



**EARLY
INTERVENTION
FOUNDATION**

REDUCING PARENTAL CONFLICT
IN THE CONTEXT OF COVID-19:
ADAPTING TO VIRTUAL AND DIGITAL
PROVISION OF SUPPORT

Reducing parental conflict in the context of Covid-19

Adapting to virtual and digital provision of support

August 2020

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About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

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Summary

This report focuses on how Covid-19 and the lockdown have impacted on issues relating to parental conflict, and how those seeking to reduce parental conflict can adapt to the current situation using virtual and digital methods.

It builds on two previous reports published by EIF in response to the Covid-19 pandemic – one which set out the challenges and risks relating to virtual and digital delivery,¹ and the other which highlighted the impact of the pandemic on early help services.²

In this report, we present findings from an EIF survey, conducted in June and July, which 42 local authorities and 13 intervention developers and providers used to describe how Covid-19 has impacted upon their ability to support families. We also provide a summary of 12 virtual and digital interventions available to support interparental relationships, and offer practical guidance on how to assess the impact of such interventions and how to appropriately engage parents remotely.

We find that:

- The vast majority of local authorities and intervention developers and providers have adapted their provision to be available virtually or digitally.
 - Prior to the lockdown in March 2020, many responding local authorities (63%) and intervention developers and providers (eight out of 13, or 62%) did not offer virtual and digital interventions targeting interparental relationships. By July, however, three months after lockdown began, almost all – 89% and 93% respectively – had adapted their provision to ensure continued support.
 - Almost three-quarters (74%) of the local authorities who completed our survey report an increase in parental conflict since the start of lockdown. However, it is difficult to develop a clear understanding of the impact of Covid-19 on referrals to parental conflict support services, as local authorities have had differing experiences, with some seeing a fall in referrals at the start of lockdown and others experiencing a steep increase.
 - There have been many challenges faced by the sector in delivering virtual and digital interventions, including difficulties in identifying escalating risk with limited home visits and face-to-face contact, a lack of funding to quickly adapt services, and difficulties maintaining privacy and confidentiality. Despite this, survey respondents suggest that positive changes have emerged as a result of Covid-19 that should be retained in the future, including improved partnership working within local systems and an increase in parental help-seeking behaviour.

1 See: <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery> (Martin et al., 2020)

2 See: <https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery> (Wilson & Waddell, 2020)

- Most of the pre-existing virtual and digital interventions targeting interparental relationships have yet to show robust evidence that they can improve outcomes for children.
 - Of the 12 virtual and digital interventions on which we conducted a preliminary assessment, most were found to either have **no or limited evidence** or **preliminary evidence** of improving child outcomes, with only one intervention found to have **robust evidence**.
 - While there is little evidence to suggest that virtual and digital interventions are *more* effective than traditional face-to-face approaches, studies comparing these two approaches have found that interventions delivered using virtual and digital methods can be as *effective* as those delivered face-to-face.
- There is an opportunity to generate stronger evidence about the effectiveness of virtual and digital interventions, although this is likely to need support.
 - Most responding local authorities (83%) and all 13 intervention developers and providers are planning to assess the impact of their adapted provision. Of the 13 surveyed intervention developers and providers, seven (or 54%) had already developed an evaluation plan and exactly half of the local authorities were in the process of doing so. This suggests that the sector is interested in using the current situation to test their adapted provision; however, they are likely to need support.
 - Many of the existing evaluation studies of virtual and digital interventions suffer from common methodological limitations, such as attrition, low participation rates and inappropriate outcome measures.

In the final chapters of the report, we provide practical guidance on:

- evaluating virtual and digital interventions targeting the interparental relationship. In particular, we cover planning an impact evaluation, and selecting and using appropriate outcome measures in a virtual and digital context. We also propose 13 measures that can be used remotely in the context of interventions targeting the interparental relationship.
- engaging parents remotely, including strategies for recruiting and retaining participants in virtual and digital RPC interventions, paying special attention to the importance of the therapeutic relationship between practitioner and participant.

1. Introduction

In response to the Covid-19 pandemic, EIF has previously published two reports on Covid-19 and early intervention. The first set out the evidence, challenges and risks relating to virtual and digital delivery³ focused on a range of domains, including mental health and wellbeing, education and antisocial behaviour. The second drew on qualitative research to highlight the impact of the pandemic on early help services.⁴ Building on our previous work, this reports focuses specifically on how Covid-19 and the lockdown have impacted on issues relating to parental conflict and how those seeking to reduce parental conflict can adapt to the current situation.

The report provides:

- a snapshot of how local authorities and intervention developers and providers are adapting their parental conflict services to support families remotely
- a summary of identified virtual and digital interventions available to address parental conflict, support interparental relationships and improve outcomes for children, and a preliminary assessment of the strength of evidence underpinning each intervention
- guidance on how to assess the impact of virtual and digital interventions targeting interparental relationships
- guidance on how to appropriately recruit, retain and engage parents remotely.

Although nationwide lockdown restrictions have now eased, the evidence and practical guidance incorporated within this report are intended to help local authorities and intervention developers and providers to reflect on evidence and recent learning about adapting support services for families in response to Covid-19.

Context

Conflict between parents – whether together or separated – is a normal part of relationships. However, there is a strong body of evidence suggesting that when parental conflict is frequent, intense and poorly resolved, it can have a significant negative impact on children’s outcomes.

In recent years, reducing parental conflict as a way of improving children’s outcomes has become an important focus of national policy and practice. In 2017, the Department for Work and Pensions (DWP) launched the national Reducing Parental Conflict (RPC) programme,⁵ investing £39 million until 2021, to embed efforts to address parental conflict at a local level and improve both the supply and demand for evidence-based interventions. Since its inception, the RPC programme has sought to explore the potential of digitally delivered support, including most recently through the Challenge Fund.⁶ Announced in 2019, the fund invested £2.7 million in 10 organisations to develop a more comprehensive evidence

3 See: <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery> (Martin et al., 2020)

4 See: <https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery> (Wilson & Waddell, 2020)

5 See: <https://reducingparentalconflict.eif.org.uk/about-the-rpc-programme/>

6 See: <https://www.reducingparentalconflictfund.co.uk/>

base about what works digitally to reduce parental conflict and support disadvantaged families. Now, as a result of the Covid-19 pandemic, many local authorities and intervention developers and providers have had to rapidly adapt their face-to-face interventions to work in virtual or digital formats, so that services can continue.

As set out in our rapid review of virtual and digital delivery of early intervention (Martin et al., 2020), we define virtual and digital interventions as those which can be delivered remotely, using technology, without any traditional, physical, face-to-face interaction between providers and participants. Virtual and digital approaches to remote delivery include, but are not limited to:

- **remote delivery of one-to-one interventions** (such as via phone or videoconference, allowing synchronous communication between participant and practitioner)
- **remote delivery of group-based interventions**
- **digital delivery of guided self-help content** (reading material, slides, videos, quizzes and exercises supplemented with some practitioner contact)
- **digital delivery of unguided self-help content** (reading material and explanatory videos for individuals to work through independently without any practitioner contact)
- **digital delivery of interactive content** (quizzes, activities, tasks or other gamified content)
- **brief text-based messaging interventions** (asynchronous communication via text, email or other technologies).

