration.”

RPC lead/coordinator

Some LAs also noted that it could be a challenge for organisations that had lighter touch interactions with families to engage with RPC (e.g. schools that only saw parents at pick-up/drop-off or police who were only called when there was a disturbance), because they did not have opportunities or time to build rapport to broach the subject of parental conflict. These organisations tended to only identify parental conflict once it had reached crisis point.

Some practitioners from partner organisations mentioned in the LA case studies that whilst they felt activity had been undertaken to engage them (e.g. invitations to take part in training), more could be done to gather their views on plans for RPC activity and how it could best be incorporated into their roles/organisations. Some practitioners during the LA case study focus groups mentioned that despite schools being a close point of collaboration, school staff had mentioned to practitioners that they felt isolated and lacked integration with the wider RPC programme.

"I think more could be done to work with us and bring us into the fold around this [RPC]."

Frontline practitioner

Embedding the RPC agenda: differences across LAs

This section explores any differences between the ten case study LAs depending on whether they were urban or rural; previously covered by centrally commissioned RPC interventions or not; and those that bid in clusters¹³ or individually. See Annexe 4 for more details.

LAs in **rural areas** felt that it was a challenge to engage parents in the RPC agenda, and more time needed to be spent on exploring the best approaches to RPC intervention delivery. For example, offering more online options to avoid the need for travel. No other differences were identified.

LAs where the interventions tested under the 2018-2022 RPC programme had previously been available reported more success engaging partner organisations than LAs not involved in the tests. RPC implementation and delivery typically progressed quicker in these LAs, as they had already established foundations and senior leader buy-in to RPC. This was most likely because many of these LAs were more advanced in terms of RPC capability before the first RPC programme; many had been part of the Local Family Offer pilot¹⁴ that preceded RPC so will have had a longer historical involvement in this kind of work and a deeper understanding of the impact of parental relationships and conflict on child outcomes.

"We already knew what we were doing and had [name of RPC coordinator] in post, so we could progress quickly. Not sure anything else comes to mind that was different for us though."

Strategic Lead

Areas that **bid as a cluster** typically found it easier to embed RPC, due to their ability to share resources and learning. Cambridgeshire and Peterborough applied for funding in a cluster and have since shared an RPC coordinator. Those interviewed in

¹³ Some local authorities (LAs) had submitted their bids for RPC (Reducing Parental Conflict) funding as part of a group or consortium, rather than bidding individually. These LAs partnered with neighbouring or similar authorities to submit a joint bid, often to pool resources, share services, or tackle similar challenges collectively.

¹⁴ The Local Family Offer pilot aimed to reduce family breakdown and improve relationship quality through 12 local authorities by supporting them to develop innovative strategies to promote family stability and relationship quality. The second phase of the pilot focused on reducing parental conflict to improve outcomes for children. Several of these LAs were subsequently selected under RPC 2018-22, to be involved in a test of eight different relationship and parenting interventions programme because the test required a deeper understanding of parental conflict to help ensure sufficient referrals to the intervention to support robust evaluation.

the LA felt that their coordinator was knowledgeable on every aspect of RPC and had been able to successfully engage partner organisations across the two areas to build relationships. In turn, they had been able to embed RPC agendas across a variety of organisations and raise awareness of RPC.

“The cluster work with other authorities... it was very supportive and a chance to work with other areas and learn from each other, and that opportunity to look at good practice is really important.”

Strategic Lead

Use of RPC Local Grant funding

This chapter discusses how LAs have spent their Local Grant funding. Data is mainly drawn from the case study LAs, with some additional insight from the referral deep dive interviews.

Key findings

- Across the ten case study LAs, the main area of spend for LAs was training and workforce development. The primary reason for this was to promote the sustainability of RPC across the LA, since practitioners were able to use their learning even if the funding were to end.
- All of the ten case study LAs had taken the decision to fund an RPC lead/coordinator with Local Grant funding, a decision all strategic leads interviewed described as a key enabler for delivering their RPC activity.
- To a lesser extent, evidence-based interventions were also funded with the Local Grant. Interventions were also provided outside of Local Grant funding, with LAs using alternative funding sources for this.
- Looking ahead, LAs were looking to further embed RPC into their current Family Hubs offers, keep RPC on the agenda after funding ends by training internal staff, and increase community engagement to increase its sustainability.

Two Theories of Change were developed by DWP (see Annexes 1 and 2) to cover the anticipated inputs, activities, effects and outcomes of the programme. In relation to Local Grant funding, it was anticipated that LAs would:

- Appoint an RPC lead/coordinator and single point of contact to engage with DWP.
- Provide regular opportunities for staff training around RPC and those that have received this are then able to use RPC learning when engaging with families.
- Embed evidence-based RPC interventions¹⁵ within their local family offer.
- Equip practitioners to address parental conflict and address this with families.

¹⁵ In line with the previous evaluation, the current evaluation focusses on specialist RPC interventions commissioned and tested by DWP, to build the evidence base in the UK around what works to reduce conflict in disadvantaged families. These interventions are listed in Table 3.

Use of Local Grant funding

In the first two years of the programme, LAs primarily used their funding to deliver training to meet local needs and to fund RPC leads/coordinators. There was less focus on using the Local Grant funding to offer more intensive practitioner-delivered interventions to parents, especially those tested under the 2018-22 RPC programme. Some of these were still offered, but not necessarily funded by the Local Grant and therefore omitted from the management information returned to DWP, making it difficult to get a full picture of delivery of conflict focused support. The sections below cover the use of Local Grant funding in more depth. Views on and experiences of each of these are covered in the subsequent chapter.

Decisions about the use of the grant were largely led by RPC and strategic leads and included consulting frontline practitioners, parents and RILs. It also involved using experience of activity prior to the existence of the Local Grant, and using data to understand local needs (e.g. via needs assessments).

Practitioner training

Strategic and RPC leads/coordinators in the workshops and LA case studies described a focus on delivering practitioner training as a way of increasing the sustainability of RPC activity. It was felt that if funding was used to purchase parenting interventions from third party providers, LAs would only be able to help a relatively small number of parents. Whereas, using the funding to train their own practitioners, therefore embedding RPC within their everyday roles, could mean reaching a larger number of parents over the long term.

Strategic and RPC leads/coordinators in the case study LAs also felt that the Local Grant had enabled them to provide training to a greater number of practitioners, including those working for partner organisations, and to tailor the training to meet the needs of practitioners in their area. Many LAs had prioritised the funding for this use because they felt that if the Local Grant funding were to end after 2025 , practitioners would be able to use the learning from the training to continue supporting parents experiencing conflict.

“If we invest in the workforce, we will reduce to some degree the need for those kind of high-level interventions [although still understanding that these interventions needed to happen in the meantime] ... most of our money we have invested in a lead practitioner who leads on supporting and working with the workforce to upskill.”

RPC lead/coordinator

Table 5 below includes a breakdown of the partner workforce that LAs provided RPC training to according to May 2023 planning tools. At this time, the most common partner workforce to receive RPC training were LA Early Help/family workers. Some LAs had also made progress with training youth offending, health and education teams. In line with findings in the previous chapter, LAs had typically trained a

smaller proportion of the police workforce, due to challenges with turnover and engagement.

Table 5: Estimated percentage of partner workforces that had received RPC training according to May 2023 planning tools

	0-25%	25-50%	50-75%	75-100%
LA Early Help / family workers	0	3	1	5
Commissioned Early Help / family services workforce	5	3	1	0
Children's social care workers	4	4	1	0
Specialist public health or community nurses	7	1	1	0
Police	9	0	0	0
Education services	6	2	1	0
Health visiting	6	2	1	0
Youth offending services	6	3	0	0

Source: Analysis of the nine original case study LAs planning tool.

Content covered in practitioner training included theories behind conflict occurring, raising awareness of conflict, the impact it has on children and later sessions focused on tools that practitioners could use to help parents reduce conflict. A large number of case study LAs also focused on providing training that aimed to build practitioner confidence in identifying the distinction between domestic abuse and parental conflict, as this was felt to be a particular challenge. Table 6 below provides three examples of LA training provision to give a flavour of topic content and coverage.

Table 6: Examples of training in LAs

LA	Content of Training	Method of delivery
Cambridgeshire & Peterborough	<ul style="list-style-type: none"> • Difference between domestic abuse and parental conflict • Identifying parental conflict • Using tools and resources to support families in conflict • Promoting father-inclusive practice • Father impacts on children and their attainment, father impacts on mothers, on themselves, and impact on co-parenting. • Final stage is learning what works for other people, assessing where they are at in engaging fathers with RPC, what brought them in in the first place, identifying barriers 	<p>Facilitator led training session</p> <p>Lunch webinars for one plus one</p>
Derbyshire	<ul style="list-style-type: none"> • Theories and models of parental conflict developed by DWP • Emphasis on resolution following conflict and how this can be constructive and relationship enhancing. • Difference between domestic abuse and parental conflict • Have some tailor-made courses for those that have some experience in RPC 	<p>Both online and face to face delivery</p>
Torbay	<ul style="list-style-type: none"> • Impacts of parental conflict and outcomes on children • Recognising the signs and symptoms and how to support parents in conflict as a professional mediator • Improving parental relationships and impacts on children by looking at different tools and approaches 	<p>Both online and face to face delivery</p> <p>In-person skills workshop</p>

Source: Analysis of the nine original case study LAs planning tools.

Amongst the LAs involved in the case studies, the format of training was relatively evenly split between online and face-to-face training. Online delivery was utilised to reach a wider audience. Trainers often felt though, that in-person delivery was preferable, as it allowed for group interaction and knowledge-sharing.

“I think we’ve realised it’s better done as a team, so you’ve got different practitioners with different experiences... it’s just something about being in a group [in person] where you can feed off each other and get that experience.”

Trainer

The ‘train the trainer’ approach¹⁶ was adopted by most of case study LAs and was felt to be particularly important due to learning being lost due to a high turnover of staff. It was felt that having staff who could deliver training to their teams provided the capacity for new staff to be trained and minimised the burden on RPC leads/coordinators and trainers.

¹⁶ An approach that focuses on practitioners being able to deliver future RPC training to their colleagues; meaning there is greater capacity for training delivery.

"I've got a practitioner, a trainer that's in my team and she goes to the social care teams, she goes to the targeted teams and delivers that [training] internally."

RPC lead/coordinator

In addition to internally delivered training, some LAs utilised training designed and delivered by external training providers. One LA explained that they chose a specific external provider for their provision as they had provided RPC training for them in the past and it had been a positive experience. Training content covered: improving the quality of parent relationships by improving communication and using strategies to respond to conflict; providing one-to-one support to couples to deal with everyday relationship challenges; and building an understanding around working with separated parents on co-parenting. Training lasted around half a day and was a combination of video clips, break-out rooms, and opportunities to try out some of the tools in the toolkit.

Another LA used a different external provider to increase skills and knowledge of RPC across the workforce. The provider was commissioned to deliver a Level 1 awareness training course that focused on the negative impacts children face from parental conflict, various models of parental conflict, and the different types of conflict that can occur in relationships. This training was delivered both online or face-to-face, depending on practitioner preference, with up to 200 staff trained per year, including staff in schools, family support workers, therapeutic workers and social workers.

LAs also encouraged practitioners to access support around RPC made available by DWP. For instance, in one LA, online DWP modules were made available to any new practitioners joining the LA. After completing these modules staff could sign up to an in-person skills workshop where practitioners can share tools, video links and other information. One LA also mentioned providing recorded sessions from regional RPC community of practice events to practitioners.

"We follow the training package that DWP put together. We have had train the trainer sessions for some of our partners and have had really good take-up... across the board: health; midwives; health visitors; schools and the trainer put together a specific package for police colleagues as well."

Strategic lead

Spotlight: North Somerset

Practitioners who contributed to the referral deep dive in North Somerset noted that they had successfully engaged a range of professionals working with families to help them to understand parental conflict and identify when they should make a referral to RPC support. They mentioned that targeting professionals who worked closely with families was an important first step as they tend to be best placed to identify different families' support needs. Professional services they worked with to support engagement of families included family support workers, children's social care, schools, early years settings, health services, parents, Child and Adolescent Mental Health Service (CAMHS), charity organisations, faith groups and Avon and Somerset police.

RPC lead/coordinator

The Local Grant was used in all case study LAs to establish and fund the position of the RPC lead/coordinator. Usually, LAs recruited and embedded a new coordinator role, whilst in a small number of the case study LAs, the role naturally developed from other positions within the RPC team and became a standalone position.

"I was recruited as the RPC coordinator, with a very specific job role and responsibilities...so a conscious decision [by the LA] that there was a need for the role."

RPC Lead/coordinator

There was variation across LAs in the term used to identify the role. Some used RPC lead, while others used RPC coordinator. Ultimately these roles largely performed the same function. The key responsibilities of the role included:

- Managing practitioners' engagement with the RPC Programme, especially within the context of high caseloads and limited time to engage. This was especially important as challenges were faced in keeping RPC on the radar after staff had completed initial RPC training.
- Rolling out training on awareness and understanding of RPC, and how parents/children can be supported. This included assisting practitioners in having conversations with families in conflict and supporting them to feel confident in their approaches.
- Running community of practice events to discuss best practices for individual cases one-on-one with practitioners. One LA was in the early stages of running monthly drop-in sessions to help practitioners feel supported to deal with parental conflict. Anecdotal feedback from practitioners suggested this was working well as a forum for questions and support.
- Networking with key partners (including schools, police, youth justice) with the aim of embedding the RPC agenda across partner organisations.

Conflict focused interventions funded by the Local Grant

Generally, case study LAs had not used the Local Grant to fund conflict focused interventions, though in many cases interventions were delivered via alternative funding sources (for example, from the Youth Endowment Fund and via wider council budgets). This was primarily because LAs had prioritised focusing on workforce development to promote sustainability of RPC (as discussed above). Where interventions were provided, they typically involved one-to-one support, group work, digital apps, webpages, and toolkits, with limited availability of higher cost intensive specialist support.

Across the 18 LAs involved across this evaluation (including the LA case studies and referral deep dive LAs), 12 were offering OnePlusOne¹⁷ (see Table 7). Those offering OnePlusOne said that this was chosen because it was easy to use, intuitive and relevant for families. Also, OnePlusOne being split into three digital behaviour change interventions/courses meant it was more inclusive for parents in different situations, for example, for new and expectant parents. As this intervention is accessed online, this meant that there was potential for it to free up staff resource and time to be spent on other parents who require more intensive support.

"We're using the OnePlusOne a lot more because it's really accessible, it works for anybody with different learning styles and things."

Frontline practitioner

The second most commonly available intervention across the LAs involved in the research was Parenting When Separated (this broadly reflects what is known about delivery across the whole country). LAs described this intervention as being valuable in offering parents practical advice and support in a group setting. Various forms of Triple P were also implemented across most LAs. LAs highlighted the significance of Enhanced Triple P emphasising its adaptability to meet the specific needs of parents seeking targeted support. However, LAs also pointed out that Level 5 Enhanced Triple P required parents to have previously completed a parenting intervention, such as a Level 4 Triple P intervention, which tended to limit the pool of eligible participants. Family Transitions Triple P was felt to be a useful intervention where parents were experiencing personal distress from separation or divorce and was one of the most widely available interventions funded by the Local Grant.

¹⁷ OnePlusOne provides evidence-based digital tools and practitioner training to help parents improve communication and manage conflict in healthier ways. These interventions are designed to address the impact of parental conflict on children, promoting better outcomes for families.

Table 7: Interventions data (detail on each of these can be found in Annexe 7)

Conflict focused interventions	Number of LAs delivering
OnePlusOne	12
Parenting when Separated Programme (Parents Plus)	7
Fear-Less Triple P	3
Level 5 Enhanced Triple P	2
Level 5 Family Transitions Triple P	2
Standard Triple P	2
Triple P Online for Baby	2
Mentalisation Based Therapy	1
Standard Teen Triple P	1

Source: Analysis of the nine original case study LAs planning tool, LA case study qualitative data, and referral deep dive interviews

Details of other interventions being delivered by LAs were also mentioned during the early-stage workshops, LA case studies and referral deep dives. This included LAs offering bespoke conflict resolution sessions. For example, a programme run by Tavistock called 'Helping Parents to Co Parent Well'¹⁸.

Other LAs tailored their provision to local needs depending on the demographics of the local population. For instance, where there was a large Gypsy, Roma and Traveller community, one LA had adapted their provision to this group. They did so by working with a support organisation to address their specific needs. This involved developing resources that accounted for lower literacy rates amongst the families that they were working with.

The format of delivery for most interventions was evenly split between online and face-to-face. Practitioners often felt that parents preferred virtual delivery, as this allowed them greater flexibility around other commitments, and was also preferred by those who had become used to this mode of delivery during the coronavirus pandemic. However, practitioners also cited benefits of face-to-face delivery, including greater interaction, and the opportunity of developing relationships with their peers. This is discussed in greater detail in the 'Parents' experiences of RPC support' chapter.

¹⁸ More information can be found here: [Tavistock and Portman - Providing specialist mental health care, education and research](#).

Looking ahead

Those who took part in the LA case studies (between August and December 2023) were asked about their plans for delivery of RPC until the end of the funding period (March 2025).

