



EIF SECTOR BRIEFING

Why reducing parental conflict matters for the NHS

The impact of conflict between parents on children and young people is increasingly recognised at both a local and national level. But what does this agenda mean for staff working in the NHS?

Defining the problem

Conflict between parents can harm children's outcomes.

- Conflict between parents is a normal part of relationships. However, there is a large body of evidence that shows that parental conflict puts children's mental health and long-term outcomes at risk when it is frequent, intense and poorly resolved.
- These destructive conflict behaviours include aggression, non-verbal conflict or the 'silent treatment', lack of respect and emotional control, lack of resolution and, in their most extreme form, domestic abuse.
- Parental conflict can harm children's outcomes regardless of whether parents are together or separated, or are biologically related to the child, such as in blended or foster families.
- Parental conflict can affect children's physical and mental health. This can include psychological difficulties shown as aggression and conduct disorder, anxiety and depression, poor attachment, withdrawal, fearfulness, and even suicidality; and physical health problems such as higher rates of illness and fatigue, reduced physical growth and impact on nervous and hormonal systems. Parental conflict may also affect child risk-taking behaviours, such as smoking, drug use and early sexual activity.

Some families are more vulnerable to parental conflict.

- Financial difficulties impact on parental mental health, which can increase parental conflict. This in turn can impact on parenting and children's outcomes. According to data from the Department of Work and Pensions, children in workless families are up to three times more likely to experience damaging parental conflict.

Parental conflict reduces the effectiveness of family services.

- Interventions which focus solely on supporting the parent-child relationship (such as parenting programmes) in the context of parental conflict are unlikely to improve outcomes for children.
- Evidence suggests that fathers' parenting may be more adversely affected by parental conflict (by withdrawing or becoming hostile) yet fathers are less likely to be reached by support services.

WHO ARE WE?

The Early Intervention Foundation (EIF) is an independent charity whose mission is to ensure that effective early intervention is available and is used to improve the lives of children and young people at risk of poor outcomes.

Why reducing parental conflict matters for the NHS

Reducing parental conflict is everyone's business

Any clinician, practitioner or volunteer working with children, young people and families can have an impact on reducing parental conflict.

The risk of conflict between parents is higher at crucial transition points in family life, such as becoming pregnant, having a baby, a child starting or changing school, or separation and divorce. However, relationship difficulties are often seen as a private matter, and couples tend to only seek help when they are in crisis.

Front-line practitioners in health, early years and education settings often lack the confidence, tools and knowledge to raise relationship issues with parents and so miss opportunities to identify and support families experiencing parental conflict.

Opportunities to intervene

THE HEALTH WORKFORCE AND PARENTAL CONFLICT

Primary Care Teams

Primary Care may be the first service parents struggling with relationship conflict turn to.

GPs and Primary Care Teams can use patient-centred consultation to identify where conflict between parents is affecting health and well-being, using opportunities such as contact for immunisations or preconceptional care. They can help individual parents to understand the causes and impact of parental conflict, and provide advice on how to reduce the impact of this on them and their children.

They can connect parents to specialist relationship support services, offer a social prescriptions, or provide information about online support and resources. They can check on progress at follow-up appointments.

Midwifery

Midwives provide support and advice to women and their families throughout pregnancy, labour and the postnatal period.

Midwives build trusted relationships, and routinely screen for risks which enable them to identify where conflict is negatively affecting the relationship between parents. They can offer advice and information on the impact of having a baby on parental relationships and provide reassurance and support. They often run parenting programmes, which can be designed to take account of parental conflict.

They can refer to specialist relationship support services and make the health visitor aware when handing over the care of mother and baby.

Health visiting

Health visitors lead the universal Healthy Child Programme (0–5), which enables them to build trusted relationships with parents and explore more sensitive, personal issues. Understanding the quality of relationships is important to their work, using active listening to identify early signs of relationship distress, and offering advice and brief interventions to help parents to understand how to reduce or avoid conflict.

They can prepare parents for the changes to their relationship that parenting brings, and provide relationship guidance as part of the parenting programmes that they deliver. Health visitors are particularly important in involving fathers.

They can refer to specialist relationship support services and monitor progress as part of their ongoing relationship.

Mental health practitioners

Parental conflict is associated with mental health problems for adults and children, which means that mental health practitioners such as nurses, psychologists, psychiatrists and psychotherapists have a particularly important role in identifying where parental conflict is a cause of emotional distress, taking account of this in treatment, and making use of specialist relationship support services where appropriate.

For an example, see the Hackney case study later in this briefing.

What needs to change?

Using evidence-based early intervention to reduce parental conflict responds to key NHS priorities.