The impact of Covid-19 on parental conflict and children

The public health crisis caused by the Covid-19 pandemic has and will continue to impact on many aspects of family life, especially as social distancing measures persist and local lockdowns are implemented. One way in which the current situation may be having a significant impact on children is through exposure to parental conflict.

The pandemic means that many parents are facing significant stress due to financial insecurity and additional caregiving responsibilities. Recent evidence based on a survey conducted by the Institute for Fiscal Studies published in June 2020, for example, shows that mental health has deteriorated in the UK since Covid-19 (Banks & Xu, 2020). Although preliminary, these findings suggest that the deterioration in mental health has been more marked for individuals with pre-existing mental health problems, young women (aged 16–24 years) and individuals who have suffered falls in household earnings since February 2020. When combined with other daily stressors, these mental health and financial difficulties can exacerbate existing conflicts, or lead to new conflicts arising (Harold et al., 2016). By way of example, when China emerged from lockdown in early March, marriage registration offices in some districts of Xi'an saw an unprecedented number of divorce requests being filed (Liu, 2020). Similar trends are now emerging in the UK, with media reports suggesting that some law firms have recorded three times as many divorce enquires in June as in an average month before Covid-19 (Hunt, 2020).

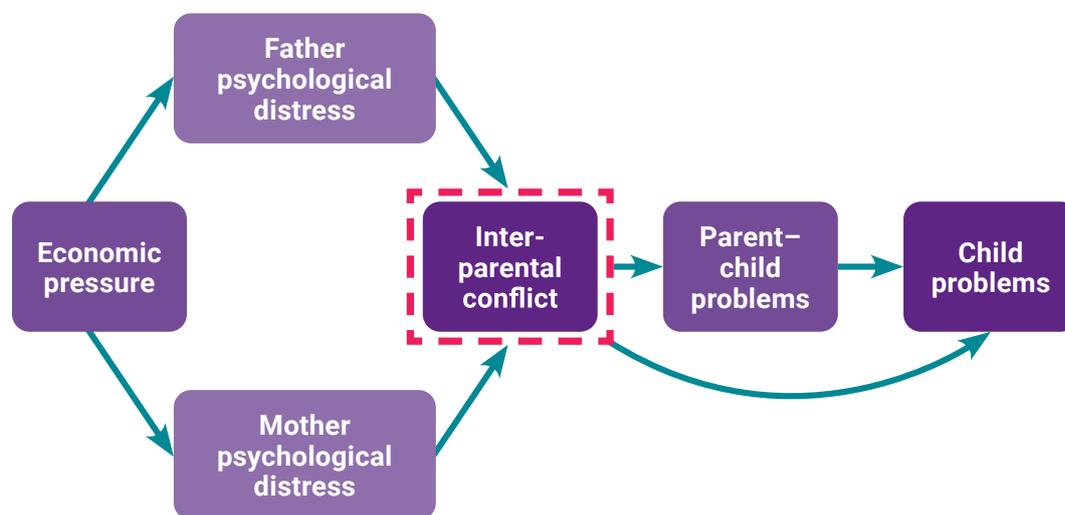
Of course, rates of divorce do not capture relationship distress among intact couples, but they do provide an initial indication of the strain put on relationships between parents by the pandemic. Other evidence comes from Refuge, the UK's largest provider of specialist domestic abuse services, which reported a record rise in demand for its helpline, with more than 40,000 calls and contacts made since the start of lockdown. In June alone, Refuge recorded a 77% increase in contacts, with a significant increase in the number of women seeking emergency accommodation (Refuge, 2020). The NSPCC reported that Childline

delivered 2,200 counselling sessions in the 11 weeks to 8 April, with over 70% of these occurring in March, when the lockdown was announced. During this period, specific issues affecting children included witnessing arguments between parents regarding financial difficulties and visiting rights (NSPCC, 2020).

Family stress can impact on children's outcomes by affecting the quality of the relationship between parents, as highlighted in EIF's 2016 What Works review⁷ and 2017 evidence review of parental conflict in the context of poverty and economic pressure.⁸ According to the Family Stress Model (figure 1.1), social and contextual pressure – such as that currently being experienced by families due to Covid-19 – can affect parental mental health, which in turn can influence the quality of the interparental relationship and increase parental conflict (Harold et al., 2016; Acquah et al., 2017). Conflict between parents can then directly lead to poor outcomes for children, or it can result in the use of harsh and inappropriate parenting practices, which can affect the quality of the parent-child relationship and negatively impact on child outcomes (Conger et al., 1994).

FIGURE 1.1

The Family Stress Model



Source: Harold et al. (2016)

Irrespective of whether parents are together or separated, or in step, foster or blended families, there is a strong body of evidence suggesting that when parental conflict is frequent, intense and poorly resolved, it puts children's mental health and long-term outcomes at risk (Harold et al., 2016). This kind of destructive conflict is characterised by intense verbal or physical aggression, the 'silent' treatment, lack of respect and emotional control, and a lack of resolution.

Children exposed to this kind of conflict are at risk of a wide variety of negative outcomes, including:

- **externalising problems**, such as antisocial behaviour and conduct disorder
- **internalising problems**, such as low self-esteem, depression and anxiety
- **academic problems**, including low academic attainment and later employment difficulties

7 See: <https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children> (Harold et al., 2016)

8 See: <https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure> (Acquah et al., 2017)

- **physical health problems**, including higher rates of illness and increased risk-taking behaviours such as smoking, substance misuse and early sexual activity
- **social and interpersonal relationship problems**, including more hostile conflicts with siblings and negative peer relationships.

Evidence also suggests that child distress is greater when children are exposed to overt parental conflict (Cummings & Davies, 2002, cited in Harold et al., 2016). This is important given the current situation, when children and parents are spending most of their days together and at home, with limited social contact making it more challenging than usual to shield children from conflict between parents. According to a range of sources, including our recent qualitative research on the impact of Covid-19 (Wilson & Waddell, 2020), there is also a risk of greater demand for support to respond to family needs that were hidden during lockdown, as well as pressure to reduce costs, which is likely to affect early intervention budgets.

2. Adapting to virtual and digital provision of RPC support

We surveyed local authorities and intervention developers and providers between 16 June and 14 July 2020, to better understand how the Covid-19 lockdown was impacting on reducing parental conflict (RPC) services. The survey was sent to all 152 local authorities and 40 RPC intervention developers and providers known to EIF, and it was also shared more widely via our website, email newsletter and social media.

Although the methods of dissemination were not systematic, we had responses from 27% (42) of local authorities and 33% (13) of intervention developers and providers. The actual number of developers and providers responding was relatively small, but we were able to reach a broad range of local authorities, which has provided a useful overview of the impact of Covid-19 on RPC service provision to date.⁹ Although five local authorities preferred to remain anonymous, the sample of non-anonymous local authorities that completed our survey included at least two local authorities from each English region, with those in the South most represented.¹⁰

The impact of Covid-19 and the lockdown on parental conflict

1. The majority of local authorities reported an increase in parental conflict since the start of lockdown.

Almost three-quarters (74%) of the local authorities that completed our survey reported that parental conflict had increased since the start of the Covid-19 lockdown. To support this, more than half (67%) of local authority respondents provided data showing an increase in referrals to parental conflict and domestic abuse services, and anecdotal feedback from practitioners. One respondent reported both an increase in referrals to services and a decrease in participants dropping out of relationship support interventions, as potential evidence to suggest that there is a growing number of individuals in need of support.