Generally, case study LAs were looking to further **embed RPC into their current offers to make interventions sustainable** and able to continue once the funding ends. Some LAs planned to do this by continuing to integrate RPC into Family Hubs. RPC programmes were also being embedded within LAs by proactively encouraging families to engage with RPC through Family Hubs and increasing engagement with the service.

LAs also wanted to continue **promoting RPC and training practitioners**, primarily through the 'train the trainer' approach. Most LAs cited wanting to expand awareness of their existing RPC tools and interventions across their internal workforce and partnership.

Many LAs also wanted to continue to **increase community engagement** around RPC, with the aim of receiving more self-referrals from parents, as well as from partner organisations. Some LAs also wanted to introduce targeted interventions to engage harder to reach groups, such as Gypsy and Traveller communities.

Practitioner experiences of delivering RPC activity

This chapter outlines the progress that LAs have achieved on RPC delivery, key enablers and key challenges of delivery, and views on support from DWP. This builds on findings from the early-stage workshops and LA case studies with insight from practitioners from the interviews conducted as part of the parent research.

Key findings

- LAs demonstrated consistent progress in addressing parental conflict, with significant advancements in strategy, workforce development, and service provision. However, challenges remain in establishing strong partnerships, enhancing community engagement, and developing robust evaluation frameworks.

Key enablers in delivering RPC

- Having dedicated RPC leads or coordinators was a crucial enabler for successful RPC delivery.
- RPC training has been positively received across all case study LAs. Practitioners found it relevant, engaging, and relatable to their roles, with interactive elements like role play enhancing the training experience.
- Senior leadership buy-in for the RPC programme has been identified as essential for its success. This support has encouraged junior staff to dedicate time and resources to implementation, particularly in situations with competing priorities.

Key barriers

- The most common barrier to RPC delivery was a lack of resources and staff time to engage with it. High workloads made it challenging for frontline practitioners to undertake RPC training, leading to difficulty in implementing the programme.
- Some practitioners had shown reluctance to embed the training and learning within their everyday roles due to competing priorities and heavy workloads, which made undertaking training seem like an added responsibility.

RPC delivery in the first two years

Data from across the evaluation covering the first two year of the programmer shows that LAs made consistent progress in addressing parental conflict. While key areas such as strategy, workforce development, and service provision matured significantly, building on the progress made under the 2018-2022 programme, challenges remained in fostering strong partnerships, enhancing community engagement, and developing robust evaluation frameworks.

Some LAs, those generally more advanced in their approach, successfully integrated parental conflict interventions into broader family services, such as Family Hubs. These LAs embedded parental conflict support across their wider service offerings and had begun developing mechanisms to measure outcomes. In contrast, others at earlier stages of delivery, were primarily focused on raising awareness of available interventions and training practitioners, aiming to strengthen service delivery and increase parental uptake of support.

This mixed picture suggests that while significant strides had been made under the previous programme and during the 2022-2025 programme's first two years, further work was needed to ensure that all LAs could provide coordinated, well-integrated services that fully address parental conflict.

Key enablers in delivering RPC

Dedicated RPC lead/coordinator

A key enabler in the delivery of RPC was having a dedicated RPC lead/coordinator in post. Having one staff member fully dedicated to RPC meant that they could focus their time on RPC activity, without encountering conflicting priorities. RPC leads/coordinators also had substantial knowledge about RPC (e.g. the provision available to parents and staff, which staff were involved, how parents were responding to support). This meant that they were able to raise awareness of RPC across their LA and move the agenda forward.

They were also able to facilitate communication with partner organisations to increase their engagement with RPC and manage practitioners' engagement with the RPC Programme. This was felt to be especially important within the context of frontline practitioners having high caseloads and limited time to engage. The RPC lead/coordinator also played an important role in keeping RPC on practitioners' radars once they had completed initial RPC training.

"[As a coordinator...] you're really advocating [RPC] at all times and making sure it stays on the agenda and that we are responsive to what's coming through so the needs of the people we are supporting and also our own workforce."

RPC lead/coordinator

“As we've gone into this phase or this part of the [RPC] journey and we've been able to employ [name] as a coordinator, we've been able to get out there and work with partners more because we know we know this funding will come to an end at some point.”

Strategic lead

RPC training

Training related to RPC was perceived positively across all case study LAs. It was reported to be relevant to practitioners' roles and responsibilities, engaging and enjoyable. Trainers thought that their provision was relatable for staff and allowed them to apply their learning in their everyday role.

"People like the course as it is very relatable, you can relate to it yourself as well as thinking of the families you are working with."

Trainer

Frontline practitioners echoed this as they found the training to be applicable to a range of scenarios. Specifically, role play was highlighted as a 'fun' way to engage in the training.

"[It is] so transferable to different situations and included loads of scenarios to pull out and depersonalise when you are with that parent...it was fun too!"

Frontline practitioner

In several LAs, senior buy-in for the RPC programme was identified as crucial for the success of training. LAs mentioned that it encouraged junior staff to dedicate sufficient time and resources to its implementation, and that staff felt more supported in prioritising the training. This was especially key for those with competing priorities and deadlines.

Partner engagement and collaboration

Partner engagement and collaboration was seen as crucial to the success of RPC. For example, Newcastle and Manchester reported seeing more RPC referrals and engagement as more partner organisations began to understand available services in the LA.

Additionally, when a diverse range of practitioners were actively engaged with the RPC agenda in the LA, this helped allow multi-agency collaboration. Frontline practitioners were able to discuss issues they were facing and work together to come up with solutions, with input and experience across a wide range of services.

"It was really helpful bringing together people from different agencies and different skill sets... It was a very mixed group, so it wasn't just all one agency with one voice, it was actually thinking about linking up social care and focus children's centres and teaching staff, those type of things. There's lots of kind of different kind voices and experiences in the room."

Trainer

Parent engagement with RPC support

Parent engagement played a crucial role in the success of RPC interventions. According to providers and frontline practitioners, parents' attendance at interventions had been largely positive. For example, Torbay reported at least a 70% attendance rate, while Cambridgeshire and Peterborough noted a 60% completion rate for non-mandatory training, which was seen as a strong outcome.

Practitioners emphasised the importance of flexibility in maintaining this engagement, particularly for working parents who had been unable to participate in interventions held during standard working hours. Offering childcare support was also identified as essential, as it enabled parents to fully concentrate on the intervention. This flexibility not only encouraged attendance but also helped parents engage more deeply with the content, leading to better outcomes.

Practitioners noted that drop-out from RPC interventions was not always a negative sign. In some cases, it reflected positive developments in a parent's life, such as resolving parental conflict or gaining employment, which reduced the need for further intervention.

Key barriers in delivering RPC

Limited staff capacity

The most common RPC-related delivery barrier was a lack of resource and staff time to engage with it. For many LAs, having capacity to undertake RPC training was particularly challenging for frontline practitioners who already had a high workload. One LA said that their staff were overwhelmed due to a wide range of workforce development initiatives already being offered, so undertaking RPC training was not always possible for staff already struggling with their capacity.

"For them [frontline practitioners] to find time or for them to even see the benefits of it, that can be the challenge. It's the psychology of having already a very, very packed schedule and maybe not seeing the value of it or not being able to see the overlap [with their own area of work]."

Provider - internal

Spotlight: Leicestershire

Customising RPC training to fit into different stakeholders' schedules and learning styles can be key to encouraging engagement

Leicestershire had challenges engaging practitioners on two-day training, so moved to training described as “*shorter, more succinct, easier and plainer*”. They selected key elements of RPC from the previous two-day training to create shorter sessions. In turn, this increased the sense of priority for RPC in the LA and more practitioners felt able to attend and embed the training into their practice. They also ran ‘lunch and learn’ sessions to encourage engagement from more frontline practitioners.

Engagement with training by some practitioners was also noted as a key challenge, and they noticed some reluctance amongst staff to embed the training and learning within their everyday roles. Competing priorities and heavy workloads often made it difficult to adopt new practices. Additionally, some staff also lacked the confidence or familiarity to apply the training effectively without further support or follow-up, leading to hesitation in integrating it into their practice.

In some LAs, high staff turnover also presented challenges in delivering some interventions, particularly those like Triple P which have high training costs for practitioners. A small number of practitioners felt that it was important to ensure continuity in staff (where possible) in order to continue to deliver high quality RPC support.

Providing support to parents with different severities of parental conflict

While some practitioners believed that LAs generally offered a comprehensive range of interventions, some felt that there were some gaps in meeting the diverse needs of all parents. In particular, several parents expressed a desire for more tailored support options, especially those dealing with severe conflict that is not domestic abuse.. These parents felt that they tended to fall into a grey area where their conflict was too intense for most RPC interventions but did not trigger more intensive support services.

Practitioners also supported the need for more specialised interventions to deliver to this group, which could focus on conflict resolution, communication skills, and co-parenting strategies that are designed to de-escalate situations before they became escalate.

“We need more in place to help those with the most severe conflict I think...I often think some of our supports aren't going to work once [conflict] has got to that level.”

Frontline practitioner

Developing partner relationships

As discussed in the previous chapter, many LAs reported that establishing effective working relationships with key partners has been difficult due to capacity issues. They mentioned that lack of capacity to engage fully in training had hindered the ability to embed RPC initiatives effectively within partner organisations.

In a few LAs, there was a strong sense that cross-partnership communications needed to be simplified. Specifically, strategic leads and RPC coordinators felt that because there were different systems used across organisations, this created barriers to sharing resources, referrals, and best practice. These inconsistencies made collaboration difficult and slowed progress.

"We want to learn from other programmes but lack of awareness has often impeded any co-facilitation or sharing of resources and lessons learnt."

Trainer

Experience of support from the DWP

Most case study LAs were happy with the level of support they had received from DWP and were able to contact the RIL for support as needed. One LA said that they were able to get in touch with RILs who were very accommodating and helpful, as they were on hand to respond quickly to any queries they might have. It was also felt that the RILs were able to provide signposting to useful resources or good practice examples to support LA delivery of RPC.

"If I need any support there is always somebody at the end of the phone and they have been really helpful."

Strategic lead

Some LAs mentioned a few areas where greater DWP support could be useful including:

- **More opportunities for knowledge sharing** with other LAs that are facing similar experiences. One LA said it would be helpful to have communication with other LAs that are of similar size and with similar family needs so they could share ideas. Another LA said that they would benefit from a better overview of what is happening with RPC implementation on a wider scale across the country, as they felt like they only see a small part of the process.

"I think another way of overcoming the barriers is more of that linking with other local authorities and sharing resources. I think that's really important as well because it's quite a lonely job."

Provider - internal

- **Further promotion of RPC at a national level** would help to raise the agenda and support LAs in their delivery. It was noted that similar approaches have worked well for Family Hubs. One RPC lead/coordinator said that the challenge they face getting buy-in from partner organisations could be helped by national messaging and awareness campaigns around RPC agenda.
- **DWP support to embed an RPC model that will be sustainable long-term** and that they can continue implementing when funding ends. A few LAs were trying to sustain RPC by maximising upskilling opportunities, however, they requested DWP support to develop e-learning packages and training resources that can be continued once funding ends.
- **Support with monitoring and evaluation** (covered in later chapter).

Referral to RPC interventions

This chapter outlines the process by which parental conflict was identified and describes some of the referral pathways used by LAs to manage access to RPC interventions. This chapter also includes analysis of the successes and challenges of the referral process and details of how screening tools were used in the assessment of the severity of parental conflict. Findings are primarily based on the referral deep dive interviews, with some insight from parents.

As part of the evaluation, a series of three journey maps were created, sections of which are included for reference throughout this chapter. Full journey maps are included in Annexe 9, providing further detail on the referral processes.

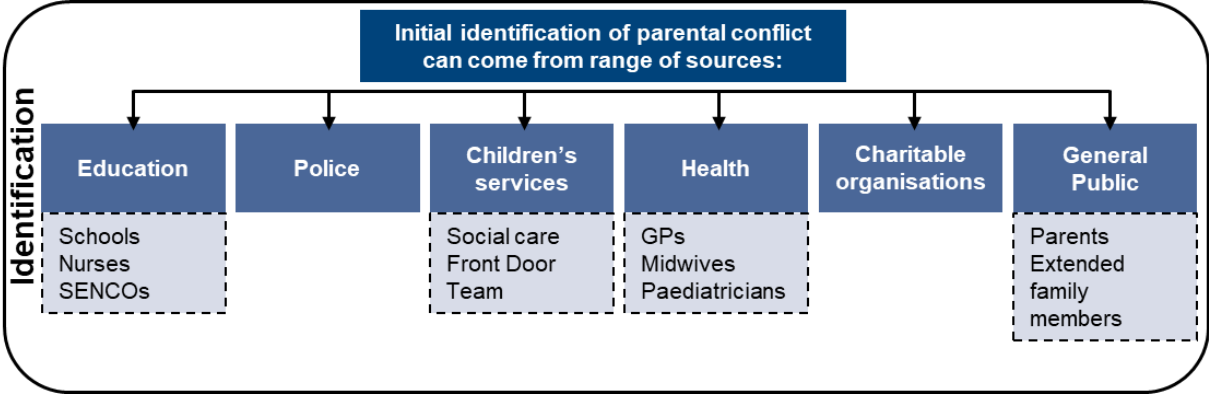
Key findings

- Parents were referred to RPC interventions following the identification of parental conflict, either by themselves (self-referrals), or by the frontline practitioners they were already interacting with.
- Practitioners generally felt confident determining the severity of parental conflict, either through open conversations with parents and using their professional judgement, or by using screening tools.
- Key enablers underpinning an effective referral process included comprehensive and straightforward referral forms, proximity and familiarity between referral and intervention delivery teams, and good relationships between practitioners and the parents they were referring.
- Key barriers to an effective referral process were difficulty encouraging take-up of RPC support by both parents, particularly fathers, and long, sometimes complex self-referral forms, which were difficult for some parents to complete without support from practitioners.

Identification of parental conflict

The first step in the referral process was the identification of parental conflict. RPC referrals across LAs came from a range of sources including family support workers, Early Help staff, the front door team, health visitors (including nurses, midwives and GPs), school staff, extended family members and neighbours (see Figure 2). These sources typically contacted the LA and the relevant RPC team through a telephone number or email address for the parenting mailbox or children services team.

Figure 2: Practitioners and organisations involved in the identification of parental conflict (full journey map included in Annexe 9).



Across all LAs, referrals were most commonly received from social care practitioners working with families (social workers, family support workers, Early Help staff), and school staff that interacted with parents and children. For example, referrals onto Parenting When Separated often came from children’s social care as part of a wider parenting plan put in place for parents by social work staff.

There was some variation by LA on other sources of referrals used: Blackburn with Darwin and Isle of Wight reported referrals coming in from a variety of healthcare professionals, whilst this was less common across other LAs. Across all LAs, referrals from extended family or neighbours were less common than other sources.

Most frontline practitioners who contributed to the referral deep dive fieldwork felt that the initial stage of the process was working well, as referrals were able to come in from a variety of sources. However, in some LAs, awareness of RPC support and provision among partner organisations and practitioners working with families was felt to need to increase further, in order to see more parents supported. Practitioners emphasised the importance of raising publicity through social media and physical resources like posters in various public spaces (e.g. GP surgeries) to widen access.

Self-referrals

Self-referrals were common across some, but not all, LAs included in the referral deep dive fieldwork. Where self-referrals did occur, parents had been made aware of the support offer through conversations with staff in the LA, through information available at a Family Hub, or through social media or word of mouth. Often this process worked by using a QR code that could be scanned, which then prompted parents to enter their details into an online form. One LA also mentioned using an app for parents to access digital support and resources.

Practitioners thought that the self-referral process was working well and that it was easy and accessible for parents. Providing this option also widened the number and characteristics of parents who could access RPC support. It was thought that these referrals were especially important, since the parents were taking ownership of their support needs and were invested in reducing their conflict.

“The QR codes I think has made it more accessible because it’s easy to share that information [with parents].”

Frontline practitioner

There were some challenges faced in the self-referral process, including these referrals containing less contextual information (e.g. nature of conflict, parent relationship status) compared to referrals from practitioners. This was because staff making referrals understood and were able to provide details to give the context necessary to determine the most appropriate form of support. However, parents would often overlook or leave out relevant contextual details from their application/referral forms. Additionally, there were concerns around domestic abuse cases being self-referred for RPC support.

“Professional referrals I think are the best route, because then you’ve got a clearer picture, whereas it can take longer to unpeel that onion when a parent self refers.”