- The Five Year Forward View for Mental Health identifies the challenge of responding to the one in 10 children aged 5–16 who have a diagnosable mental health problem, such as conduct disorder, anxiety disorder, ADHD or depression, and recognises that children from low-income families are three times as likely to suffer these.
- We also know that around 11% of all children in the UK have parents who are in a distressed relationship, with children in workless families almost three times as likely to experience this. Reducing parental conflict may be one of the most important ways of reducing child mental health problems.
- There are a growing number of interventions with evidence that they can help parents to improve their relationship, reduce conflict and improve prospects for children.
- Effective interventions appear to have specific components: *
 - helping couples to understand the impacts of conflict behaviours, and what they could do differently
 - focusing on stress management, effective coping and problem-solving
 - building skills, through modelling, roleplay and feedback, to communicate more effectively and avoid conflict
 - for parents in the context of divorce or separation, building motivation to strengthen the quality of parenting and not to undermine the other parent
 - targeting couple relationship communication and conflict management skills at key transition points, such as becoming a parent or a child's school transition.
- However, most of the evidence for these interventions comes from outside the UK and many have not yet collected evidence to show if they improve child (rather than parent or couple) outcomes.
- It is critical that evaluation is part of local work to develop and commission relationship support: without this we won't know if or why services have worked or had an impact. For the NHS, this means collecting data on relationship conflict prevalence identified by universal population screening services such as midwifery and health visiting. It also means a more robust approach to testing and learning about treatment take-up and impact, particularly on children.



For more detail, see 'What works to enhance interparental relationships and improve outcomes for children':

www.eif.org.uk/publication/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children-3/

EVIDENCE-BASED EARLY INTERVENTION PROGRAMMES

To date EIF has assessed seven parenting interventions that have evidence of improving child outcomes by reducing parental conflict:

Enhanced Triple P

Parenting intervention of 10 sessions for families with parenting problems with a couple component.

Family Foundations

Couple relationship programme over five sessions for parents expecting their first child.

Family Check-up for Children

Parenting intervention for families with moderate to high needs with a couple component.

Incredible Years Preschool (Advanced)

Parenting intervention of 18–20 sessions for low to high needs with a couple component.

Incredible Years School Age Basic (Advanced)

Parenting intervention with a couple component for families with children aged 6–12 years.

Schoolchildren and their Families

Universal couple relationship programme of 16 sessions when children transition to school.

Triple P Family Transitions

Parenting intervention with a couple component involving five sessions for separating families.

Find out more about these programmes at guidebook.eif.org.uk

Take action now

Local NHS leaders and commissioners have a key role in reducing the impact of parental conflict on children by integrating this within the wider system of family support for health and wellbeing, working with their partners in local government, schools, the police and the voluntary sector.

This should include recognising parental conflict within wider service review, aligning and pooling resources with their partners, investing in specialist interventions for reducing parental conflict, and building workforce confidence and capability to identify and act on conflict between parents.

There is a new national programme designed to help NHS leaders and commissioners, alongside their key partners, to improve outcomes for children through reducing parental conflict.

- The Department of Work and Pensions has established a new network of Regional Reducing Parental Conflict Leads, and Ambassadors from the areas that are pioneering work on reducing parental conflict, to provide bespoke support and challenge to local areas.
- Workforce development funding and guidance is being made available for relationship support professionals and frontline practitioners across England's 211 Clinical Commissioning Group areas.
- EIF has created the Reducing Parental Conflict Hub, an online repository of evidence, information and resources on reducing parental conflict.*
The hub includes:
 - A practical guide on commissioning to reduce parental conflict, with evidence summaries, advice from pioneers, and links to resources such as 'Supporting couple relationships: Guidance for health visitors' (OnePlusOne), & 'What do couple relationships have to do with public health?' (Tavistock Relationships).
 - A self-assessment maturity matrix to support local planning on reducing parental conflict. The matrix focuses on four dimensions:
 1. LEAD change and champion the importance of addressing parental conflict
 2. PLAN and commission with local partners to reduce parental conflict and integrate this within local family services
 3. DELIVER support to vulnerable families that takes account of parental conflict and equip the workforce with the skills and knowledge that they need
 4. EVALUATE the impact on reducing parental conflict.



See our Reducing Parental Conflict Hub:
reducingparentalconflict.EIF.org.uk

CASE EXAMPLE: HACKNEY, EAST LONDON

In Hackney, Child and Adolescent Mental Health Services is integrated within the council's children's services, and their team of specialist clinical practitioners includes a couple therapist.

This role works with individuals and couples as parents, using psychodynamic, systemic, attachment and mentalisation-based therapeutic approaches, for couples experiencing mental health or relationship difficulties that affect their parenting.

This includes seeing parents where there is a high level of conflict affecting the children, including domestic abuse, as well as a range of other relationship problems, with the focus being on managing and assessing risk within the family and on giving therapeutic support to the parents.

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