'Referral[s] into the Relationships Matter Programme have increased significantly. We have an increase of on average an extra 10 couples/co-parenting couples a week. 82% of referrals are requiring high-intensity support. We have a very low drop-off rate from parents, and there has been an increase in parents requesting support.'

Referral coordinator, North East

The remaining 26% of respondents reported that they were still collating evidence on parental conflict in their local areas, or that they were only collating information about domestic abuse,¹¹ and therefore could not tell what the impact of Covid-19 and the lockdown had been

9 For all questions and response options, see appendices A and B, available at: <https://www.eif.org.uk/report/reducing-parental-conflict-in-the-context-of-covid-19-adapting-to-virtual-and-digital-provision-of-support>

10 East of England: 6 responses; South East: 11; South West: 2; North East: 4; North West: 4; West Midlands: 3; East Midlands: 2; Yorkshire and the Humber: 3; and London: 2.

11 Although destructive parental conflict can include domestic abuse, the focus of this report and prior EIF reports on the topic of parental conflict has been on non-abusive conflict between parents that is frequent, intense and poorly resolved.

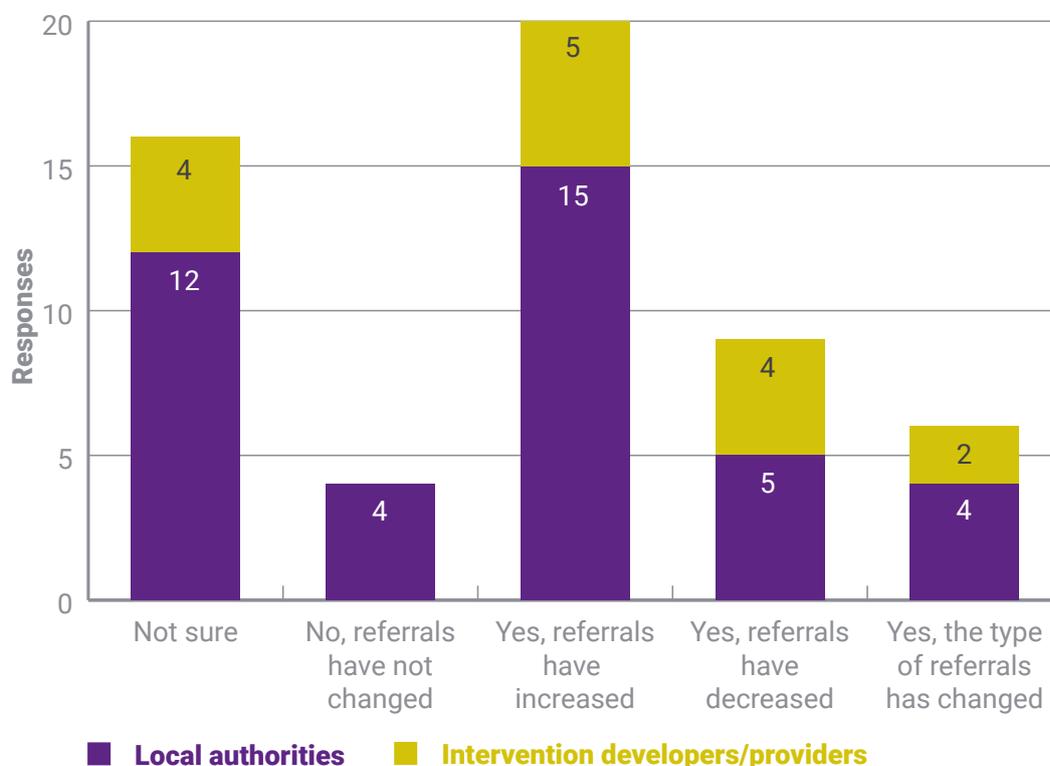
on parental conflict in their area. None of the local authorities who completed our survey reported that the lockdown had *not* impacted on parental conflict in their area.

2. It is unclear what impact the lockdown has had on parental conflict referrals.

Our survey suggests that assessing the impact of the Covid-19 lockdown on referrals to interparental relationship support services is challenging. This is partly because 30% of local authorities and four of the 13 intervention developers and providers (31%) who completed our surveys were themselves not sure about the overall impact of the lockdown on referrals (figure 2.1). Although this might appear inconsistent with the fact that the majority of local authorities reported an increase in parental conflict since the start of lockdown, it should be noted that some local authorities reported an increase based on anecdotal feedback and domestic abuse data, and not on parental conflict referral statistics per se. These results should therefore be read with this in mind.

FIGURE 2.1

Have referrals to interparental relationship support changed in your area since Covid-19 and the lockdown?



Source: EIF survey, June–July 2020

Based on the 40 local authorities and 13 developers and providers that replied to this question. Some respondents reported both an increase in referrals and a change in the type of referrals.

The analysis of the data reported by local authorities highlighted differing experiences: 10% reported that referrals had not changed since the lockdown, 37% reported an increase in referrals, 13% reported a decrease, and 10% reported that the type of referrals had changed, arguing that they were witnessing an increase in cases of higher need. Moreover, two local authorities (or 5%) reported that they had witnessed an increase in self-referrals.

A similarly varied set of responses were given by the 13 intervention developers and providers who completed our survey: while four respondents were not sure about the impact on referrals, five said that referrals had increased, and four reported they had decreased. Two respondents also mentioned that the type of referrals had changed, with individuals

with more concerning relationship problems and at a higher level of need being referred. One respondent also argued that the number of self-referrals had increased.

Together, this suggests that different areas and different intervention developers and providers are experiencing a differing pattern of referrals.

Some of the local authorities who responded to our survey, for example, experienced a fall in referrals at the beginning of lockdown, and mentioned the school closures and a drop in the ability of agencies to meet families face-to-face as possible reasons. In June and July, however, these local authorities were reporting a sharp increase in referrals that was comparable to the numbers in February, and mainly came from self-referral processes, police reports and health practitioners.

'There was a decrease initially in the start of lockdown for both intact and separated referrals. Both have increased since, with separated referrals increasing faster than intact couples. Since March it has taken three months to reach the similar levels of moderate and high referrals. [...] The number and types of referrals we are receiving now in June/July are similar to those in February.'

Development and commissioner manager, region withheld

One local authority expressed some doubts about the increase of referrals to parental conflict services in their local area, as this could merely be due to the enhanced ability of practitioners to identify parental conflict.

'It is unclear whether it is the increase in practitioners being trained in [parental conflict (PC)] and being able to identify PC in assessments/make appropriate referrals or a genuine increase in referrals due to Covid-19. Contact arrangements between separated parents appear to [be] a trigger for PC which is on the rise. PC anecdotally also appears to be being identified in families where parents are both working or considered to have well-paid jobs.'

Operations manager leading on RPC and Troubled Families, North East

In contrast, some local authorities reported a pattern of referrals characterised by an initial increase followed by a second phase of fewer referrals.

'Referrals were high in April and May but have dropped off in June, perhaps indicating parents are getting accustomed to lockdown, or have some return to normality of work or school for their children.'