Frontline practitioner

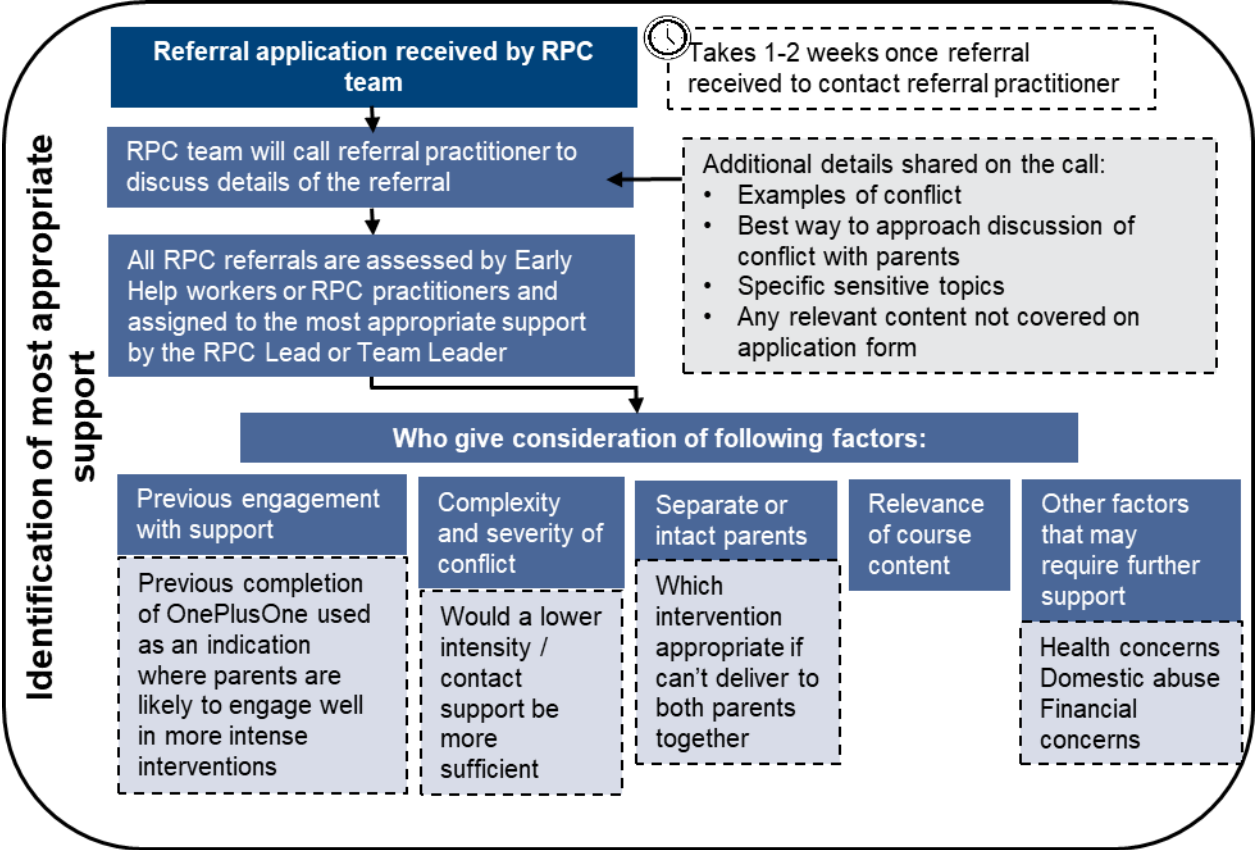
Practitioners reported some difficulties for parents related to the self-referral process, stating that online referral forms could be lengthy and include personal questions that were uncomfortable for parents to answer. None of the parents interviewed for the parent fieldwork had self-referred to RPC support.

Identification of most appropriate support

Once parental conflict was identified and a referral made, the RPC team then typically reviewed the referral and identified the most appropriate support for that family. RPC teams typically consisted of multiple RPC practitioners (those who delivered support), and an RPC lead; and usually sat within front door, Family Hub or Early Help teams.

An example of how this was approached can be found in Figure 3.

Figure 3: The process of identifying appropriate RPC support for referrals (full journey map available in Annexe 9).



At this stage of the referral process, referral staff considered what kind of support parents were likely to best engage with and whether there were specific topics that the support should focus on. Referral staff also considered what level of intensity of conflict parents were experiencing and identified other support needs including any signs of domestic abuse which would make parents unsuitable for an RPC intervention.

If it was identified that parents had other higher priority support needs, such as complex mental health needs, RPC support was also sometimes deprioritised at this stage so these could be addressed. If domestic abuse was identified, parents were referred on to external domestic abuse support.

Across all LAs included in the referral deep dive, there was some level of consultation regarding each referral at this stage. Commonly, RPC practitioners initially reviewed the referral and then consulted with one or more of the following: the practitioner making the initial referral (if not a self-referral), other practitioners supporting the parents, and the RPC lead/coordinator. A key enabler of these conversations was proximity and familiarity between the team delivering RPC interventions and practitioners involved in referrals. These relationships facilitated discussions to ensure parents were placed on the most beneficial interventions.

In some (but not all) LAs, parents were also included in discussions at this stage, so consideration could be given to what support would be best for their preferences and circumstances.

Experiences of these early conversations with referral staff varied among parents. Some remembered a structured discussion where they provided detailed information about their situation, their mental health, their relationship with the other parent and their child/ren, and their feelings about taking part. Others reported they did not provide specific details about their relationship and this initial conversation included only more general questions about their life and children. Some parents interviewed did not recall being asked about whether they had or were experiencing domestic abuse directly at this stage. However, most practitioners confirmed that these questions were asked at the initial identification stage.

Screening tools used to determine severity of conflict

There were mixed reports both within LAs and between LAs about the use of formal screening tools to determine the severity of parental conflict. In some LAs, screening tools were used by all practitioners to some degree regardless of level of practitioner confidence. In other LAs, the use of screening tools was up to practitioner preference and varied considerably between practitioners. The main factor in practitioners' decision to use or not use screening tools was often their own confidence assessing the severity of the conflict.

Examples of screening tools used included:

- Child and Family assessments, which use the common assessment framework (CAF) to identify children's unmet needs and support them.
- Referral Stage Questionnaire (RSQ), which focusses on communication, conflict identification, co-parenting, and personal goals and had been tailored from the previous version used in past years of the programme.
- Checklists for parental conflict signs, which have been developed locally
- A Power and Control Wheel to help distinguish parental conflict from domestic abuse (used by a practitioner to help screen borderline cases).
- Signs of Safety Model, which asks parents questions about frequency and subjects of arguments with answers given on a scale of 1-10.

Most practitioners interviewed felt confident identifying evidence of parental conflict. These practitioners emphasised the importance of experience, training and building rapport with families in improving their ability to identify parental conflict.

"I think we feel really confident and I suppose that comes from experience. It's the conversations that we're having with families, it's quite evident quite quickly."

Frontline practitioner

A handful of practitioners attributed their confidence in identifying signs of conflict to specialised courses and workshops they had undertaken, as well as the experience from their previous roles in social work or Early Help.

“We have found that regular training sessions and access to resources like the Power Wheel for identifying abuse have been particularly beneficial.”

Frontline practitioner

Within LAs where screening tools were commonly used, practitioners who were less experienced or confident identifying parental conflict found them useful in gauging the severity of conflict. Within LAs where screening tools were used less commonly, some practitioners highlighted them as something that would be useful to have, especially for more junior staff who are new to post and have less experience.

“[Screening tools] are really useful and easy to use. We've had some training on it. It's set out as each weekly session and shows you what to do. There's also digital and videos so it's not just us talking all the time. There's all sorts to it, not just talking, with different activities...it gives us a bit of guidance as well.”

Frontline practitioner

Across most LAs, more experienced practitioners typically preferred to engage via open conversations with parents, using their professional judgment and intuition to assess each unique situation rather than relying on screening tools. Some practitioners felt that screening tools were too rigid and sometimes failed to accurately capture the details of parents' situations in the same way that a practitioner could by using more free-flowing conversations.

“There are no tools, I think it would just go on our own personal, what we believe. It's trusting something's not quite right here or they need some interventions they need some support...because we've got to be individual to each family...It's professional curiosity.”

Frontline practitioner

In one LA, the RSQ had been tailored to create a simplified version for practitioners with lower levels of confidence, and a more in-depth version for more confident practitioners who felt able to have difficult conversations with parents. This facilitated RPC referrals from a wider range of practitioners who may not have felt comfortable having in depth conversations about parental conflict but were still able to identify parents in conflict.

Overall, it seems there is value in the use of screening tools, though these need to be practical, easy to use and flexible depending on parent situations and practitioner experience.

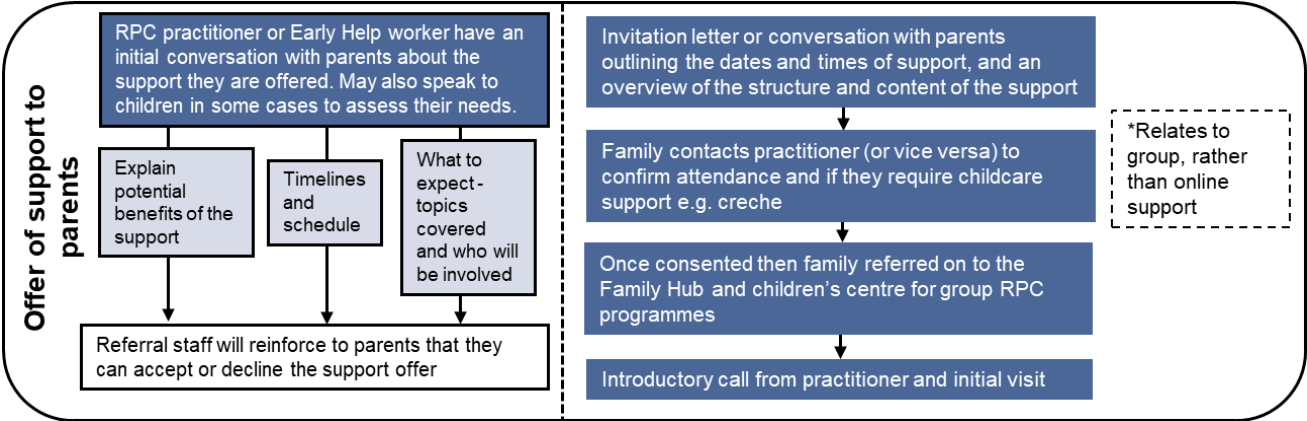
Offer of RPC support to parents

Once the most appropriate support was identified, it was then offered to parents. The mechanism for offering RPC support to parents varied among LAs. In some LAs, practitioners or referral staff had a phone call or an in-person conversation with parents to discuss the support offer, whilst in other areas parents were offered the

support via a letter. Two variations of this process of offering support to parents is illustrated below in Figure 4.

The first offer of support commonly included detail on the potential benefits of the support, what the content of the support would include and, if applicable, when and where the sessions would take place. At this stage, referral staff informed parents that the support was optional and obtained consent from parents who wished to take part.

Figure 4: Variations on the process of offering RPC support to parents (full journey map available in Annexe 9).



When asked about usual responses to initial conversations with parents and the support offered, most practitioners mentioned parents responded positively, being open to change or feeling relieved to receive support. RPC interventions were usually presented as opportunities to learn rather than obligations, emphasising their voluntary and supportive nature. Some practitioners mentioned some parents were more likely to refuse to accept support than others, depending on the complexities within the family such as substance misuse or mental health issues.

Most practitioners reported 'selling' the RPC interventions by naming the intervention, explaining what it was about, the benefits they could experience and answering any questions. These conversations could happen in different formats (e.g. in person, over the phone) and varied locations (e.g. family homes, Family Hubs, schools).

Other practitioners mentioned the importance of remaining impartial, normalising conflict, using simple language, using the child's voice (e.g. bringing up what the child is feeling or seeing at home) and encouraging parents to see the impact of each other's behaviour. A few practitioners mentioned avoiding the word 'conflict' to prevent defensiveness.

While the way to explain the benefits of RPC interventions to parents varied (especially based on the parents' needs, their understanding and capabilities), most practitioners used a child-centric approach in order to explain the benefits accessing support would have on their children (especially their behaviour and wellbeing). Others mentioned benefits that practitioners discussed with parents included improving the family bond, and better communication and conflict management skills.

“Sometimes they're [parents] in denial and they don't realise it's conflict, when we explain how it affects the children when they're exposed to that conflict. I think that's an eye opener because they say they didn't realise that it was affecting the children in that way.”

Frontline practitioner

Some practitioners mentioned the use of additional materials to support these conversations, including scales, storyboard tick box tools, safety models, videos, among others. These were useful to help parents recognise their behaviours, but in a less personal and forthright manner than asking them directly.

Spotlight: Isle of Wight

The use of additional tools by practitioners to support initial conversations with parents about conflict

On the Isle of Wight, a storyboard set out for referral practitioners all the topics, questions and support offers which should be explored with parents to make sure that conflict is identified and any support needs addressed. Practitioners worked through the storyboard with parents, ticking off each point when they had discussed it with parents to ensure nothing was missed.

For example, as part of this, parents were asked to rate their communication on a scale of 0-5. This allowed practitioners to identify parents for whom communication was an issue and explore the problems with communication further to identify any conflict present.

“On the storyboard it's a tick box of all the communications that we need make sure we're having with those families...we're making sure we're having those conversations [about parental conflict] with those families”

Frontline practitioner

For parents who did not recognise their relationship as containing conflict, videos showing scenarios of parental conflict were used. These allowed parents to assess how their own situations aligned or were different from some examples of conflict. Practitioners felt this helped some parents to recognise the aspects of conflict in their own relationships where they may not have previously. These videos also showed the impact of parental conflict on the child/ren, giving practitioners an opportunity to focus parents' attention back on their own child/ren. This provided further motivation for parents who were initially hesitant about discussing RPC support options.

Most parents who completed interventions felt that these early conversations left them well informed about what the RPC support would involve and what would be required of them. They commonly understood RPC support as something that would help improve their communication in their relationship, for example communicating without arguments. For some, it was thought the RPC support might provide tools and techniques for them to resolve ongoing differences following a break-up. Most

parents also cited potential benefits of taking part in RPC support for their children, including reducing the negative impact of their conflict on them and them being calmer and less anxious.

“[I understood the RPC support offer as...] a course for separated parents, they said it might help with conflict and how we speak to each other.”

Parent who completed intervention

Engaging both parents

Referral staff often had difficulties engaging both parents in RPC support and reported that if one parent was reluctant to engage at this stage, it often discouraged the other from taking up the support. This reflects findings of the 2018-2022 RPC evaluation¹⁹ which reported that parents who were aware of the other parent’s referral to sessions and agreement to participate tended to engage better with the process.

Referral staff interviewed as part of the referral deep dive fieldwork felt that fathers were typically less likely to react positively to conversations about RPC and were less likely to accept the offer of support. To overcome this, some LAs offered targeted support for fathers in the form of initial one-on-one conversations to encourage engagement.

¹⁹ <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-2018-to-2022-final-evaluation-report>

Parents' experiences of RPC support

This chapter explores parents' experiences of RPC support, including reasons for taking part and key successes and challenges. Not all parents referred to RPC supports went on to access an intervention; reasons why these parents chose not access support are explored at the end of the chapter.

Key findings

- At the point of referral, parents (both separated and intact) understood RPC support as being a way to reduce the negative impact of parental conflict on their children. Parents also felt it would improve communication with the person they were experiencing relationship difficulties with, such as a partner or ex-partner. Separated parents also saw it as an opportunity to help them navigate their separation more effectively.
- Positive elements of parents RPC support included helpful session content, positive and supportive group sessions, and skilled and knowledgeable practitioners.
- Challenges of RPC included long wait times in some LAs, engaging with support around other commitments, and reservations among parents about group support.
- Where referred parents did not go on to start their intervention, this was usually because they did not feel that the intervention content would be useful for their situation, and/or that they did not want to receive support in the structure or format that was available.

Parents took part in RPC supports either remotely (from home using videocall or online platform), or in-person with an RPC practitioner. They might have taken part with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner), or on their own. Sometimes both people undertook the support independently. The format of the support usually involved some combination of the following: one-on-one sessions with a practitioner, group sessions with other parents facilitated by a practitioner, and/or access to digital resources online.

Reasons for parents taking part in support

Parents who took part in an RPC intervention were generally experiencing issues in their relationship with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) or were having difficulties co-parenting. The main issues and difficulties experienced by these parents are illustrated below in **Table 8**.

Table 8: Relationship and co-parenting challenges experienced by parents at the point of referral

Relationship challenges	Co-parenting challenges
Conversations frequently becoming arguments	Different parenting styles clashing
Blaming each other for the breakdown of the relationship	Concerns about the welfare of the children when they stayed with ex-partner
Struggling to manage perceived controlling behaviour	Children's poor sleeping habits putting a strain on relationship
Financial disagreement following a separation	Inconsistent rules and consequences for their children
Difficulties managing relationships with new partners	Custody disputes
Communication breakdown, sometimes resulting in no contact at all	

Parents' main reason for taking part in an RPC intervention was usually the hope that the support would improve communication with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner). For separated parents, they hoped that this would facilitate constructive conversations about shared custody or access rights and remove some of the stress and anxiety from the relationship. Some parents who were in the early stages of separation also hoped the support would help them to navigate their separation as amicably as possible.

"The main plan for me and [ex-partner] was to have a relationship where we could try and be civil and reduce the negative impact we are having on our daughter."

"I thought [the RPC support would help with] conflict resolution probably around the specifics of divorce, financial separation and a financial maintenance for the kids."