Parental relationship coordinator, South East

Overall, it is difficult to be clear about the impact of Covid-19 lockdown on referrals to interparental relationship support services. While some local authorities are still collecting referral data, others reported that they are collecting information only on referrals to domestic abuse services. More data from a larger sample of local authorities, and specifically focused on referrals to parental conflict services will be needed to develop a more comprehensive picture.

Adapting RPC provision in response to Covid-19 and the lockdown

3. Prior to lockdown, the majority of local authorities and intervention developers and providers who completed our survey did not offer virtual and digital RPC interventions. Since then, most have adapted their provision in order to ensure continued delivery of support.

Prior to the lockdown in March 2020, the 13 intervention developers and providers who completed our survey were delivering a total 28 interventions, half of which (14) are universal interventions, eight targeted selected and six targeted indicated.¹²

Eight of the 13 respondents did not offer virtual and digital interventions prior to the lockdown, four offered interventions with some digital components and other face-to-face components, and only one respondent reported delivering their interventions predominantly through virtual and digital methods.

However, most of the developers and providers described having adapted their interventions since the lockdown began. Figure 2.2 shows that more than half of these interventions (57%) underwent major adaptations in response to the disruptions caused by the lockdown. Adaptations have involved a range of virtual and digital approaches, including the ad-hoc use of videoconferences and phone calls to deliver standard sessions. A third of the interventions (32%) are being delivered with minor adaptations, while 11% of the interventions have been stopped for the foreseeable future. No interventions were being delivered without adaptations.

FIGURE 2.2

How has Covid-19 affected the normal way intervention developers and providers deliver RPC interventions to families?



Source: EIF survey of intervention developers and providers, June–July 2020

Data for the 40 local authorities that replied to these questions highlighted similar experiences. While the majority of local authorities (63%) did not offer any virtual or digital RPC interventions prior to the lockdown, 12 local authorities (30%) did offer interventions with some digital components and other face-to-face components, and three (7%) delivered their interventions predominantly through virtual and digital methods.

Since the lockdown, almost all of the local authorities (93%) who responded to our survey have continued to deliver RPC interventions: 22 (55%) are delivering interventions with major adaptations and 15 (37%) have had to make minor changes to the way they deliver support. Three local authorities reported that they were in the process of reviewing their relationship support services when the lockdown started, and therefore that they had decided to stop delivery.

4. Loss of support may disproportionately affect those with the highest needs.

The intervention developers and providers in our survey reported stopping delivery of three interventions for the foreseeable future, all of which are provided on a targeted indicated basis – that is, for those who are already experiencing adverse outcomes (as shown in

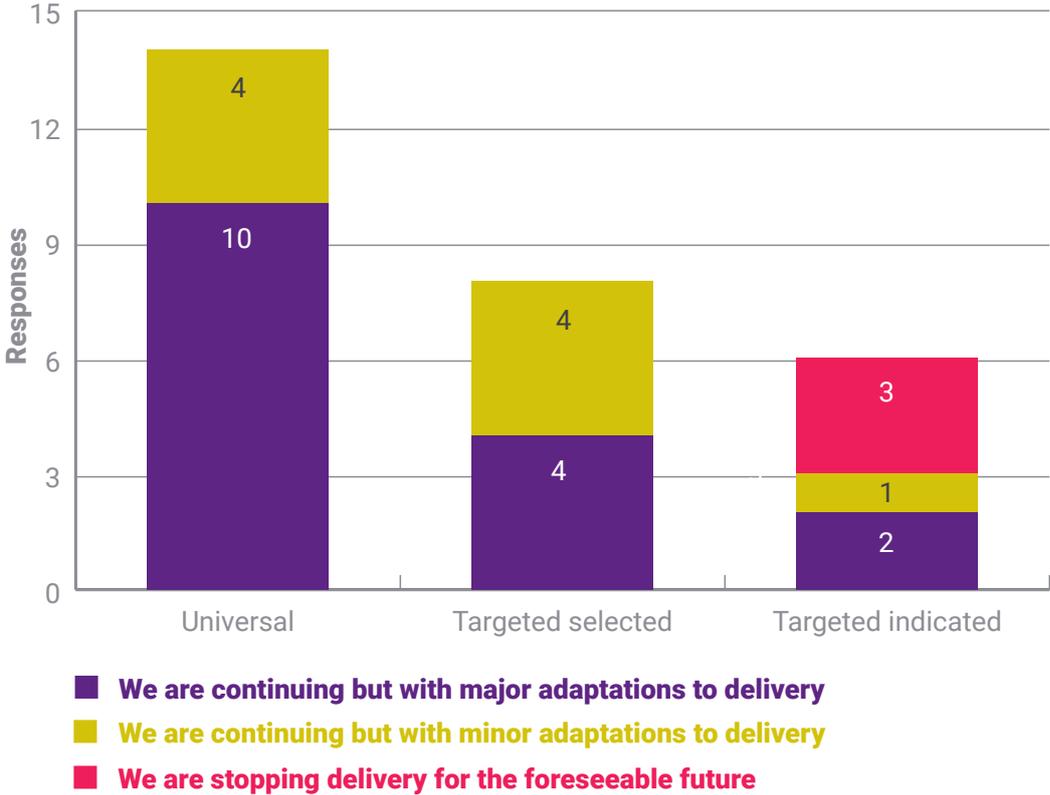
¹² Universal interventions are not targeted on the basis of risk; targeted selected interventions are targeted at those with an elevated risk of experiencing adverse outcomes; and targeted indicated interventions are targeted at those for whom adverse outcomes have materialised.

figure 2.3). One respondent also reported that one of these interventions had been replaced by a wholly new online intervention. None of the 22 interventions delivered on a universal or targeted selected basis were stopped as a result of the lockdown.

Further research is needed to understand why some interventions targeting those with greater levels of need have not been adapted, but this reflects a concern about families with multiple complex needs not accessing digital support (Wilson & Waddell, 2020), and may relate to the availability of technology within the home.

FIGURE 2.3

The impact of lockdown on the normal delivery of interventions, by level of need



Source: EIF survey of intervention developers and providers, June–July 2020

5. Local authorities have adapted their RPC support with creativity and innovation.

Based on the results of our survey, it is clear that many local authorities have responded to the lockdown in innovative and creative ways, including using Facebook pages, WhatsApp groups, telephone helplines, information leaflets and home learning packs.

Many local authorities also reported creative ways to meet with vulnerable families face-to-face and provide timely and adequate targeted support, which is in line with what we found through our qualitative research on the impact of Covid-19 on early intervention services (Wilson & Waddell, 2020).

‘In the instance of families in the most need or on edge of social care involvement, visits have been taking place. These have been done following social distance guidelines and use of PPE. For instance, some visits have [taken place] in people’s gardens. Risk assessments are completed before the visit and have management oversight.’

Commissioning manager, North West

'Home visits are not being carried out within the family home. However, virtual tours of homes are still being carried out to assess [the] home environment.'

Operations manager leading on RPC and Troubled Families, North East

'We have allocated to each school a social care link person to help them address any concerns for vulnerable children, or to identify a child who may have become vulnerable due to [the] lockdown.'

Early help partnership manager, North West

'We use a RAG (Red/Amber/Green) rating system to ensure families most in need are seen face to face safely.'

Team manager, South East

'[We] switched immediately to online referrals only and [have] adapted [a] method of obtaining consent [remotely].'

Development and commissioner manager, region withheld

6. The majority of local authorities and all intervention developers and providers who responded to our survey expressed a willingness to measure the impact of their adapted provision.

Of the 42 local authorities who completed our survey, the majority (83%) intend to evaluate the impact of their adapted provision. Of these, 11% had already developed an evaluation plan, 50% were in the process of developing one, and 22% still needed to translate this intention into an actual plan and stated they would need support. Less than one quarter (17%) of responding local authorities stated they had no intention of evaluating the changes to their provision.

Among those who had already developed evaluation plans, many referred to the use of online or remote surveys. While some local authorities were adapting the evaluation tools that they used prior to lockdown, others were developing new and bespoke tools, and some were using a range of standardised measures, which they intended to conduct via telephone, during garden visits or by posting out with a pre-paid envelope for easy return. Some local authorities stated they will be relying on intervention developers and providers to conduct the impact evaluations themselves, while others were planning to use qualitative methods, such as case studies, to gather more in-depth data on the success of the adapted support.¹³

Interestingly, all of the 13 intervention developers and providers who completed our survey were planning to assess the impact of their adapted interventions, and the majority had already developed an evaluation plan (seven) or were in the process of doing so (two). Taken together, this suggests that the sector is seizing the current opportunity to test and evaluate the adapted provision, with a view to improving the evidence base of virtual and digital relationship support – which has the potential to add value well beyond the current crisis and the immediate decisions facing local services.

7. Challenges to adapting to virtual and digital delivery of RPC interventions include a lack of funding and IT skills, difficulties maintaining privacy and confidentiality, and safeguarding risks.

Survey respondents highlighted a range of challenges associated with the virtual and digital delivery of RPC interventions. Some of the intervention developers and providers, for example, referred to the **lack of funding** as a major challenge to adapting provision and developing new resources.

¹³ See chapter 4 for our guidance on evaluating virtual and digital interventions targeting interparental outcomes.

'We have had to self-fund and this has cost our small Social Enterprise several thousand pounds.'

Executive director of a restorative and relational training organisation

According to almost all local authorities, **practitioners' IT skills** was also identified as a key challenge at the start of lockdown.

'It has been a learning process with workers at differing stages in their confidence and ability to deliver interventions digitally. However, we have been able to deliver some of our parenting groups virtually and this has proved successful.'

Troubled Families project manager, East Midlands

Three of the 13 intervention developers and providers who completed our survey specifically noted the difficulty in **finding the appropriate time and way to work online** with parents that would **protect their privacy and confidentiality**.

'One major issue has been the presence of children at home; finding times when parents can work online in privacy (very early in the morning or very late at night) has been necessary and a challenge. We have parents who [have had] sessions on balconies, in cars – and one in her bathroom.'

Director of strategic development at a relationship support organisation

'We have created a codeword that participants can use if someone comes into the room they are in and [they] do not want to say anything.'

Chief executive officer at a parenting organisation

A similar issue was also described by some of the responding local authorities. While some reported positive parental engagement and a decrease in participants dropping out of interventions, other local authorities viewed the additional **childcare responsibilities** as a barrier to parental engagement.

'Parents have children at home, and this is a barrier to engagement, unless interventions can be delivered in the evenings post-bedtime.'

Anonymous respondent

Another issue reported by some of the responding local authorities and intervention developers and providers, has been the **risk of not spotting 'hidden harms'**. Although online interventions are considered helpful, not having face-to-face interactions means that it can be difficult to understand what is really happening at home.

'[There is a] risk of working with couples where there is domestic abuse and it is not currently known about.'

Chief executive officer at a relationship support organisation

'By not having as much face-to-face contact we cannot see the hidden harm. Digital platforms are positive, but do not always evidence what is really going on for that family, child, or baby.'

Team coordinator at a relationship support organisation

A similar concern was raised in both our qualitative report and rapid evidence review on Covid-19 and early intervention (Wilson & Waddell, 2020; Martin et al., 2020). From our qualitative research it was clear that local authorities were concerned about their ability to support vulnerable children and families during this time, including how to identify escalating risk with limited home visits and without regular face-to-face contact with universal services. Some interviewees also mentioned that low school attendance had interrupted usual safeguarding mechanisms: teachers were no longer able to see many of the children they

may have been concerned about, which impacted on their ability to spot new problems as they emerged, and other professionals expressed concern about the risk of not identifying children who became vulnerable as a result of the lockdown (ibid).

In addition, although the ONS estimates that the vast majority of households with children have access to the internet, **digital exclusion** was among the most frequently highlighted challenges by the developers and providers of interventions we surveyed. In particular, restricted access to devices was raised as a concern in cases where households may be experiencing violent or abusive relationships.

'Professionals cannot truly get 'eyes on' children and their home environment, and there is the worry that families are easily able to hide things from professionals or [that] victims of domestic abuse are unable to reach out for help, as [the] perpetrators are there.'

Operations manager leading on RPC and Troubled Families, North East

8. Despite the challenges faced by the sector as a result of Covid-19, many survey respondents identified positive changes that should be retained in future.

Although the sector was faced with several challenges in having to rapidly adapt their service provision, some local authorities who completed our survey reported that certain tasks, such as providing virtual support and sharing data with other agencies, had become easier as a result of the disruptions caused by Covid-19. Many local authorities agreed that the rapid progress made in **virtual and digital modes of delivery should be retained** within service provision post Covid-19, should it continue to prove successful – a finding which was also identified in the qualitative research by Wilson & Waddell (2020).

'We will definitely be retaining some level of digital provision, as it has suited some families. It has also been very effective in engaging partners ... virtually (less time needed as no need to travel, park and walk, etc).'

Head of early help, North East

'[Covid-19] opened the door to offer families different ways to interact and engage with support (eg, not just face to face). Families have more choice about how they access support; staff have increased their skill range around interactions.'

Team leader, South West

Many of the responding local authorities also saw an opportunity to retain some of the positive changes that had started to emerge as a result of Covid-19. For example, there was a strong sense that this period of rapid adaptation could pave the way for a **cultural change in normalising discussions around parental conflict** that needs to be pushed further.

'Self-referral rates may be an indicator of shifting views of asking for support, which needs cultivating further.'

Team manager, South East

'Covid and lockdown has somewhat normalised parental conflict and discussions about it between practitioners and parents. It is acknowledged that it is a difficult time and family stress is high, that it is normal to be experiencing conflict in the relationship due to external factors like financial pressures, home schooling etcetera. It provides opportunity for practitioners to enquire about it in an open way, as part of enquiring about "how are you managing in lockdown?".'

Parenting relationship coordinator, South East

'[The lockdown] has provided the opportunity to begin raising awareness of parental conflict and positive relationships within our own services and with partners.'

RPC project lead, North West

Finally, similar to what was revealed in our recent qualitative report (Wilson & Waddell, 2020), there was a strong sense of agreement among local authorities that Covid-19 and the lockdown have **positively impacted on partnership working around relationship support**.

'We had good relationships prior to Covid-19, but these have certainly been cemented and improved further during [the lockdown], and joint work particularly with health partners has flourished. The task and finish groups have enabled this to happen, and partners are clearly stating that they don't want to lose the increased connectivity with early help and children's social care – eg, schools state they feel that they have never had such a level of engagement with children's social care as during Covid-19, and we need to build on this.'