Parents who completed intervention

Intact parents were also keen to improve communication with their partner. They hoped that this would reduce the frequency and intensity of arguments, create a better family atmosphere and enable them to develop a more supportive partnership. Some also hoped the support would help them resolve difficulties in their relationships with their children, for example by supporting them to manage difficult behaviours.

“We went into it with no expectations...just to understand each other’s point of view and to compromise, anything that would help make our arguments less upsetting and more constructive”

Parent who completed intervention

Experiences of RPC interventions

In the evaluation of the previous programme (RPC 2018-2022),²⁰ parents identified four key elements which led to a positive experience of RPC support for parents. These included parents having opportunities to share their experiences in a group setting or with practitioners; tailored session content that felt relevant to their circumstances; approachable and engaging practitioners; and in group sessions, the chance to communicate with others in similar circumstances.

Many of these key elements continued to be part of the experience of parents in the current research, as most parents reported a positive experience of the RPC support they took part in. They described the support as helpful and felt they gained valuable learning for their relationship. Most parents were also positive that RPC support met their needs. Where parents were less positive, it was because they deemed the support less relevant for their situation, for example intact parents in a group session of predominantly separated parents.

Key successes

Support content

Most parents valued the content of the RPC support; this applied across all RPC interventions accessed by parents who contributed to evaluation. Parents noted that it was relevant to the conflict they were experiencing and helpful in improving their communication with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner). The support had provided them with the tools they needed to handle stressful conversations and allowed them to reduce the frequency of confrontational situations.

Specifically, parents accessing OnePlusOne valued creative use of media and videos that kept the sessions engaging and helped them to understand the content. Within Promoting Positive Relationships, parents responded well to the tools and techniques

²⁰ <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-2018-to-2022-final-evaluation-report>

available in the toolkit. They thought the content was easy to engage with and areas that were particularly useful included boundary-setting, improvements to behaviour and working collaboratively with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner).

Positive experiences of group sessions

Most parents who attended interventions delivered in a group setting, including Parenting When Separated, reported valuing receiving support in a group setting. They found the discussions within the group to be useful because they helped them understand more about the perspective of the person they were experiencing relationship difficulties with (e.g. partner or ex-partner), as well as giving them valuable insight into their own behaviour and the experiences of other parents. A small number of parents also mentioned that as a result of the group sessions, they were able to form friendships with parents and felt reassured that others were in a similar position to them.

"I never felt alone, you just know [when you went to the group] that there was someone to speak to whether having a good or bad week. It was so helpful to share experiences."

Parent who completed intervention

Skilled and knowledgeable practitioners

Most parents mentioned forming strong relationships with RPC practitioners, noting that they were friendly, approachable and non-judgemental. Practitioners were also good at clearly explaining concepts, and left parents feeling 'comfortable', 'valued' and provided an impartial ear to the issues in their relationship. Parents commented on the practitioners' expertise, providing them with tools to help communicate, and their use of therapy-based techniques.

"(I) found [RPC practitioner] to be approachable and understanding and did not feel any judgement from her."

"I believe they (practitioners) were very friendly and almost became people that you could confide in towards the end, so you just trusted them...I had no expectation going in and there was no disappointment coming out..."

Parents who completed interventions

Some parents reported that practitioners would tailor the content and timings of the sessions to suit the parents that they were working with. Topics where parents did not engage as much were shortened to condense the session and save time which they could then spend on important conversations about topics that were a higher priority for them. Parents appreciated that this allowed them to get the most out of the time they had.

"They [practitioners] were brilliant...they realised that if people weren't engaging, not in a bad way, but that we could move on. They managed to control the session, so it was more condensed."

Parent who completed intervention

Parents accessing Parenting When Separated valued one-on-one time with practitioners, which they felt provided time to discuss their specific challenges (including those they did not want to discuss in a group setting) and enabled them to access advice and guidance tailored to them. For parents who took part with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner), these one-on-one sessions also provided a rare opportunity to discuss issues together without outside or usual stresses and worries.

"It [one-on-one sessions] gave me the opportunity to have one to one time with somebody who's really skilled. It gave me the confidence to address a few things with my partner in a different way."

Parent who completed intervention

A small number of parents also felt that practitioners went above and beyond to support them, which they found really valuable. For instance, one parent mentioned having a really positive experience because for some of the sessions, the practitioner would send a taxi to pick her up from her home, so she was able to attend. Another parent recalled checking in with her practitioner every morning so she knew that support would be available whenever she needed it.

"The sessions happened close to my daughters' school which is a bit far from where I live but sometimes, they sent a taxi to pick me up so I could attend it with all the other mums."

Parent who completed intervention

Parents also valued the fact that referral practitioners were knowledgeable of, and could provide information and signposting, to other forms of support.

"They [practitioner] were absolutely brilliant, and also put us on to different services [for the children], helping us with things like speech therapy."

Parent who completed intervention

Key challenges

Although parent experiences of RPC interventions were largely positive, five factors were highlighted that parents found challenging about receiving RPC support.

Delays accessing support

The waiting time between a referral and starting an intervention varied for parents with some waiting just a week, whilst others waited up to a month and a few parents reported that it had taken three months for them to access support after a referral. This wait time was influenced by the intensity of the intervention parents were

accessing. Group interventions often ran on a ‘termly’ basis, with parents added to a waiting list before joining the next available ‘term’ of sessions.

Findings from the 2018-2022 evaluation also highlighted the delay between referral and support as a key barrier to parents accessing support as parents lost interest or became frustrated with the wait for support. This potentially reduced referral rates on to RPC support. In LAs where parents were able to access support quickly, parents valued the opportunity to work on the conflict in their relationships before conflict escalated.

“They contacted me so quickly – if we had to wait for a couple of months maybe we wouldn’t be together anymore. Really positive that they contacted us so quickly and arranged the sessions.”

Parent who completed intervention

Spotlight: Sunderland

Reducing waiting times for RPC interventions

Practitioners who contributed to the referral deep dive fieldwork in Sunderland reported that they had successfully reduced waiting lists over the last year, so that parents were able to access support more quickly.

This was achieved through making it easier to access digital interventions, e.g. OnePlusOne. A QR code was set up to enable parents to access support without having to be triaged and signposted by the RPC team. This meant they could access the support immediately and without delay. The RPC team often followed up with these parents either directly, but the parents did not need to wait for this before they start the digital support.

This process also meant that the RPC team had more time to focus on referrals requiring more intensive support, resulting in them being accessed and contacted quicker.

“...Because of our new process, as soon as we get a referral in, they’ll be in contacted and then either put onto a teams course and obviously QR codes [for digital resources] can be accessed as and when needed. We are hitting our wait-list really well at the minute”

Frontline practitioner

Length of interventions

One challenge highlighted by practitioners and raised by some parents was around the length of the interventions - the number of sessions, the length of each session and the timing of sessions which sometimes clashed with working patterns or childcare commitments. Parents mentioned that they felt some interventions could have been a shorter duration each week, as they found it difficult to concentrate for long periods of time. For example, one parent described attending a session that lasted 2 hours from 7–9 pm on a weekday evening, which they found particularly

tiring after a full day of work. Meanwhile practitioners suggested flexible timings and the provision of childcare to help parents who were time poor to attend.

"The course was double the length it needed to be, but also the sessions were like 3 hours long, so it was such a long time after days' work."

Parent who completed intervention

Intervention content

Some parents felt that that interventions could have been more tailored to parents' current needs. A small number of parents felt in some instances the intervention content was not applicable to their circumstances. Practitioners suggested, to mitigate this, it would be useful to offer sessions exclusively for certain types of parents, for example married couples, same sex relationships and in alternative languages. Practitioners suggested that this would help parents to resolve conflict that was specific to their own circumstances, for example intact parents could be supported to strengthen their marriage, whereas this topic area would not be relevant for separated parents.

Parents' reservations about group support

Although many parents valued receiving support in a group setting, some parents did not enjoy aspects of the group environment. For some parents, the details of their relationship conflict felt too personal to share with strangers, so they did not feel comfortable taking part in group discussions. Others reported that they found it triggering and unhelpful to hear about other parents' conflict situations in the group sessions. Those parents felt it would have been more helpful to hear positive stories about healthy relationships as they tried to get their own conflict resolved.

"I did say to them that I was struggling with this because in every session you'd go in breakout groups, and I'd be with other people telling their stories about their difficult relationships and the impact on their children. I found that really depressing because I'm trying to move out of that. I got divorced. I've made some choices about my friendship groups because I want to be around people in healthy relationships, right? ... So I found that quite difficult to go into these rooms and hear these really difficult stories."

Parent who completed intervention

One female parent also flagged that they did not want groups to be mixed gendered as it made it difficult for them to open up about their relationship in front of men.

"Everyone was very nice, but especially with men I was a bit concerned. Obviously, if my ex-husband was on one of these courses, I might be in the room with a man like him, but so also I became very aware of the fact I didn't quite know who I was going to be in the room with and whether they would be like him and therefore I didn't really want to share my story and say very much."

Parent who completed intervention

Reasons for parents choosing not to take part

This section is based on interviews with nine parents who were referred but did not start an RPC intervention.

The 2018-2022 research identified extended time spent waiting to start an intervention as a common issue amongst parents and a key reason for drop-off prior to starting. This was also highlighted as a concern by some referral practitioners interviewed in this research. However, wait time was mentioned infrequently by this parent group; where parents said it was a factor in their decision, it was generally deemed less important than other reasons for not starting the support.

The two main reasons parents chose not to take part in an RPC intervention were that they did not feel that the intervention content would be useful for their situation, and/or that they did not want to receive support in the structure or format that was available. Each of these is covered below.

Intervention content was viewed as irrelevant for their situation

The most common reason for not starting RPC interventions was parents feeling that the content or purpose of the intervention was not useful or relevant for their situation at that time. These parents were commonly decisive in the language they used to describe RPC support, they often used phrases like 'not relevant' and reported that they 'hadn't given them much thought' since the initial conversation and decision not to take part.

Some of these parents felt that the RPC content was irrelevant because they did not think they were experiencing parental conflict. This was either because their relationship with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) was already good (their issues were around their relationship with their children), or because they felt that their conflict was actually abusive. These parents often came to the decision with referral staff not to take part.

“A very nice lady rang me and said this is the course that we've got and what's your sort of circumstances now. I went through two or three minutes with this lady, and she said you don't need this course, and that was the end of the conversation effectively.”

Parent who did not start intervention

For others, the issues in their relationship resolved before the intervention started. For example, they may have been experiencing a specific conflict around a situation with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) which resolved, or their children settled into a routine and their behaviour improved so parents were able to cope better. Some parents felt that they would have been more likely to have taken part if the support had started sooner. This was generally not felt to be linked to an unreasonable waiting time, rather the conflict in their relationship was resolved unexpectedly quickly.

“There was a lady who rang and said, ‘you can enrol on the course, do you still need it?’, and I said, ‘absolutely not’. I said, ‘thankfully for us we’re absolutely fine, we probably get on better now than what we did before’.”

Parent who did not start intervention

A small number of parents felt that they had already accessed support covering similar topics and therefore had support materials (e.g. handbooks and toolkits) that they could refer back to if needed. For them, the intervention had nothing new to offer and so they declined to participate.

“I didn’t really go ahead with it because I’d done it with my [son], so I kind of knew all that was said and stuff and I still have the paperwork and leaflets and stuff to go over, so I felt I was already covered with that sort of thing.”

Parent who did not start intervention

Among these parents who did not feel the intervention content was useful for their situation, there was commonly nothing that would have encouraged them to take part. They viewed the support as irrelevant and had no interest in engaging.

“If it had been relevant, I would have engaged, but it wasn’t relevant.”

Parent who did not start intervention

The structure or format of the support

A small number of parents who chose not to start an RPC intervention reported that the main reason was that they did not like the intended structure or format of the support. Commonly, this related to concerns around taking part in a group intervention. Reasons for this included:

- Not feeling in the right headspace to engage with a group of people;
- Not being able to attend the groups at the scheduled time/day (e.g. due to work or childcare commitments);
- Being an acquaintance or having a personal relationship with the RPC practitioner or other members of the group (e.g. from their child’s school).

“The woman who was going to do it with us was actually one of my school friends as well - I think that’s why it put me off doing it in the first place, because she would then know my background and stuff like that and what was going on in my life.”

Parent who did not start intervention

One parent also mentioned that they may have been more likely to take part if the group sessions had been in person rather than online because their hearing difficulties made online participation difficult for them. Another parent mentioned that whilst they were happy to take part in a group, they knew that the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) would not, and therefore felt this would reduce the value of taking part.

Monitoring and evaluation

This chapter discusses how LAs monitored their RPC performance. Findings are based on evidence from the early-stage workshops and 10 LA case studies.

‘DWP embedded evaluation’ is one of the four key dimensions of the RPC capability covered in the planning tool: Plan, Lead, Deliver and Evaluate. The Evaluate element makes it clear that local evaluation should be a key element of the programme for LAs, with an expectation that local partners “find and apply external evidence” on RPC, as well as “generating local evidence where there is a need to innovate.” Monitoring progress and evaluating the outcomes of Local Grant funded activities is built into the functioning of the RPC Local Grant funding model. DWP asks each participating LA to use the planning tool²¹ to help them assess their own RPC capability and help them plan and prioritise future development activity.

Key findings

- Monitoring the performance of RPC activity and evaluating its outcomes was something that almost all case study LAs and those who attended the workshops struggled with.
- Most data that was collected for the purposes of monitoring and evaluating RPC activity focused on output-related measures, rather than measuring outcomes. Monitoring and evaluating parent and child outcomes were particularly difficult for LAs.
- Within most LAs, there was no clear plan for how data collected would be used to inform strategic decision-making and plans for ongoing delivery of RPC.

Monitoring and evaluation of RPC

Monitoring the performance of RPC activity and evaluating outcomes was an ongoing challenge for almost all of the case study LAs and those who attended the workshops. There was though a clear view amongst RPC and strategic leads about its importance, and it was noted as a priority to improve across almost all LAs.

²¹ The RPC planning tool is a self-assessment of LA RPC capability to help LAs and their partners to deliver a system-wide approach to reducing the negative impact of conflict between parents on their children. It was developed by the Early Intervention Foundation (now Foundations) and covers eight areas of capability. Although the tool is primarily to guide local area planning, DWP ask to see planning tools on an annual basis to help gauge progress at a local and national level.

Collecting monitoring data

Staff across LAs raised challenges with developing monitoring and evaluation plans, defining indicators and collecting required evidence to monitor progress. Two main barriers were highlighted. Firstly, a lack of capacity amongst practitioners to collect data. This included time to engage with parents and practitioners to complete evaluation activity, for example building parent case studies.

“More often than not people don't fill [the survey in] in... then we have to chase. Doing case studies with people takes even more time.”

Frontline practitioner

Secondly, LAs having the skills and knowledge to know what data would be most valuable to capture to evidence their progress. Many LAs were focussing on collecting data on immediate output-related measures; for example, parent levels of intervention satisfaction, level of attendance at intervention sessions, and number of practitioners attending RPC training. Data was typically collected from parents via informal conversations with practitioners or through surveys. Data from providers was also utilised, with a few LAs describing using data from OnePlusOne to monitor usage of the intervention. Evaluation questionnaires were commonly used at the end of practitioner training modules, covering before and after ratings of knowledge, and satisfaction with the training delivered.

It was less common for data collection to capture outcomes of RPC support. Strategic leads and managers described a lack of knowledge about how to robustly measure outcomes and described relying on anecdotal feedback. It was also felt to be difficult to determine which outcomes to measure and what indicators would be required to do so.

Strategic leads and managers described finding collecting data about parent, and particularly child, outcomes challenging. Some frontline practitioners described difficulties in understanding the effect that RPC interventions had on children, because of the lack of time that they spend with the families after interventions are completed. It can also be difficult to capture child outcomes, if practitioners have only directly supported parents. In one LA, it was stated that the child's voice was only captured through the parent voice.

“The impact on the child is something that is the hardest thing to know.”

Trainer

Some LA case study staff highlighted difficulties attributing improvements in metrics related to schooling (for example, school attendance), because this is inevitably impacted by many different factors. Similarly, children were described as often being the beneficiaries of multiple interventions in different aspects of their lives, and so it can be difficult to attribute the cause of changes or improvements to RPC activity.

"I definitely would say that our biggest gap at the moment is understanding whether it really has made any difference at all in the long run for children...we just don't know at the moment and it is hard to say whether or not it is RPC that's made the difference."

RPC lead/coordinator

There were some good practice examples of measuring outcomes. Some LAs used validated scales (for example, the outcomes star) to measure parent outcomes, with parents asked to score themselves on a series of measures before, during, and after receiving support via a post-intervention survey. A small number of LAs had commissioned external evaluations of their RPC work (as seen in the box below).

Spotlight: Croydon

Evaluating parenting intervention

Croydon undertook a small piece of evaluative activity as part of their Year 1 and 2 RPC activity. This involved working with a local early year's provider to survey circa. 50 parents being supported by RPC interventions. The survey sought to understand how the interventions had made a difference to parents and families' lives, as well as understand their experience of the intervention. The survey also asked about how the intervention could be improved, other support parents would have liked, and how other parents could be encouraged to take part in parental conflict interventions.