Head of early help, North East

3. Virtual and digital interventions targeting the interparental relationship

In this chapter we provide a summary of the virtual and digital interventions available to address parental conflict and improve outcomes for children, including a preliminary assessment of the strength of evidence underpinning each intervention. As far as we are aware, all the interventions included here were already being delivered remotely prior to Covid-19. Since then, as is evident from the results of our survey for local authorities and intervention developers and providers (see chapter 2), adaptations to existing interventions have been made, including to the eight interventions being trialled as part of the national RPC programme.¹⁴

To identify relevant interventions targeting the interparental relationship, we took a pragmatic approach and searched for virtual and digital interventions mentioned in:

- previous EIF reports on parental conflict (Harold et al., 2016; Acquah et al., 2017)
- the annual research review published by Professor Gordon Harold in the *Journal of Child Psychology and Psychiatry* (Harold & Sellers, 2018)
- the results of a previous online survey conducted by the DWP, which sought to establish what provision of support local authorities were offering to parents in conflict.¹⁵

In total, **we identified 12 interventions using virtual and digital delivery methods to target the interparental relationship.**

For each identified intervention, we then searched for evidence of impact and conducted a preliminary assessment of the most robust study underpinning that intervention – examining the quality of the study design, sample, measurement, analysis and impact. Based on this, we then considered which of the following **strength of evidence ratings**¹⁶ was applicable for each intervention, awarding one rating in relation to the intervention’s **impact on child outcomes** and another in relation to the intervention’s impact on **parent/interparental outcomes**.

- **Robust evidence:** the intervention has evidence from one (or more) robust randomised control trial (RCT) or quasi-experimental design showing positive effects (equivalent to EIF’s level 3 or 4 ratings).
- **Preliminary evidence:** the intervention has evidence from a quantitative evaluation that meets a preliminary standard, but which has methodological limitations that limit confidence in the findings (equivalent to EIF’s level 2 rating).
- **No or limited evidence:** no quantitative evidence was identified for this intervention, or very limited evidence was identified that does not meet the preliminary standard (equivalent to EIF’s NL2 rating).

14 See: <https://www.eif.org.uk/files/pdf/cg-rpc-4-3-face-to-face-support-interventions.pdf>

15 This survey closed in January 2019.

16 Please note that EIF has not conducted a full assessment of these interventions as undertaken when assessing via the EIF Guidebook and, therefore, the ratings provided in this report should not be taken to be authoritative in the same way as EIF strength of evidence assessments published via the [Guidebook](https://guidebook.eif.org.uk/eif-evidence-standards). See: <https://guidebook.eif.org.uk/eif-evidence-standards>

- **No effect:** the intervention has evidence from one (or more) RCT or quasi-experimental design showing null or negative effects (equivalent to EIF's NE rating).¹⁷

While our work provides an independent overview of the evidence underpinning virtual and digital interventions targeting the interparental relationship, the limitations of the methodological approach used means that there is a possibility we have missed some relevant interventions as well as sources of evidence underpinning these. The findings and conclusions of this chapter should be read with this in mind.

Of the 12 virtual and digital interventions identified, most were found to either have no or limited evidence or preliminary evidence of improving child outcomes, with only one intervention (Family Check-up for Children Online) found to have robust evidence (see table 3.1 and 3.2). Many of the studies we reviewed suffered from methodological limitations¹⁸ relating to a lack of equivalence between study groups; attrition – the loss of participants during an evaluation (and the differences between the intervention and control groups as a result); the exclusion of participants from data collection and analysis due to low participation in the intervention; and the use of inappropriate (that is, invalid and unreliable) outcome measures.

As highlighted in our recent report on remote delivery of early intervention, virtual and digital interventions can be effective in improving outcomes for children and young people across a wide range of intervention types and outcome measures (Martin et al., 2020). While there is little evidence to suggest that virtual and digital interventions are *more* effective than traditional face-to-face approaches, studies comparing these two approaches have found that interventions delivered using virtual and digital methods can be *as effective* as those delivered face-to-face. There is, however, a need for continued testing, which is why it is encouraging to see that all of the intervention developers and providers and the majority of local authorities who completed our survey, are planning to assess the impact of their adapted interventions. Going forward, we hope that this will contribute to building the evidence base for virtual and digital relationship support interventions.

For more information on the methodological approach used in this chapter, as well as further detail on each of the 12 interventions, including their underpinning evidence, see appendix C.¹⁹

Additionally, appendix D provides information on self-help and other resources of relevance to the interparental relationship, which local authorities may consider signposting couples and parents to. When reviewing this list, please bear in mind that this is not a comprehensive list of all the resources available to support interparental relationships. EIF has also not examined the evidence underpinning these materials and therefore cannot comment on the strength of their evidence.

17 None of the interventions we reviewed as part of this report were deemed to have 'no effect'.

18 For more information on some of the most common issues we see in our assessments of interventions, including explanations of how these problems undermine confidence in a study's findings and how they can be avoided or rectified, see: <https://www.eif.org.uk/resource/evaluating-early-intervention-programmes-six-common-pitfalls-and-how-to-avoid-them> (Martin et al., 2018).

19 Available at: <https://www.eif.org.uk/report/reducing-parental-conflict-in-the-context-of-covid-19-adapting-to-virtual-and-digital-provision-of-support>

TABLE 3.1

Interventions with at least preliminary evidence of improving child or parent/interparental outcomes

Intervention	Description & mode of delivery	Target population	Strength of evidence for child outcomes	Strength of evidence for parent/interparental outcomes
Family Check-Up for Children Online (FCU Online)	A universal intervention developed in the US through the online adaptation of the face-to-face Family Check-Up for Children, which is a strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health and risk reduction. After an online assessment, participants in the FCU Online program access a set of up to 4 web-based skills sessions. <i>Digital delivery of interactive content</i>	Families with children in year 7 or 8, aged 11–13 years	Robust evidence <ul style="list-style-type: none"> • Reduced emotional problems 	No or limited evidence
OurRelationship	A universal intervention developed in the US through the adaptation of Integrative Behavioral Couple Therapy. It consists of approximately seven hours of online content and one hour of calls with a staff coach. <i>Digital delivery of interactive content</i>	Intact couples	Preliminary evidence <ul style="list-style-type: none"> • Reduced emotional problems 	Preliminary evidence <ul style="list-style-type: none"> • Decrease in coparenting conflict
e-Family Foundations (e-FF)	A universal intervention developed in the US through the adaptation of Family Foundations for an online delivery context. The intervention seeks to improve children’s outcomes by improving the quality of interparental relationships among couples expecting their first child. It consists of five weekly sessions during pregnancy and four weekly sessions after the baby is born. <i>Digital delivery of unguided self-help content</i>	Intact couples at the transition to parenthood (tested with military families)	Preliminary evidence <ul style="list-style-type: none"> • Improved infant mood and soothability 	Preliminary evidence <ul style="list-style-type: none"> • Reduced parental depression • Improved coparenting
Partners in Parenting (PIP)	A targeted selected intervention designed in the US to increase parental protective factors and decrease parental risk factors associated with adolescent depression and anxiety. It consists of up to 9 interactive online modules (15–25 minutes each). <i>Digital delivery of unguided self-help content</i>	Intact or separated couples with an adolescent aged 12–15	No or limited evidence	Preliminary evidence <ul style="list-style-type: none"> • Improved parenting behaviours