The findings from the survey were used to inform the design of RPC interventions going forward.

The use of data in strategic decisions

Another challenge in relation to monitoring and evaluation was analysing data collected and using it within strategic decision making. Evidence from the LA case study interviews indicated that often no clear plan existed about how to use data that had been collected to inform strategic decision-making and ongoing RPC delivery. Data was described as not being analysed and interpreted systematically and used to inform decision-making in an ad-hoc way only. This resulted in decisions about the RPC offer being made on an ad-hoc basis. It also limited the opportunities to identify and learn from best practice.

The main reasons cited for this was limited analytical skills and knowledge within the LA, and not having a structured plan for use of data. Going forward LAs expressed ambition to use data collected to shape their RPC offer in a more formal and systematic way.

"I would say, we don't have a framework with a clear plan for collecting and using data...we are a bit blind to what we are doing so we do need to work on this."

Strategic lead

Some LAs with more advanced analytical capabilities had pre-existing data and performance groups to manage data collection and establish its use in their planning and strategy. These groups were often at a broader children's service level, rather than just covering RPC, and facilitated data interpretation across different services and informing support service decisions (see box below).

Spotlight: Torbay

Using the Supporting Families Outcomes Framework

Strategic leads and managers in Torbay described integrating their RPC monitoring and evaluation alongside the Supporting Families Programme. They utilised the Supporting Families outcomes framework as the basis for their data collection. This was felt to work well to ensure consistent monitoring across different family support.

"We know we're on the right track and didn't have to develop the framework ourselves...it also gives us that broader view across our range of support."

Strategic lead

A data analyst in Torbay was responsible for producing a monthly management performance report to share with a senior working group, who met to review progress across all family support programme, including RPC and Supporting Families. This was felt to be helpful to give senior staff from across children's services an opportunity to review progress together and make decisions about future family support.

Suggestions for improving monitoring and evaluation

Case study LAs and those who attended the workshops outlined two ways DWP could support improvement in RPC monitoring and evaluation:

- Facilitate more opportunities for LAs to understand what other LAs were doing in relation to capturing parent and child outcomes. This would include examples of best practice and opportunities for learning from overcoming common challenges.
- Provide support with data planning, collection and analysis to evidence the performance of RPC activity. Some sought guidance on using existing data effectively, particularly in assessing whether outcomes were contributing to specific RPC activities. One RIL felt that this was an area where more support from DWP could be useful, including helping LAs to develop evaluation frameworks.

DWP reporting requirements

When reading this section, it is important to note that since the early-stage workshops and LA case studies, DWP has streamlined the reporting requirements. It will be important for DWP to discuss with LAs the impacts of these changes and any further suggestions they have for improvements.

Reporting management information (MI) to DWP was felt by some LAs to be challenging. Some LAs felt that MI processes could be streamlined and reduced in frequency, so that they were not required every quarter.

A couple of RPC and strategic leads described the required information returns as burdensome to complete, and a few described challenges in terms of meeting the timings required by DWP. This included one RPC lead/coordinator who worked on a part-time basis stating that deadlines are often two weeks after busy periods (e.g. end of the financial year or around Christmas), which was particularly challenging when working in a part-time role.

Some LAs also felt that taking time to complete detailed reporting requirements was harder to justify due to their relatively small RPC Local Grant allocation.

"It does feel quite a robust reporting framework, the spreadsheets have taken some getting used to and when you are getting about [RPC value], it's a lot of work for not a huge pot of money."

Strategic lead

Outcomes

This chapter explores whether outcomes have been achieved against the Theory of Change developed to guide the evaluation. There were two Theories of Change developed by DWP, one focusing on RPC integration and another focusing on RPC intervention. Shortened versions of these are provided in Annexes 1 and . Findings from across all evaluation activity has been included in this chapter.

Key findings

Integration outcomes

- Across the LA case studies, broad buy-in to the RPC programme was achieved, with practitioners incorporating RPC into their daily work. RPC training and resources, like the toolkit, boosted confidence in addressing parental conflict.
- RPC coordinators were key to embedding RPC and fostering integration, alongside the importance of training.

LA RPC support outcomes

- RPC training reached Early Help, social care, and health staff, but engaging the police remained difficult.
- Practitioners applied RPC training in family interactions, with the "train the trainer" model helping embed practices across teams.
- Practice-sharing events were held, with a preference for examples from similarly sized authorities.

Parent outcomes

- Most Theory of Change outcomes were evident in the parent fieldwork, particularly improved communication and conflict resolution. Increased confidence in addressing relationship issues was also noted, though resilience to stress and health improvements were less common.
- Stronger outcomes occurred when both parents accessed support, especially intact couples.

Child outcomes

- Less evidence was found for child outcomes than for parents, partly due to limited feedback. Some stronger relationships and improved mental health in children were noted, though evidence of improved emotional development or reduced anti-social behaviour was scarce.

Integration outcomes

The following section covers outcomes from the Theory of Change (ToC) covering RPC integration. Integration outcomes relate to coordinated partnership working to embed RPC into LA family services, regular opportunities for staff to receive RPC training and RPC skills and knowledge being part of recruitment.

There were mixed levels of achievement of these outcomes depending on the level of progress that LAs had made in relation to RPC. Most case study LAs had evidence of multi-agency and partnership working, had implemented RPC training widely, and learning had increased practitioners' confidence in addressing and dealing with parental conflict.

One outcome that was achieved across many case study LAs related to getting broad buy-in to the RPC Programme, particularly amongst LA staff in Early Help teams. Many practitioners interviewed in the case study fieldwork had started to embed RPC as part of their day-to-day jobs and felt they had the confidence to address conflict with parents. In a few of these LAs, an appreciation amongst frontline practitioners across multiple services of the effect that parental conflict can have on children was also seen as a key outcome that had been achieved. Nevertheless, this had limitations, and some RPC leads/coordinators stressed that getting buy in from other organisations like the police and schools could be challenging, as highlighted earlier in this report.

“You get the sense that they [practitioners] are learning and able to put these things into place in a positive way. I think it has made a lot of practitioners really stop and think about the effects of these conflicts in the home and what they can do to a child.”

Trainer

“It has been really beneficial for us to have it [RPC activity] and I would love for it to keep going because... I feel like we know how to support it [parental conflict] a lot more easily. A lot quicker and easier.”

Frontline practitioner

An increased confidence to address parental conflict, engage with it, and signpost to support was seen as a key integration outcome achieved across many of the case study LAs, which had been driven primarily through delivery of practitioner training. There was an acknowledgement that prior to receiving RPC training, many practitioners were intimidated by the idea of broaching parental conflict related issues, unaware of its importance, or felt that it was not their place as they were not a 'relationship counsellor'.

"I think their confidence to help parents to understand the impact has gone up and they're confident to be able to and think about couple relationships and... join up the dots.... They are lot more thoughtful about the couple relationship than they were before the RPC agenda came in."

Trainer

Some case study LAs felt that giving frontline practitioners a specific RPC resource to draw upon was crucial to ensuring integrated practice. This included the provision of a toolkit or guidebook to help practitioners through the process of addressing and supporting parents with parental conflict. A few of the case study LAs also noted the importance of all practitioners, across a diverse range of partners, being able to draw upon the same learning, use the same language, and access the same resources.

In terms of the key mechanisms behind integration outcomes, having an RPC lead/coordinator was seen as key. One strategic lead noted that having an individual that could form connections was central to positive outcomes relating to integration. RPC training was the other key driver of integration related outcomes.

"[One outcome is] better co-working with internal teams as the RPC coordinator crosses teams to form relationships."

Strategic lead

To further strengthen integration outcomes, some RPC leads/coordinators felt that greater outreach work was required with specific partner organisations. As discussed in previous chapters, this included more work with healthcare professionals, schools (albeit this was also seen as an area of strength in some LAs) and the police.

LA RPC support

The following section covers outcomes from the ToC relating to RPC interventions, broken down into subsections for each outcome.

Across the LA case studies, LA outcomes were achieved to varying degrees, with most LAs delivering RPC training to partner workforces, and practitioners' utilising learning from this when engaging with families. There was less progress made in engaging certain partner workforces and a preference for further specialist training to distinguish between domestic abuse and conflict.

RPC training across partner workforces

The most common partner workforce to receive RPC training were LA Early Help/family workers, followed by those in social care. Those working in health such as specialist public health or community nurses also received RPC training, but this was to a lesser extent than those in Early Help or children's social care.

As previously discussed in this report, engaging the police continued to be a challenge and they had typically trained a smaller proportion of the police workforce, due to challenges with turnover and engagement.

Use of RPC learning when engaging with families

There was a mixed picture across the LA case studies and the referral deep dive interviews around practitioners using learning from RPC training when engaging with families.

For practitioners liaising with families dealing with RPC primarily, there was confidence among these practitioners of using learning from RPC when interacting with families. Practitioners in the referral deep dive were generally confident in doing so to identify conflict. While confidence levels varied across and within LAs, most practitioners emphasised the importance of experience, training and building rapport with families in improving their ability to identify parental conflict in families.

“I think we feel really confident, and I suppose that comes from experience. It's the conversations that we're having with families, it's quite evident quite quickly.”

Frontline practitioner

Despite this general sense of confidence among most practitioners, there was recognition of the need for continuous training and support to address the complexities of parental conflict effectively. More specifically, a handful of practitioners mentioned training and toolkits to differentiate parental conflict from domestic abuse would be helpful, especially for more junior staff who are new to post and have less experience.

“I think I'm particularly confident, but there's no such thing as too much experience. I've found additional training of the family ties training through the Anna Freud Foundation to be really helpful as it's given me a massive insight into identifying what is parental conflict and also what isn't.”

Frontline practitioner

Activities undertaken to support the embedding of RPC practice

There was some evidence across most LA case studies of activities to support embedding RPC, but this was in the earlier stages and more progress could be made with knowledge sharing and using local RPC 'champions'.

Some LAs in the workshops and case study fieldwork described running monthly drop-in sessions to help practitioners feel supported to deal with parental conflict. Anecdotal feedback from practitioners suggested this was working well as a forum for asking questions and support. Another LA ran communities of practice to discuss best practices for individual cases one-on-one with practitioners. Other LAs shared best practices through newsletters, while others used school newsletters to raise awareness.

LA case study planning tools from May 2023 showed some case study LAs were in the process of developing local champions to embed RPC in the service and promote it in their setting. In one LA, the role of the champion was to provide peer support and guidance on a day-to-day basis alongside updating their team in Children's services on RPC developments and training. This approach was usually in the earlier stages of development with staff having been identified and attended RPC training related to this.

To further progress this outcome, case study LAs flagged that DWP support would be useful in relation to knowledge sharing. They specifically wanted more opportunities for knowledge sharing with other LAs that were facing similar experiences. One LA said it would be helpful to have communication with other LAs that were of similar size and with similar family parent needs so they could share ideas. Another LA said that they would benefit from a better overview of what is happening with RPC implementation on a wider scale across the country, as they felt like they only see a small part of the process.

Active team of RPC trainers in their local area

There were active teams of RPC trainers across all LA case studies, with "train the trainer" approaches proving effective in embedding RPC practices and ensuring continuity of learning. LAs often favoured this approach as it allowed sustainability of RPC learning across the LA and ensured learnings were not lost if there was a high turnover of staff.

For LAs that were earlier in their progress towards embedding RPC training across children's services and partner organisations, those who contributed to the LA case studies felt it was important to ensure feedback is given and taken on board to avoid potential gaps in training. This approach was reported in one of the LA case studies and has helped to ensure practitioners' learning needs were met.

"I think that's something that we're really kind of committed to doing in [LA] is actually adopting and amending training to make sure that their [practitioners] needs are met."

Trainer

Local senior leaders and partner organisations are fully aware of the RPC agenda

This outcome has been discussed in previous chapters of this report. The LA case studies highlighted two key mechanisms in achieving this:

- Flexibility in engaging local partner organisations to accommodate other ways of working and attempting to minimise the burden on staff;
- Having an RPC lead/coordinator role, as they worked to increase buy-in from senior leaders.

Parent outcomes

Across most of the parent outcomes listed in the ToC, there was evidence that these had been met. There was strong evidence of support of improved communications, relationship satisfaction, parenting and positive family outcomes. There was less evidence for outcomes related to separated parents.

Overall, across the parent fieldwork there was little evidence of any negative impacts of interventions. Where parents had a less positive perception of the impact of support this was usually related to no explicit changes occurring in their relationship, rather than anything negative.

Improved interparental communication

Across most parents interviewed who had completed an RPC intervention, there was evidence of improved interparental communication. Most parents reported improved communication as a result of accessing support, with better, less emotionally charged conversations, often leading to fewer arguments and a more cooperative approach to co-parenting.

"We have found a way, a method to make it work... Just the personal side thinking what do I want to achieve, how do I want to communicate this, just having a bit more patience and respect I would say."

Parent who completed intervention

Some parents also mentioned that they were able to de-escalate arguments, as a result of receiving support.

"But it is not ending in arguments, they can still be upset and frustration but so far we are handling it better and not turning it into an argument or slugging match."

Parent who completed intervention

For intact couples, some reported that interventions had given them a better understanding of the nature of conflict in their relationship and why it was occurring. This was reflected in findings from the previous 2018-2022 evaluation where some parents reported that the sessions helped them to better understand the perspective of the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) during disagreements.

Parents felt that video content during interventions helped change their perspective on the conflict that was occurring and consider conflict as something that can occur normally in relationships. As a result of improved understanding, these couples developed more empathy and mutual respect for their partner.

“When we argued we always assumed the other was trying to stitch the other up, and now we understand that we both fight from a place that we think is best for our baby... we thought our relationship was in tatters but when we saw the stages of a relationship, it is natural and happens.”

Parent who completed intervention

For couples where only one parent took part in the support, evidence of improved interparental communication was still present, though often to a lesser extent. This improvement was a result of increased confidence and strength in navigating conflict with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner), through communicating calmly in a way they had not done so before the intervention. Some parents acknowledged that often their relationship had not improved, but the way in which they dealt with this had improved. This reflected findings from the previous 2018-2022 evaluation where parents had improved their management of tense situations following RPC interventions.

“Our relationship hasn't got better, but the way things are dealt with have got better.”

Parent who completed intervention

Better relationship satisfaction

Improved satisfaction within parental relationships was reported broadly across LAs in the parent fieldwork and was related to parents having the time and space to focus on and address issues in their relationship. As in the previous (2018-22 programme) evaluation, interventions helped parents develop a deeper understanding of the other person's perspective. They were prompted to consider their approach to relationships and some of the related challenges. For intact couples, being involved in RPC interventions also helped reassure and confirm that they did want to remain together.

“It has helped to give us time to think about it and talk about it and to reassure us that we still want to be together.”

Parent who completed intervention

Improved relationships (familial and beyond)

Improvements in inter-parental and cross-generational communication were noted in multiple LAs in the parent fieldwork, with practitioners observing better relationships between parents, children, and grandparents. This outcome had also allowed parents to gain a different perspective on any issues in their relationship, as they felt more able to voice these issues with extended family and friends.

In cases where the family environment had improved, this had led to increased happiness and desire to do things together as a family.

"We are happier with each other. My kids can see that we love each other. We do a lot of family things at the weekend, and [RPC support] has brought us together."

Parent who completed intervention

Improved parenting practice

Throughout the parent fieldwork, there was evidence of parents taking more consideration over how they parented their children and making sure that their children knew they were making time for them. This resulted from learning and skills developed from RPC interventions they participated in, with some parents mentioning that they planned to continue to use resources they were given as part of interventions to help embed good practice. Specific examples of this included when introducing new partners to their children.

"The materials made me much more mindful about what that transition [separation] feels like...I will keep using them definitely."

Parent who completed intervention

Acknowledgment of the impact of parental conflict on children was a key outcome for many parents and helped them consider their children's perspective. They spent more time focused on parenting their children after completing interventions and felt their confidence in their ability to parent had improved.

"The course has helped me remember some of the things I had forgotten about being a parent."

Parent who completed intervention

Parents also reported improvements in setting boundaries as they had learnt tools and techniques for doing so as part of RPC interventions. This translated into more direction and routine for children.

"We are more organised, more direct and more firm with things."

Parent who completed intervention

Enhanced family collaboration and cohesion

More positive and collaborative family environments were frequently mentioned across the parent fieldwork. Some parents had progressed by introducing their children to their new partner in an open and honest manner. In one case, this was seen positively by their ex-partner who viewed the new partner as an additional person to love and support their child.

"More people to love or celebrate their child, and isn't that a good thing?"

Parent who completed intervention

Being involved in RPC interventions had given parents a new approach to their family, as they have made changes in how they deal with each other. This has led to

happier relationships and as a consequence their children were able to witness healthier communications and engage in more activities as a family.

"After all of these sessions I think that we both have made changes. We are happier with each other. I think that I think more about him and that's because we're in a good way. My kids can see that we love each other. We do a lot of family things at the weekend, and it has brought us together this programme."

Parent who completed intervention

Stronger parent-child relationships

Across all LAs there was evidence of improved relationships between parents and children. This was sometimes related to parents having a shift in perspective on how conflict might be impacting their child and being more considerate of mitigating any negative impacts.