ePREP	<p>A universal intervention developed in the US through the online adaptation of the in-person prevention and relationship education program (PREP). It consists of 7 weekly sessions that can be completed in about 6 hours.</p> <p><i>Digital delivery of unguided self-help content</i></p>	Intact couples	No or limited evidence	<p>Preliminary evidence</p> <ul style="list-style-type: none"> • Increased relationship satisfaction • Reduced breakup potential • Improved emotional support • Decreased communication conflict • Decreased intimate partner violence
Web-based marriage and relationship education	<p>A universal intervention developed in the US for married couples, focusing on nurturing love and respect, handling conflicts, and solving problems. It consists of 6 weekly sessions and activities.</p> <p><i>Digital delivery of unguided self-help content</i></p>	Intact married couples	No or limited evidence	<p>Preliminary evidence</p> <ul style="list-style-type: none"> • Increased relationship satisfaction • Improved empathic communication
Power of Two Online	<p>A universal intervention developed in the US and comprised of 12 online modules on communication, emotion regulation, decision-making, and positivity and intimacy.</p> <p><i>Digital delivery of interactive content</i></p>	Intact couples	No or limited evidence	<p>Preliminary evidence</p> <ul style="list-style-type: none"> • Increased effective arguing • Improved relationship satisfaction

TABLE 3.2

Interventions with no or limited evidence of improving child and parent/interparental outcomes

Intervention	Description & mode of delivery	Target population	Strength of evidence for child outcomes	Strength of evidence for parent/interparental outcomes
Cooperation after Divorce (CAD) Online	A universal intervention developed in Denmark for separating and separated couples that covers how separation affects the individual and the child, as well as issues around co-parenting. It consists of 17 modules, each of which takes 30–60 minutes to complete. <i>Digital delivery of unguided self-help content</i>	Divorcing or separating couples	No or limited evidence	No or limited evidence
Focus on Kids Online	A universal intervention developed in the US through the online adaptation of the face-to-face intervention Focus on Kids. Working through video vignettes, the intervention aims to teach parents about effective co-parenting practices. It consists of one 45–60-minute online session. <i>Digital delivery of unguided self-help content</i>	Divorcing or separating couples	No or limited evidence	No or limited evidence
Parents Forever Online	A universal intervention developed in the US through the online adaptation of the face-to-face version of Parents Forever. This intervention covers the impact of divorce on children and adults, legal and money issues, and finding pathways to a new life. It consists of 5 sections that can be completed in 8 hours. <i>Digital delivery of unguided self-help content</i>	Divorcing or separating couples	No or limited evidence	No or limited evidence
Crossroads of Parenting & Divorce	A universal intervention designed in the US to prevent divorce abuse: a specific type of emotional abuse that divorcing parents might cause when they lose sight of their child's needs. It consists of videos and activities that can be completed in 4 hours. <i>Digital delivery of interactive content</i>	Divorcing or separating couples	No or limited evidence	No or limited evidence
Children in Between Online	A universal intervention designed in the US, which seeks to teach parents how to manage the stress of divorce/separation, and how to mitigate the negative effect this can have on their children. It consists of videos and activities that can be completed in 4 hours. <i>Digital delivery of interactive content</i>	Divorcing or separating couples	No or limited evidence	No or limited evidence

4. Guidance on evaluating the impact of virtual and digital interventions targeting the interparental relationship

The majority of respondents to our survey of local authorities and RPC intervention developers and providers expressed a willingness or intention to measure the impact of their adapted provision. This is an encouraging response, given the limited evidence on virtual and digital interventions and on relationship support interventions more broadly. It is imperative that the sector seizes the current opportunity to evaluate whether these new delivery methods are achieving their desired outcomes.

In this chapter, we provide some **practical recommendations on how to assess the impact of virtual and digital interventions targeting interparental relationships, including how to plan evaluations and select appropriate measures.**

While we have referred to best practice in evaluating virtual and digital interventions, some of the recommendations included here have been drawn from our own experience of supporting local authorities and reviewing impact evaluations, as well as previous EIF reports, including:

- *10 steps for evaluation success* (Asmussen et al., 2019), which helps readers to evaluate individual interventions by guiding them through all the stages of evaluation maturity, from theory of change to impact assessments – see: <https://www.eif.org.uk/resource/10-steps-for-evaluation-success>
- *Evaluating early intervention programmes: Six common pitfalls, and how to avoid them* (Martin et al., 2018), which provides guidance on addressing some of the most common issues we see in our assessments of impact evaluations, including explanations of how they can be avoided or rectified – see: <https://www.eif.org.uk/resource/evaluating-early-intervention-programmes-six-common-pitfalls-and-how-to-avoid-them>
- *Measuring parental conflict and its impact on child outcomes* (Pote et al., 2020), which provides recommendations on selecting and using valid, reliable and practical measures to evaluate interventions targeting the interparental relationship – see: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>

We recommend these resources as part of understanding and planning an evaluation that is appropriate and high quality.

Plan your evaluation

Evaluation matters. It is important to know whether the services or interventions local areas provide are beneficial for the children and families who most need them. This is particularly important for work on reducing parental conflict and improving interparental relationships given it is a new policy field with a growing evidence base.

From our survey we identified that many RPC interventions currently delivered are being adapted for virtual and digital delivery. Evaluation should be embedded throughout the life-cycle of the intervention, from identification of need and commissioning, to implementation delivery, through to reviewing and possible re- or de-commissioning. This is particularly important for new or adapted virtual and digital interventions, where evaluation should inform implementation:

- **before**, in terms of what we can learn from previous evaluations of similar interventions
- **during**, in terms of understanding whether the intervention is working as intended, for whom, and why, and
- **after**, in terms of knowing whether the intervention had an impact, by how much and for how long, as well as at what cost.

Select an appropriate evaluation design to measure impact

Government guidance on evaluation (HM Treasury, 2020) draws the distinction between:

- **Process evaluation**,²⁰ which looks at whether an intervention is being implemented as intended, including whether it is consistent with its theory of change as well as whether it is practical and achievable. It is primarily used to understand how an intervention is working and why.
- **Impact evaluation**, which looks at whether intended changes have occurred, the scale of those changes, and whether the changes can be attributed to the intervention.

Many of the local authorities who responded to our survey described planning to use **qualitative methods**, such as interviews, focus groups and case studies, or **quantitative methods** such as satisfaction questionnaires to report on the success of their adapted provision. These methods can provide valuable insights from both participants and practitioners on whether the intervention is being delivered successfully, which factors may be contributing to the success of the intervention, and whether these are consistent with the intervention's theory of change. This methods are usually used when conducting a process evaluation. However, they cannot assess the *impact* of an intervention.

Given that responses to our survey centred on assessing the impact of their adapted provision, this chapter focuses on practical recommendations on how to assess the impact of virtual and digital interventions targeting interparental relationships.

To confidently say that what you are delivering is improving the lives of the families involved, you need to conduct an **impact evaluation**, to verify how much difference the intervention makes, relative to not receiving it. Conducting a robust impact evaluation involves using validated measures²¹ with participants both before and after the intervention, to assess if the outcomes of parents and children have improved.