"As far as the course is concerned, it has allowed me to remember that they [the children] are involved in this as well and anything that impacts me will impact them ultimately, so I have to be mindful of that."

Parent who completed intervention

For separated parents, there was some acknowledgment that even if the relationship between parents had not improved, they were now prioritising their children and improving their experiences.

"It's not as much as me and [partner name] would like, but it works for the kids and that's ultimately what we both agreed is the priority. So, they have a much more positive relationship with them."

Parent who completed intervention

Improved parental mental and physical health

As highlighted in the section above on better self-esteem and improved mental health, there was a positive but mixed picture around improvements to mental health, with improved confidence and lower anxiety reported. Improvements in parents' confidence was thought to be related to practitioners' skills and experience in delivering interventions, as they had a range of tools and exercises at their disposal to support parents.

"[The practitioner] was a star and was very supportive and without her I don't like to think where I would be."

Parent who completed intervention

There were some reports from parents of the value in sharing experiences with others as being "good for the soul" and "the whole programme was very affirming and warming." This was expressed by some parents taking part in Parenting When Separated who appreciated hearing about similar experiences, which then helped them feel less anxious about their own experiences of conflict.

There was little mention of improvements to physical health for parents. This may be related to difficulties in attributing improvements in physical health as related to RPC interventions.

Better self-esteem and improved mental health

Improved mental health and self-esteem was reported by many parents, including those in intact and separated relationships. Learning skills from RPC interventions helped them to feel more confident and reassured in their communications with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner). This meant they were less anxious and less likely to engage in overthinking (which was described as leading to mental health challenges).

"I became more confident in my parenting and how I approach my ex. And that in turn, helped my mental health because I wasn't stressing over things, I wasn't going over and over conversations in my head. So yeah, I felt happier."

Parent who completed intervention

Improved separated interparental relationships

Improvements in relationship satisfaction was less evidenced in separated couples. This was mainly attributed to the other parent not engaging in RPC support. Where this was the case, parents felt that there was no change in their relationship because the other person had not benefited from the support and was not able to use the tools and techniques learnt.

There were some positive indications that the parent who did access support felt that they had learnt how to handle communications with them in a more neutral mindset and were less likely to be emotionally triggered by their interactions or conflict. This corresponds with findings from the previous 2018-2022 evaluation.

"It has made no difference in the slightest. The only difference is I don't respond to [a text] as quick as I would have ... or I get my partner to respond ... it made me feel better. I was thinking about what I needed to say instead of having a go back at him and stooping to his level."

Parent who completed intervention

The lack of achievement of this outcome across the parent fieldwork may be due to conflict between separated parents being more difficult to resolve as it was more complex and ingrained in their communications. It may be that this outcome may take some more time before improvements are made, due to the complexity of the conflict.

A small number of practitioners noted that for some separated parents they had seen relationship improvements. In one case, a father had improved how he communicated with his partner, including taking the time to think about what he would say. In conjunction, the mother had become more reflective of her behaviour and was able to communicate more openly and honestly. Both of these had led to improvements in their relationship.

"It has [improved our relationship] because we talk more together and talk better."

Parent who completed intervention

Increased parent-child contact (separated parents only)

There was mixed evidence to support increased parent-child contact for separated couples. In some cases, the reduction in conflict meant that children felt more comfortable asking for extra time with parents, or that parents were now able to spend time in the same room together when that would not have been the case prior to the RPC intervention.

"[My daughter] asks more questions, like if she can stay an extra night with mum or dad. She never used to ask as she did not want to upset anyone."

Parent who completed intervention

Meanwhile, for other parents, their relationship with the person they were experiencing relationship difficulties with (e.g. partner or ex-partner) had not improved to the extent that they felt able to change or review the amount of contact each parent had or the amount of time that was spent together.

Improved resilience to stress and negative events

There was some relatively limited of improved resilience to stress and negative events as reported by practitioners and parents. Some practitioners felt that parents had developed strength in themselves and were more equipped to deal with negative situations. This was also echoed by a small number of parents who mentioned being more considered in their reactions to dealing with negative encounters and being less likely to be emotionally reactive.

"I think it helps that I wouldn't react so quickly and so obviously whenever their dad was mentioned, I think they could very much tell before that I was angry, frustrated or upset, whereas now I feel a lot calmer, and I think that they've picked up on that."

Parent who completed intervention

Lower family stress

As mentioned previously in relation to enhanced family collaboration and cohesion, a more positive and secure environment was reported in some families. This was linked to lower family stress as family members were happier in general. There was

less chance of children finding themselves in the middle of arguments, due to a reduction in conflict.

“They say they find the home a lot better, so a lot calmer, they have attention from the parents, which they didn’t feel they had. Better relationships and they know the parents are not arguing and they don’t have to be in the middle of it.”

Parent who completed intervention

Many parents though cited ongoing family stress, for example related to the cost-of-living crisis.

Better satisfaction with custody arrangements (separated parents only)

There was a lack of evidence related to this outcome. Data was only captured for one case where parents had expectations for improvement to their custody arrangements, but there had been no practical change. This couple were separated and there was no communication between them both to allow for shared custody.

Child outcomes

Across the parent and practitioner interviews there was less evidence to support outcomes for children than for parents. Primarily, this was due to practitioners struggling to capture the child’s voice without their specific feedback and struggling to pinpoint the specific effects of RPC support. This was compounded by issues with recording and collating data across LAs as outlined in the monitoring and evaluation chapter. Furthermore, within the qualitative fieldwork with parents, parents often found it challenging to vocalise changes they had seen in their children. It was not within the scope of this evaluation to speak directly with children and young people.

For some parents, there was no impact reported on their children due to the children being too young. Parents of babies and young children felt did not anticipate seeing outcomes for their children at this early stage of life. They mainly saw it as a way to reduce the conflict in their parental relationship, independent of achieving outcomes for their child/children.

Stronger parent-child relationships

As evidenced above, parents reported having stronger relationships with their children following RPC interventions. This was related to general improvements in reduced conflict at home resulting from improved communications, with parents arguing less and cooperating more, resulting in a more stable and supportive environment for children.

Some parents mentioned that this improved home environment allowed children to feel closer to their parents. They opened up more to their parents about any worries they had, or to discuss the other parent, and parents were calmer in their response than prior to engaging in RPC support.

Parents also noted that factoring in quality time for each individual child was important when they had multiple children and ensuring that they each felt valued in the time that was being spent with them was important in building their relationship.

“I definitely noticed that focusing on one-to-one focusing on separating it a little bit having some time with [child] number two and then having some time with number one... being external from the stresses of the home.”

Parent who completed intervention

Improved child mental and physical health

In a few isolated cases, parents reported less anxious and more confident children following completing an intervention. One mother felt more empowered as a result of RPC support and was more able to advocate for her own wants and needs. She felt that her daughter was able to see this change and subsequently would worry about her less.

“I think she'll worry less about me. She thinks that I'm more empowered.”

Parent who completed intervention

Another parent reported that their child was no longer crying at school, as their anxiety had improved since their parents were arguing less. They were a lot happier and more confident, with an *“improved attitude in school.”*

Less hyperactivity / better concentration

There was some limited evidence of improved concentration and less hyperactivity in children. One family reported that their child with neurodivergence had changed schools and settled in more. The practitioner supporting them thought that the child's reduction in disruptive behaviour had been caused by better boundary setting from parents, which was firm, fair and realistic.

Improved school attendance and educational attainment

Some limited evidence of better educational outcomes was noted, with children being less stressed for exams due to an improved and calmer home environment.

“I mean, it's hard to tell because it's because it's been mocks and then GCSEs. It's been quite a busy, stressful time... But I say that they weren't as stressed as I thought that they would be.”

Parent who completed intervention

There were also reports of improved academic performance a few months after the intervention was completed. In one case, the parent thought this improvement was due to seeing their mother as someone who they can now rely on.

Better emotional development (e.g. empathy and resilience)

There was a lack of evidence to support improved emotional development in children. This may be due effects not being noticeable at this stage in children. Parents also tended to focus on explicit behaviour changes over emotions when discussing child outcomes.

Better conduct and reduced criminal, violent and/or anti-social behaviour

There was a lack of evidence in relation to a reduction in criminal, violent or anti-social behaviour in children across the parents and practitioners interviewed. This may be due to parents struggling to quantify or notice improvements.

Later-life outcomes

There were a number of outcomes expected to occur in later-life that were outlined in the Theory of Change, including: improvements to mental and physical health, employment, adult relationship skills, parenting skills and reduced use of government services (e.g. family courts). These outcomes were not yet evidenced as they were outside the scope of the timeline for the current evaluation. However, there was some positivity from practitioners that some of these had the potential to be achieved in future.

Conclusions

This report explores how LAs used their Local Grant funding to embed RPC into their services for families. It examines key opportunities and challenges to delivery, how LAs approached them, how they planned and delivered RPC activities, parents' experiences of RPC activities and overall outcomes achieved. Conclusions related to each evaluation aim are discussed below.

Progress made by LAs in relation to integrating RPC focused practice and organisation into family services

In general, LAs viewed the RPC Programme and the move in April 2022 to the Local Grant model positively. They welcomed the opportunity to take more ownership of RPC activity and delivery, and to tailor their approach to local challenges and the needs of parents.

The research suggests that the LAs have made good progress in relation to embedding RPC practices into their wider family support offer. This integration is seen through the alignment of RPC with initiatives such as Family Hubs and the Supporting Families Programme. By the second year of the programme, many LAs viewed RPC as part of a holistic approach to improving family wellbeing, rather than a standalone programme. This broader integration had increased both practitioner awareness and confidence in identifying and addressing parental conflict. In some areas, RPC had become a core part of Early Help services, demonstrating the long-term commitment to RPC as an embedded and critical offer for LAs.

LAs that had succeeded in creating synergies between RPC and other support and programmes had seen more rapid progress in embedding RPC practices across the workforce. This highlights the need for strategic leadership to champion RPC and for ongoing efforts to integrate the practice into every level of service provision.

Despite this progress, challenges persist. Limited staff capacity and the competing demands on frontline practitioners' time hinders full engagement with RPC-focused activities. Additionally, some LAs faced difficulties obtaining senior leadership buy-in, which delayed the full integration of RPC into LAs' wider service offer. In certain cases, RPC was perceived as an 'add-on' rather than a core component of family services, particularly where senior leadership had not fully embraced the programme's value. For LAs where RPC has not been fully integrated, this lack of prioritisation risked the sustainability of the programme beyond March 2025 when the funding was due to end.

How LAs had spent their funding, what they have achieved, and how this has varied across LAs

The flexible nature of the grant allowed LAs to adapt to their specific circumstances, but the variation in spending patterns suggests that clearer guidance and faster approval processes could have supported more efficient use of funds.

LAs have primarily allocated their RPC Local Grant funding to workforce development, particularly training frontline practitioners to identify and address parental conflict. This approach reflects a long-term strategy to ensure sustainability by investing in the capability of practitioners, who can continue to apply their RPC knowledge even after the grant period ends.

The decision to appoint dedicated RPC leads/coordinators was widely viewed as a key enabler for effective implementation. LAs offered a variety of explanations for this, the main one being that funding a specific member of staff gave them the dedicated time needed to progress the RPC agenda. The more established and embedded the RPC lead/coordinator was, the better LAs were able to drive forward progress.

In general, this evaluation found that there was less focus on using Local Grant funding to directly pay for the delivery of interventions for parents. The main reason for this was LAs being mindful of sustainability. It was widely felt that prioritising training, workforce development and integration would have a bigger impact and help ensure the longevity of RPC as business as usual.

It should be noted that a wider range of evidence-based interventions were available in the case study and referral deep dive LAs, but LAs had not prioritised Local Grant funding for the delivery of these. The ability of LAs to tailor their RPC interventions to local circumstances has been crucial to the RPC Programme's success.

The evaluation had aimed to assess and compare LA delivered activity under the Local Grant with the centrally commissioned approach in the 2018-22 programme. However, methodological challenges—such as the limited number of eligible participants and variations in data collection—hindered our ability to directly make this comparison. Despite this, our findings reveal that the strengths and challenges of RPC delivery appeared to be consistent across both models. For example, common strengths included flexibility in tailoring the approach to local needs, embedding RPC into broader family services, and achieving positive outcomes for parents, such as improved communication and conflict resolution. However, shared challenges were evident, such as difficulties engaging certain partner workforces (e.g. police) and addressing capacity issues amongst frontline practitioners.

How LAs have approached specific challenges and problems in their local area

A commonly expressed challenge was a lack of resource and staff time to focus on RPC. For many LAs, having capacity for RPC training was particularly challenging for frontline practitioners who already had a high workload. LAs that had successfully engaged frontline staff highlighted the importance of senior staff buy-in, emphasising its importance in ensuring that junior staff were supported to engage.

Partner collaboration emerged as a key factor in embedding RPC practices, particularly in LAs that developed strong partnerships with health services, police, and educational institutions. These partnerships enabled more effective referral pathways and ensured that a wider range of professionals could identify and refer families in need of RPC support. For example, LAs that integrated RPC into Family Hubs reported better engagement from health and education staff, who were often the first to identify parental conflict.

However, some LAs found it difficult to engage the police and other partners, particularly due to time constraints and high staff turnover in these workforces. Successful LAs often relied on strong strategic leadership to champion the RPC agenda and secure buy-in from key partners, demonstrating that leadership engagement is crucial for fostering strong partner collaboration.

Quality of support and outcomes for parents who access support funded by the Local Grant

The quality of specialist RPC interventions, as perceived by practitioners and parents, was generally positive. The research offers persuasive qualitative evidence that the support provided led to improvements in communications, relationship satisfaction, parenting and positive family outcomes. Parents also reported that RPC interventions helped them better understand the impact of their conflict on their children, leading to improved relationship management and conflict resolution within the family.

There was less evidence to support outcomes for children than for parents. Primarily, this was due to challenges attributing the specific effects of RPC support. This was compounded by issues with recording and collating data across LAs.

The Local Grant has substantially improved the RPC support offer in many LAs, not only through increased training for practitioners but also by embedding RPC into wider family support systems. However, a full menu of support, ranging from lighter touch digital support through to intensive practitioner-delivery interventions (for both separated and intact parents), was not yet available in every area. Instead, the flexible grant model had allowed LAs to tailor their provision to address specific community needs.

In some LAs, this had led to a more comprehensive and cohesive support offer, with RPC interventions seamlessly integrated into the broader family services landscape. However, the evaluation also identified variation in outcomes, with some LAs still in

the early stages of embedding and measuring the impact of their RPC interventions. This suggests that while progress has been made, ongoing monitoring and evaluation will be key to ensuring the long-term sustainability and success of RPC services.

Annexe 1 – High-level Theory of Change: Integration and service design

Inputs & assumptions → →	Outputs & intermediate outcomes → →	Target outcomes
<p>Key inputs from DWP</p> <ul style="list-style-type: none"> • Grant funding of up to £19m • Funding awards to individual LAs determined by the prevalence of children in low-income families (according to local area statistics to the year ending 2021) • LAs are supported by DWP Regional Integration Leads • LAs are given fit for purpose guidance on the application process and grant terms & conditions • LAs access practical support from the Early Intervention Foundation (and their successor) <p>Assumptions</p> <ul style="list-style-type: none"> • LAs take-up and make use of Local Grant funding • LAs make full use of matched funding or other LA funding sources • LA staff are able to make the additional (time) commitments necessary to apply for funding and administer the grant • LAs appoint an RPC coordinator and single point of contact to manage the relationship with DWP • DWP RILs perform effectively (e.g. helping LAs to successfully apply for the Local Grant and to make full use of their funding) • LAs are receptive to engaging with RILs • RILs are able to persuade LAs of value of RPC and help them to take action 	<p>Strategy</p> <ul style="list-style-type: none"> • The principle of tackling parental conflict is accepted and there is commitment to action. • A local vision and multi-agency RPC strategy is agreed, communicated, and woven into relevant strategic plans. • An action plan delivers the strategic approach, and progress is monitored at a senior level. • Partners share data to inform strategic decisions. <p>Workforce capability</p> <ul style="list-style-type: none"> • Multi-agency workforce needs on RPC are mapped, and capacity and skills audits or training reviews are underway. • There are regular opportunities for staff to receive training. • Trainees feel equipped to address parental conflict and use knowledge acquired to address interparental conflict. <p>Partnership</p> <ul style="list-style-type: none"> • A growing group of partner agencies has lead responsibility for RPC and its impact on children. They deliver actions, share funding and responsibility, and design solutions. <p>Community</p> <ul style="list-style-type: none"> • The views of children, young people and families directly inform strategy through community consultation. • Families co-design the local RPC strategy and are involved in commissioning and governance structures. <p>Services & interventions</p> <ul style="list-style-type: none"> • Information about parental relationships and support services is accessible to and understood by families. <p>Coordinated working</p> <ul style="list-style-type: none"> • Organisations are developing integrated parental conflict pathways and processes, in line with domestic abuse support pathways. 	<p>RPC fully embedded into LA family services</p> <ul style="list-style-type: none"> • Best practice fully embedded • Others learning from achievements • Evidence of significant shifts in investment to reduce parental conflict through early intervention • RPC skills and knowledge are part of job specifications, recruitment, and competency frameworks • Senior leaders routinely draw on robust evidence to inform resource use and service design <p>Local authority outcomes</p> <ul style="list-style-type: none"> • Most of the Early Help, children's social care and 0–19 health services following workforces have received reducing parental conflict (RPC) training • All of those who have been trained are using RPC learning when engaging with families • Frequent activities undertaken to support the embedding of RPC practice and support for parents such as practice sharing events or networks, newsletters or champion roles. • Has an active team of RPC trainers in their local area • Local senior leaders and partner organisations are very aware of the RPC agenda • Parental conflict is featured in in the strategic plans (including Early Help strategies or Children and Young People plans) for most LAs • Most LAs routinely collect data on parental conflict in their area (e.g. in case management systems) <p>Services for parents and families</p> <ul style="list-style-type: none"> • Most LAs offer RPC support for parents in their area

Inputs & assumptions → →	Outputs & intermediate outcomes → →	Target outcomes
<ul style="list-style-type: none"> • LAs engage with EIF resources and find them useful • LAs have sufficiently equipped and resourced L&D teams to coordinate delivery of RPC related training • LA commissioners able to identify individuals for training and navigate complex L&D resources 	<p>Outcomes & experience</p> <ul style="list-style-type: none"> • Evidence on the customer experience is collected regularly and informs service and workforce development. <p>Evaluation capability</p> <ul style="list-style-type: none"> • Interventions are evaluated and demonstrate good outcomes for families and children (i.e., fewer parents in conflict and less harm caused to children) 	<ul style="list-style-type: none"> • Most LAs provide a specific pathway of support for parental conflict. • Most LAs provide a specific offer at moderate level or specialist level • A coherent portfolio of evidence-based interventions is embedded into the local family offer • LA provides an online offer such as links to RPC information or videos on their services webpages

Annexe 2 – High-level Theory of Change: Specialist RPC Interventions (for parents)

Inputs & assumptions → →	Outputs (immediate outcomes for parents) →	Medium-long term outcomes
<p>Effective identification and referral processes</p> <ul style="list-style-type: none"> • Correctly assessing and identifying intensity/nature of conflict • Identifying parents and children who are experiencing domestic abuse and directing them to more appropriate support <p>Comprehensive initial assessment and developing a corresponding action plan</p> <ul style="list-style-type: none"> • Identifying relationship problems and goals • Identifying problem behaviour from children • Developing a sound treatment plan <p>Ensuring intervention delivery and success</p> <ul style="list-style-type: none"> • Parents understand how the interventions can help • Parents are motivated and make an active choice to participate (i.e., they do not feel coerced) • Parents can get to the venue or participate virtually/digitally • Service providers offer good quality logistics and communicate the time and place of sessions • Where appropriate, both parents are willing to participate in the intervention (sometimes with the other parent) • Parents are willing to participate <u>without</u> the cooperation of the other parent • Parents are willing to participate in group sessions, where this is appropriate • Parents develop good rapport with the professionals who deliver the interventions • Parents and practitioners communicate effectively • Parents know what to expect 	<p>Relationship skills</p> <ul style="list-style-type: none"> • Better problem solving and conflict resolution • Improved family cohesion • Appropriate and proactive limit-setting • Ability to recognise issues/barriers and address them • Positive inter-personal interactions • Giving and responding to constructive feedback • Increased empathy of each other's views • Improved decision making and communication • Proactive strategies for respectful talking and listening • Being motivated to improve your relationship(s) • Parents work as a team to nurture and support each other • Parents able to recognise and communicate issues/expectations • Parents start planning for the future <p>Understanding and managing emotions & behaviour</p> <ul style="list-style-type: none"> • Parents more able to manage their own stress and reduce its negative effects on their relationships • Lower levels of family stress • Better understanding of the family's challenges • Better capacity for reflection • Improved emotional awareness and regulation • Better emotional regulation and lower levels of anger • Better resilience and self-awareness • Awareness and understanding of family dynamics <p>Parenting skills</p> <ul style="list-style-type: none"> • Understand the impact of conflict on children • Ability to apply positive parenting approaches • Improved co-parenting, co-operation and parental planning • Improved inter-parental and child-parent communication 	<p>Parental outcomes</p> <ul style="list-style-type: none"> • Improved interparental communication • Better relationship satisfaction • Improved separated interparental relationships • Better satisfaction with custody arrangements (separated parents only) • Increased parent-child contact (separated parents only) • Improved relationships (familial and beyond) • Better self-esteem and improved mental health • Improved parenting practice • Enhanced family collaboration and cohesion • Improved resilience to stress and negative events • Lower family stress • Stronger parent-child relationships <p>Child outcomes</p> <ul style="list-style-type: none"> • Stronger parent-child relationship • Better emotional development (e.g. empathy and resilience) • Better conduct and reduced criminal, violent and/or anti-social behaviour • Less hyperactivity / better concentration • Improved child / youth mental health • Improved educational attainment <p>Later-life outcomes</p> <ul style="list-style-type: none"> • Improved mental and physical health • Better employment outcomes • Improved relationship skills

Inputs & assumptions → →	Outputs (immediate outcomes for parents) →	Medium-long term outcomes
<ul style="list-style-type: none"> • Parents are willing to discuss difficult topics • Parents put their learning into practice during and after intervention completion • External influences and life events do not interrupt or prevent participation 	<ul style="list-style-type: none"> • Improved confidence/ability to address children's problems • Parents deliver same story about divorce/separation • Children are more able to manage their emotions • Parents able to work with teachers for the child's best interest • Parents able to recognise the child's point of view 	<ul style="list-style-type: none"> • Reduced use of health, welfare and other government services (e.g. family courts, criminal justice, etc.)

Note: This is a generic theory of change to represent all the input measures, immediate outputs and medium to long term outcomes that one might expect to see from a face-to-face or digital/virtual intervention with relationship and parenting component.

Annexe 3 – Early-Stage workshops methodology

IFF conducted six workshops between 2nd March and 4th April 2023. There were 59 attendees across the six workshops, from 21 LAs.

Table 9 Workshop attendance

Topic areas for the workshops	Number of attendees
The RPC coordinator role	13
Partnership engagement – Working with key areas such as health and police	12
Training – Developing reducing parental conflict workforce capability	11
Engaging parents, families, faith groups and communities to design and deliver RPC	10
Developing an RPC support offer for parents/families	8
Measuring and capturing outcomes	5
Total	59

Each workshop lasted two hours and began with a 20-minute presentation from an LA on a specific theme, followed by a question-and-answer session. The workshops had between four and sixteen attendees as a range. After the Q&A, attendees joined breakout groups for discussions on key topics related to the workshop theme and broader issues concerning the Local Grant

The coverage of the six workshop is described below:

- **Workshop 1** focused on engaging parents, families, faith groups and communities to design and deliver RPC. This workshop covered discussions around how LAs identify and engage with families in conflict and how they seek input from particular family types and community groups to shape their RPC strategy.
- **Workshop 2** focused on partnership engagement, including working with health organisations and the police. This workshop involved discussions around how LAs are engaging with key partners in their area, as well as what they are doing to educate them on parental conflict and RPC.

- **Workshop 3** focused on the RPC lead/coordinator role and covered reasons why some LAs have chosen to install an RPC lead/coordinator, while others have not.
- **Workshop 4** focused on developing an RPC support offer for parents/families and covered how LAs determine what families in their local area need and what interventions they've chosen as a result.
- **Workshop 5** focused on training, including developing the workforce's capability around RPC and discussing how LAs identify the kind of training needed by the professionals who come into regular contact with families and children and how they are developing their training strategy.
- **Workshop 6** focused on measuring and capturing outcomes and covered what LAs identify as an outcome of RPC interventions and how these can be measured at the end of year 1. For this workshop, the Senior Local Development Adviser from Early Intervention Foundation (EIF) presented various tools and techniques that could be used for measuring outcomes and progression.

Annexe 4 – LAs included in the case study research

Table 2 Details of the ten LAs included in the case study research

Local Authority	Family Hub area?	Contract Package Area trial?	Bid as a cluster?
Bristol	Yes	No	No
Cambridgeshire and Peterborough	Yes (both LAs delivering this separately in their own areas)	Yes	In the process of de-clustering
Derbyshire	No	No	No
Leicestershire	Yes	No	No
Manchester	Yes	No	No
Newcastle	Yes	Yes	No
Nottingham City	Yes	No	No
Nottinghamshire	No	No	No
Torbay	Yes	Yes	No

Annexe 5 – Parent fieldwork and intervention type

Table 10 Intervention type across parent interviews

Intervention	Parent interviews	
	Completer	Did not start
Parenting when separated	12	6
Getting it Right for Children (OnePlusOne)	4	N/A
Other (including bespoke LA support)	3	3
Parenting together	1	N/A
Mentalization Based Therapy	1	N/A
Incredible Years Advanced	1	N/A
Total	22	9

Annexe 6 – Recruitment challenges and mitigating steps

Recruitment challenges

Despite considerable efforts from all parties involved, including RILs and LA RPC leads, to understand and mitigate challenges to parent recruitment, the numbers of parents recruited was lower than anticipated and the speed of progress much slower. The main challenges encountered are detailed below.

- **Limited practitioner capacity to engage with recruiting parents.** RPC leads and practitioners fed back that they had limited time to engage with families to encourage them to take part in the evaluation. This was predominately reported to be due to multiple demands on their time and high caseloads. Further evidence of the stretched nature of these staff members was that some practitioners provided the research team with contact details for parents, but then were not able to speak to the researchers to discuss cases from their perspective.
- **Some LAs found it challenging to engage parents.** For example, for the parent strand there was engagement from only seven LAs (from a potential 20). This impacted the spread of RPC interventions that data was collected about. Some practitioners also cited not having close relationships with parents (mainly on lighter touch interventions). Others fed back that parents said they are too time poor to take-part or did not want to discuss parental conflict with another party (e.g. due to being embarrassed or being ashamed of the perceived stigma of receiving support).
- **Too few eligible parents in the population undertaking RPC interventions of interest for the evaluation and being funded by the Local Grant.** This was particularly the case when allowing for not all parents wanting to take part and for some drop-out between initial discussions with practitioners and participating in an interview. The research team explored the possibility of expanding the criteria to include any parental conflict support and those not funded by the Local Grant, but this did not lead to any substantial difference to engagement.

- **Converting sample provided into actual interviews.** Contact details were received for 38 complete families, of which 22 resulted in an interview. All parents received an initial call or email (where phone number / email addresses are available) and four reminders (the maximum advised with sensitive audiences). There were particular challenges where phone numbers were not provided by practitioners, as parents often did not respond to emails. Practitioners were also asked to follow-up directly with those who did not respond, with feedback indicating that most parents had changed their mind, or their circumstances changed, meaning they no longer wanted to/were able to take part.
- **Encouraging both parents in a family to take part proved very challenging.** LA staff noted that they were usually (or sometimes solely working) with just one parent, so were unable to provide contact details for the other parent. During some interviews, the researchers asked parents if they were able to provide contact details for the other parent, but often they were (understandably) reluctant, depending on the nature of the relationship between the parents. There were also cases where, due to escalation of cases, such as court proceedings with the other parent, it was inappropriate to speak with both parties.

Mitigating actions

To mitigate these challenges, a number of additional recruitment activities were agreed with DWP. These included:

- **Continued reminding and engagement of RPC leads and practitioners about the research:** a substantial amount of additional time was spent engaging (via email, phone and Teams) with RPC leads and practitioners. RILs were also active in engaging RPC leads directly about the evaluation.
- **Liaising directly with parents themselves:** the initial plan involved liaising first with practitioners who would provide recruited parent details to allow the research team to contact them to arrange a date/time for interview. Unfortunately, the reality required substantial resource to engage with both practitioners and parents (e.g. joining parent groups to recruit directly).
- **Offering a range of alternative recruitment approaches to RPC leads:** this included posters and leaflets to go in support services (e.g. Family Hubs) with a QR code for parents to sign up to interviews; giving RPC leads an online link to share with all parents to sign-up for an interview; offering to visit in person to undertake interviews; and asking practitioners to call the research team when they were with a parent (if they consent to take part), so that a researcher could speak to them there and then. Most of these approaches were deemed unfeasible by RPC leads (e.g. due to not holding email addresses or having no central place for a poster/leaflet).

Annexe 7 – Target interventions to evaluate

Level 3 and 4 interventions (moderate-high intensity support from professional experts or trained practitioners)

Mentalization Based Therapy *

- 10 sessions in 3 main phases of treatment – goal setting, keeping on track, staying on track
- First 3 sessions (a-c) are assessment phase; Initial meeting with both parents (a), therapist explains approach, parents explain presenting difficulties, contracting, formulating. Next 2 sessions (b-c) therapist sees parents individually to develop formulation

Level 5 Enhanced Triple P *

- Aimed at intact couples, usually who have completed a level 4 parenting programme
- Comprised of 4 modules (approximately 12-15 hours tailored to need, usually delivered in home, not group)

Level 5 Family Transitions Triple P *

- Designed for parents who are experiencing personal distress from separation or divorce, which is impacting on or complicating their parenting
- Comprised of five sessions, assisting parents who need extra support to adjust and manage the transition of separation or divorce
- Focusing on skills to resolve conflict with ex-partners and how to cope with stress

Parenting When Separated Programme (Parents Plus) *

- Aimed at targeted universal not multiple disadvantages
- Comprises a 6-week group programme with an equal split of resident and non-resident parents, separated parents do not attend the same group, but ideally two groups run concurrently in the area so both can attend

Digital/online support packages of interest

OnePlusOne

Three digital behaviour change interventions:

- Argue Better – Helps to raise awareness of parental conflict and its impact on children
- Getting it Right for Children – aimed at separated parents or separating parents using Behaviour Modelling Techniques to help separated parents see how they are putting their children in the middle of conflict
- Me, You and Baby Too – a course for new and expecting parents

* Indicates interventions tested under the 2018-22 RPC programme.

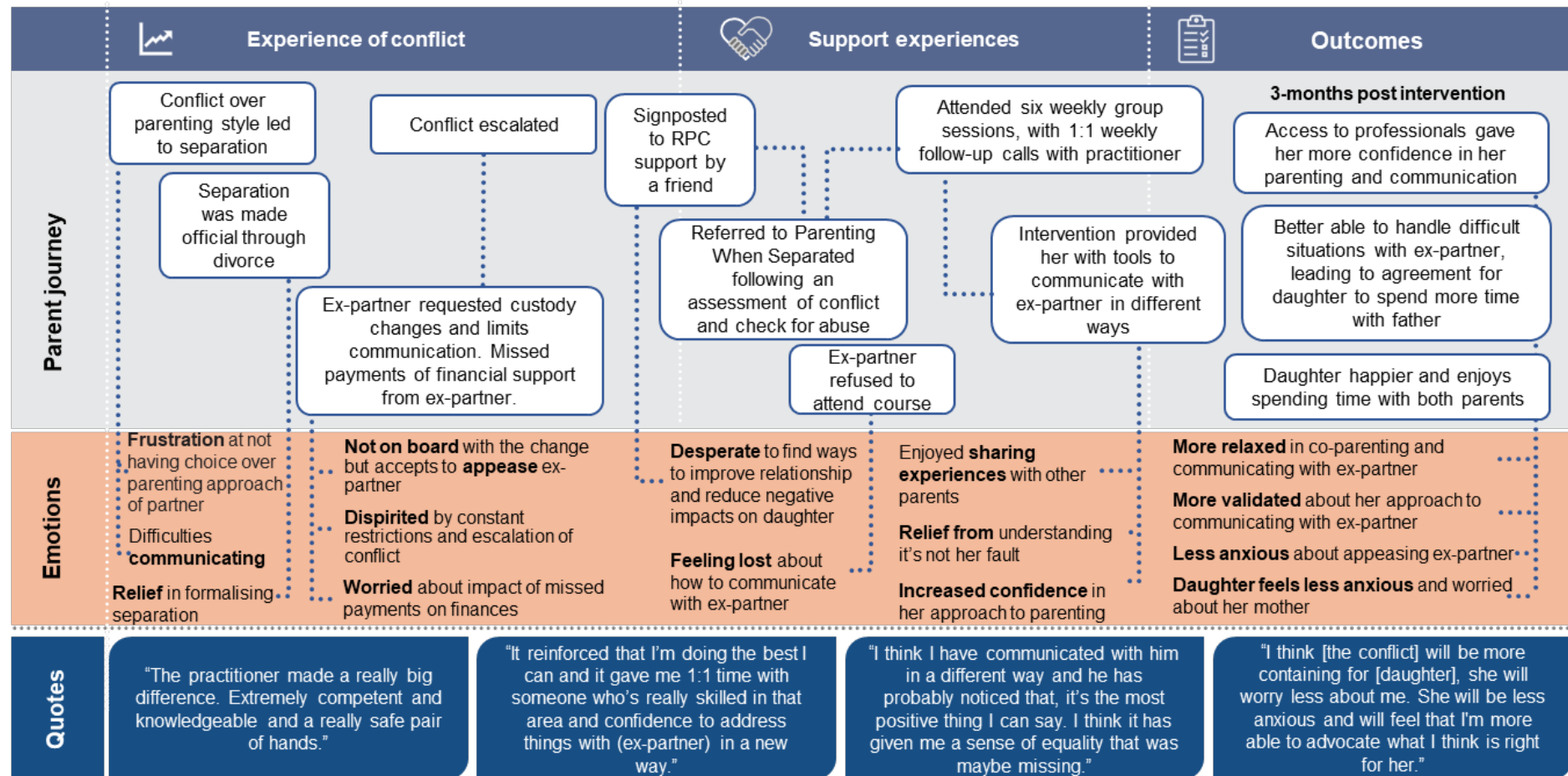
Annexe 8 – Parent journey maps

Please zoom in to see the process maps clearly.



Parent 1: Parenting When Separated

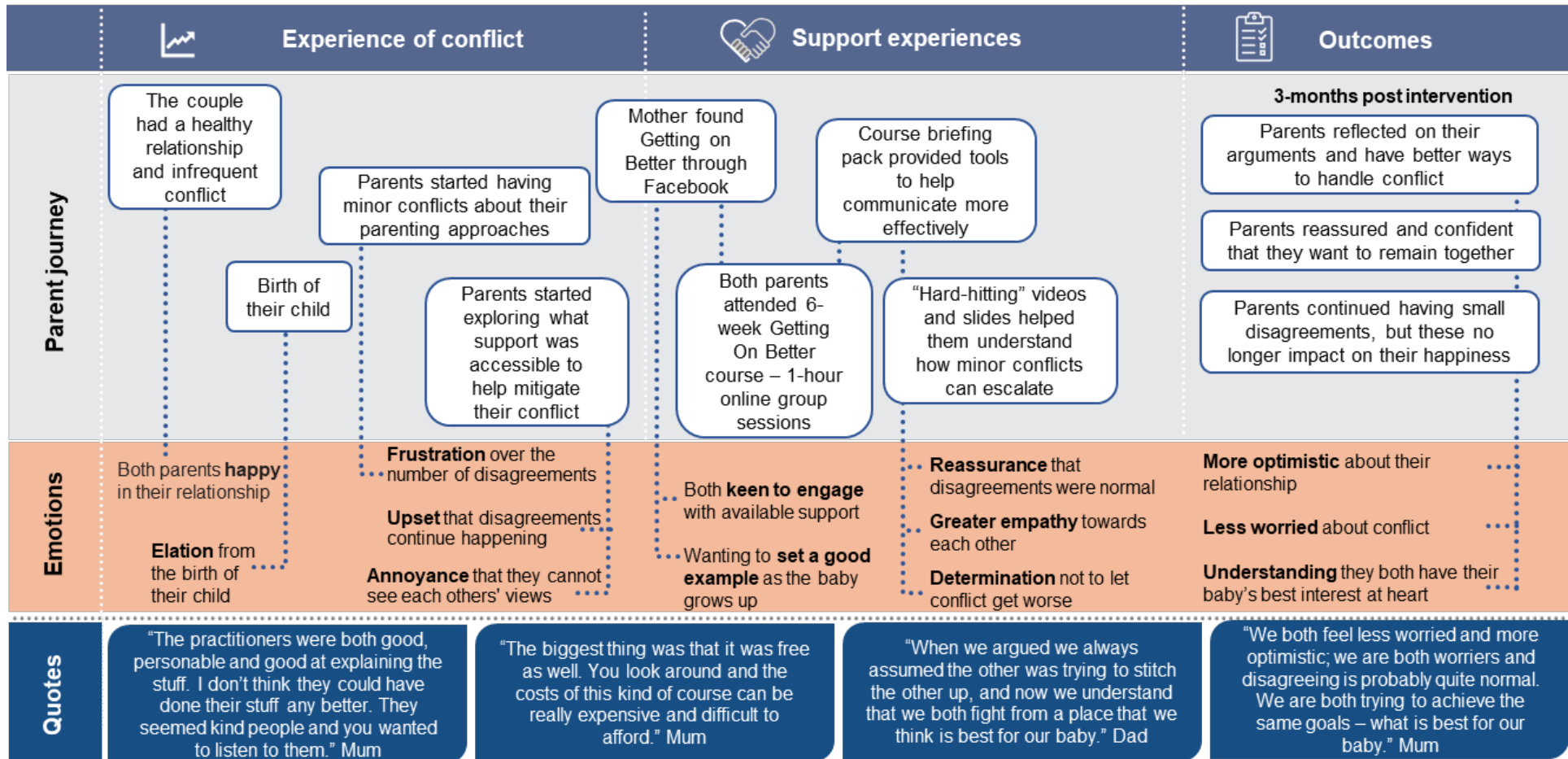
A mother of one daughter, 12, who attended Parenting when Separated. She had been separated from her ex-partner for 3-years and had experienced increasing difficulty in communicating with them.





Parent(s) 2: Getting on Better

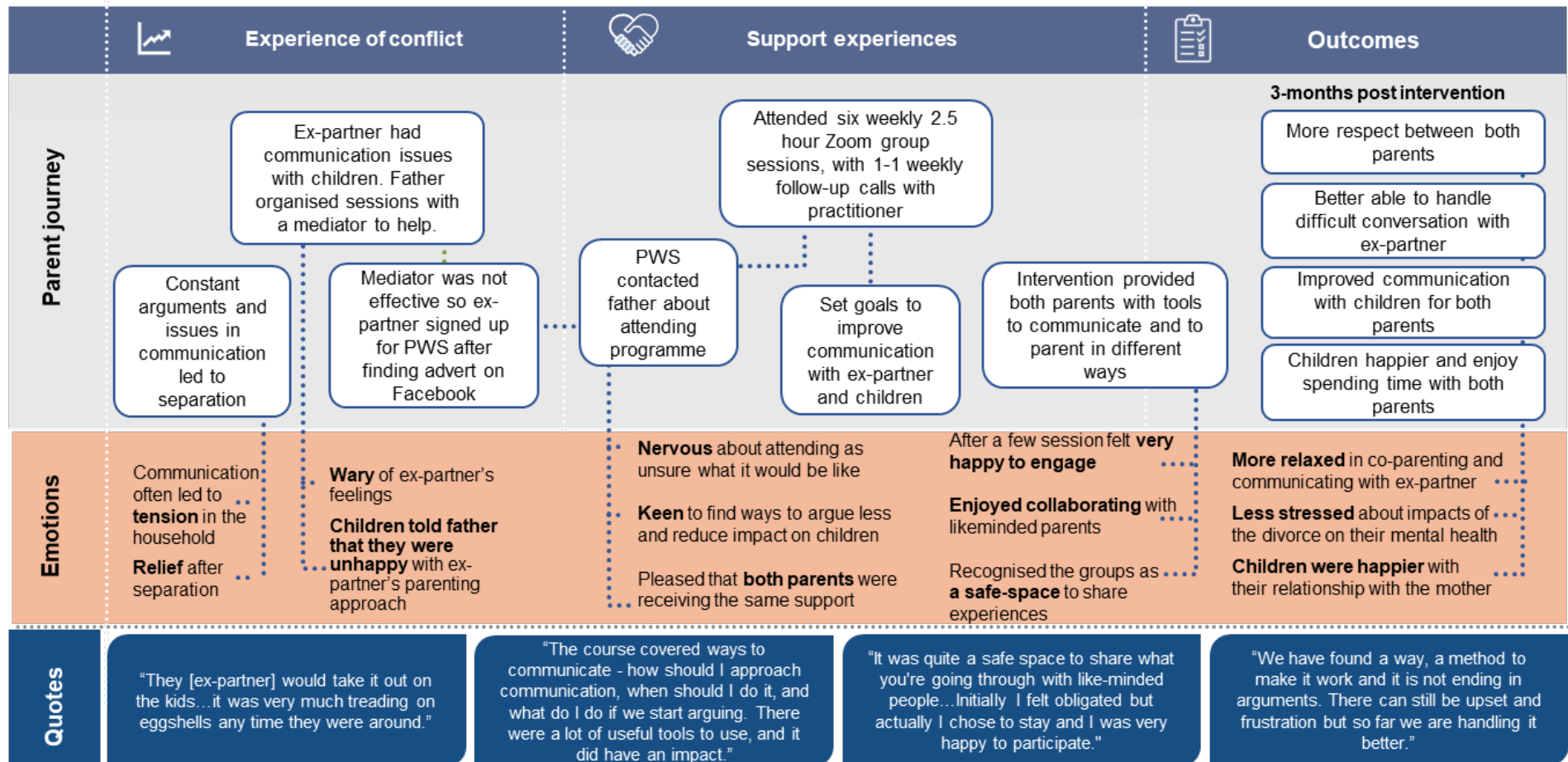
Mother and father of a 6-month-old baby who attended the Getting on Better intervention. They experienced disagreements following the birth of their baby and both wanted to access support to resolve issues and improve communication.





Parent 3: Parenting When Separated

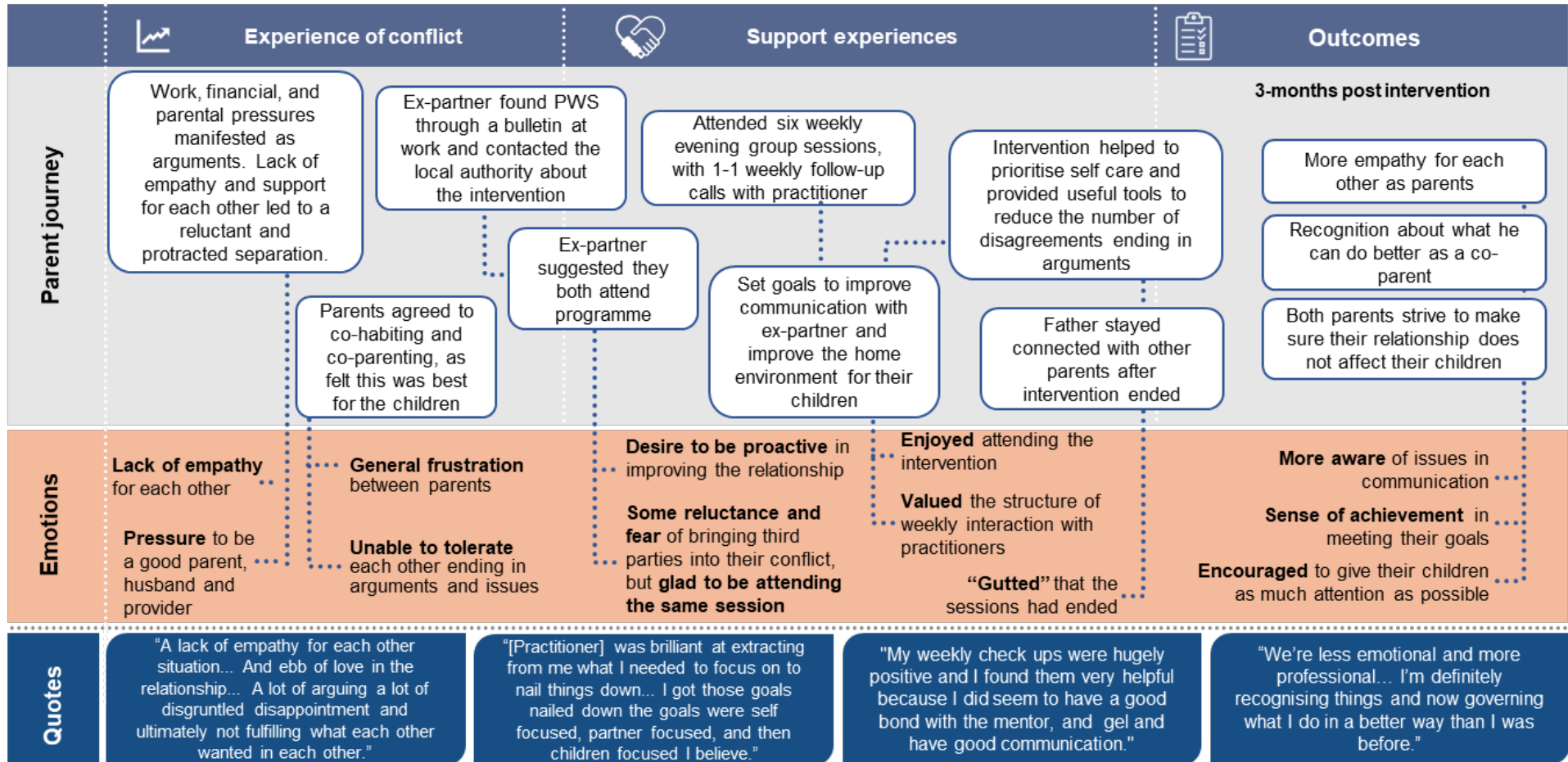
A father of two teenage children who attended Parenting when Separated (PWS). He had been separated from his former partner for about two years and had experienced increasing difficulty in communicating with her. His ex-partner also attended Parenting When Separated, but in a different group.





Parent 4: Parenting When Separated

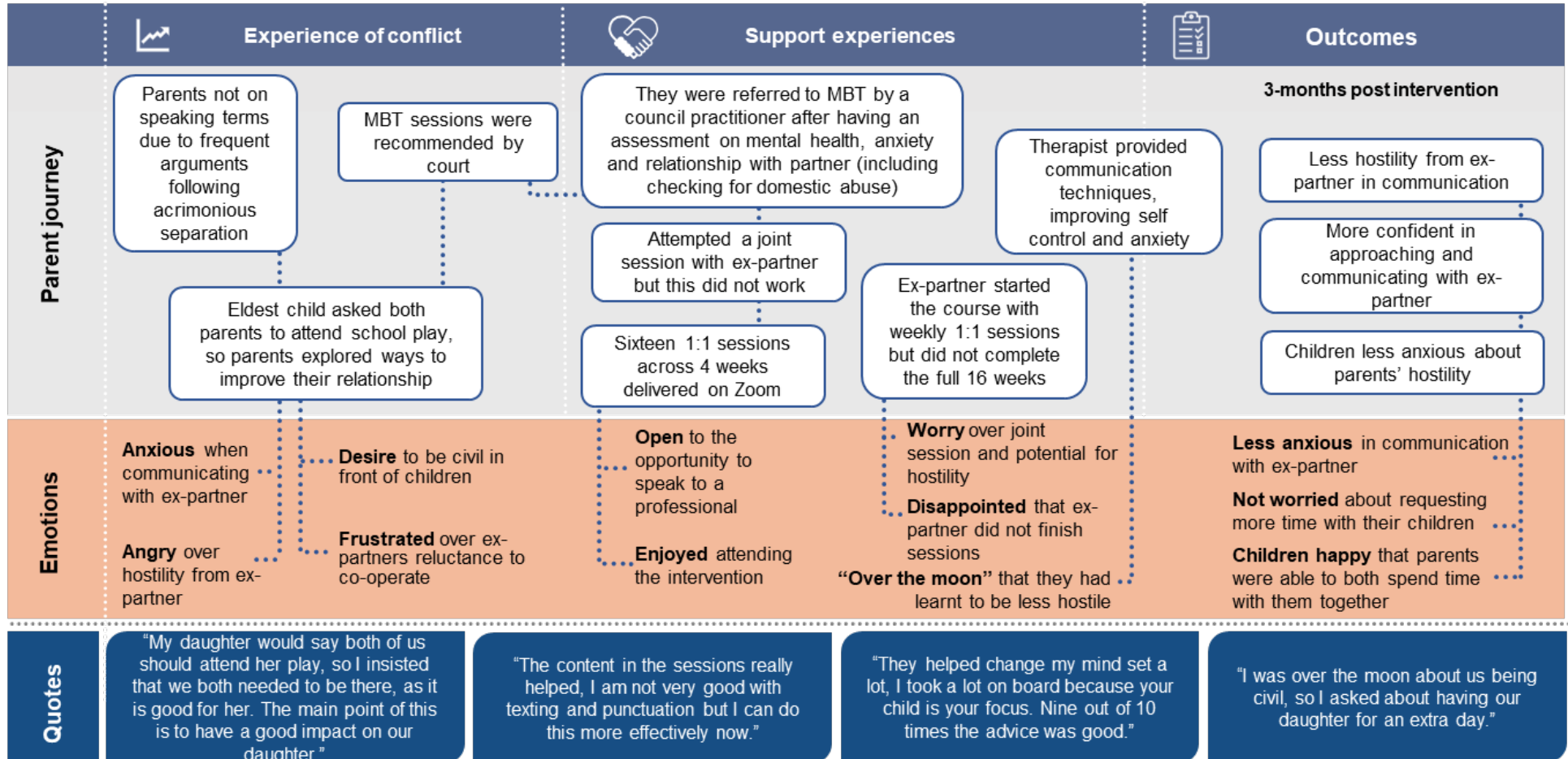
A father of two children under five years old who attended Parenting When Separated (PWS). The parents were cohabiting due to financial reasons but considered themselves separated.





Parent 5: Mentalisation-Based Therapy

A father of two children (one teenager and one under 10) who attended Mentalisation-Based Therapy (MBT). Their ex-partner also accessed the same support, but did not finish the full course.



Annexe 9 – Referral deep dive process maps

Please zoom in to see the process maps clearly.