Robust impact evaluations also include using a comparison group of participants who do not receive the intervention but are otherwise equivalent to the intervention group in important characteristics, such as demographics. Using comparison groups²² helps to understand

20 Types of process evaluations include implementation evaluations and feasibility studies. For more information, see step 4 on conducting a feasibility study in *10 steps for evaluation success*, at: <https://www.eif.org.uk/resource/10-steps-for-evaluation-success>

21 For more information on validated measures, see the section below, on outcome measures.

22 For more information on comparison groups, see pitfall 1 in *Evaluating early intervention programmes*, at: <https://www.eif.org.uk/resource/evaluating-early-intervention-programmes-six-common-pitfalls-and-how-to-avoid-them>

whether participation in an intervention – as opposed to not – causes improvements in measured outcomes.²³

This can be challenging and resource-intensive to set up. We therefore recommend that local authorities, intervention developers and providers begin to assess the impact by conducting an evaluation which includes an adequate number of intervention participants who complete validated measures before and after the intervention. To increase the robustness of the impact evaluation, consider including a comparison group who did not receive the intervention and administering validated measures at a set point after the intervention (for example, after six or 12 months) to look at the longer-term effects.²⁴

Carefully consider your required sample size

If an impact evaluation has a small sample size – that is, an insufficient number of participants within the intervention (and in the comparison group, if included)²⁵ – then we cannot be confident in the resulting impact findings. A small sample size also means that the participant group will be less representative of the population for which the intervention was designed, potentially reducing how applicable the evaluation findings will be to this population.

Recruiting an adequate number of participants is therefore critical, but can be especially difficult for virtual and digital interventions without first establishing a face-to-face relationship between the practitioner and participant (Martin et al., 2020). For interventions targeting parental conflict where participants are usually referred into by other practitioners, ensuring a smooth referral pathway and the rapid building of rapport can therefore be especially important. Chapter 5 sets out practical guidance on how to recruit participants to take part in virtual and digital interventions.

Beware of participant drop-out

Virtual and digital interventions often face high levels of participant drop-out, which may be further exacerbated by the current context given limited face-to-face contact (Martin et al., 2020). Those designing evaluation studies must therefore be aware of the dangers that the loss of participants during an evaluation – known as attrition – can introduce. For example, the study sample may become less representative of the target population if certain types of participants are more likely to leave a study. Additionally, in cases involving a comparison group, participant drop-out may lead to the intervention and comparison groups becoming less similar, which in turn may lead to misleading conclusions regarding the intervention's effectiveness.

Just as with recruitment, retaining participants in an impact evaluation is very important. There are a range of methods that can be employed to improve retention and engagement in an intervention or study, some of which are detailed in chapter 5. However, despite best efforts, some participant drop-out is inevitable.

Those developing and delivering virtual and digital interventions should therefore ensure that monitoring systems are put in place to measure participant engagement. This will allow you to quickly identify if interventions are struggling to reach their intended audience or attrition rates are high, particularly in comparison to traditional face-to-face services. Again, referral

23 In the most robust impact evaluations, comparison groups are generated by random assignment (as in a randomised control trial, or RCT), or through a sufficiently rigorous quasi-experimental method. For more information, see steps 5–7 of *10 steps for evaluation success*, available at: <https://www.eif.org.uk/resource/10-steps-for-evaluation-success>

24 For more information, see step 5 on piloting for outcomes in *10 steps for evaluation success*. The next steps are to test for efficacy (step 6), to explore whether the intervention works in one context, before testing whether the intervention works at scale in different contexts (step 7).

25 EIF's evidence standards state that an insufficient size is an evaluation with fewer than 20 participants in the intervention group (and comparison group, if included). For more information, see: <https://guidebook.eif.org.uk/eif-evidence-standards>

data can be particularly useful here if it includes a wider range of information on participant characteristics. This can help identify if certain participants (of a particular age, gender, ethnicity or socio-economic group, for instance) are dropping out at higher rates.

Not only does this data provide an early warning that the new mode of delivery is not successfully retaining participants, it also helps to identify and address ongoing issues, as well as help plan for future interventions. Consequently it is recommended that local authorities, as well as intervention developers and providers, have a robust referral and monitoring data system which collects consistent and continuous data on participants, including on how much of the intervention they have received.

Finally, evaluators should attempt to collect outcome data on all participants, irrespective of how much of the intervention they actually received, and include them in the final analysis of outcomes. This is particularly important in evaluation designs that include a comparison group, as excluding participants from data collection and analysis risks undermining the equivalence of the groups, hence biasing the results.

Selecting and using appropriate measures in a virtual and digital context

With a substantial change in an intervention's method of delivery – from face-to-face to entirely virtual – intervention developers, providers and evaluators should consider reviewing the measures being used to assess child, parent and interparental outcomes. There is a large number of measures that can be used remotely to assess an intervention's impact, including:

- **Measures available in a digital format**, which can be downloaded and completed by participants, who then need to send the completed measures back by email, for example.
- **Measures accessible through an online platform or portal**, which can be completed and saved online.
- **Short measures designed to be completed over the phone**, with researchers directly recording responses.

Interventions targeting interparental relationships often have participants referred into them. This can provide a good point at which to administer the pre-intervention outcome measures needed for a robust impact evaluation.

In this section, we provide recommendations and practical tips on how best to select and use measures to assess virtual and digital interventions.²⁶

Select outcome measures that are valid and reliable

When selecting outcome measures to use as part of an impact evaluation, it is important to ensure that they are both valid and reliable. Measures are considered valid if they have been shown to measure what they claim to measure – for example, a measure assessing symptoms of anxiety needs to measure anxiety and not another concept, such as stress or depression. Measures are viewed as reliable if they are stable over time and do not vary randomly, unless something significant – like an intervention – has occurred. Finally, selected measures should also be consistent with the intervention's theory of change (assessing at least one of the intended outcomes) and appropriate for the target population (paying special attention to participant age, level of need, demographic characteristics and preferred language of completion).

²⁶ For a more detailed review of how to measure parental conflict and its impact on child outcomes, including an overview of important measurement properties, see *Measuring parental conflict and its impact on child outcomes* (Pote et al., 2020). Available at: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>

For a list of measures that can be completed remotely, are relevant for use in impact evaluations of interventions targeting the interparental relationship, and which have been assessed by EIF on how valid, reliable and practical they are, see table 4.1 and 4.2 below.

Use the selected measures in a consistent manner

Evidence suggests that the mode in which a measure is completed (in person, for example, or via phone or online) can impact on the way in which a person responds. According to a study comparing participants who completed the Strengths and Difficulties Questionnaire (SDQ)²⁷ via a paper or online version, those who completed the questionnaire on paper had significantly higher scores than those who completed it online (Patalay et al., 2016). Therefore, we suggest that all measures be completed in the same way by all participants and at all timepoints.

To decide which mode of completion to use, it is important to consider the preferences of those completing the measure – what modes might they find more convenient, and how do they relate to potential concerns regarding the privacy and confidentiality of their responses? Measures completed in a digital format or an online platform, for example, may give participants more privacy. Measures administered over the phone, on the other hand, give respondents the ability to ask if anything is unclear, and can help to provide an environment where they feel safe to respond to personal questions.

Prioritise short measures where possible

Individuals who enrol in virtual and digital interventions often have a lower level of motivation and engagement, compared to those who take part in interventions delivered face-to-face (Karekla et al., 2019). For this reason, it is suggested that the outcome measures selected for the assessment of virtual and digital interventions are as short as possible. As a rule of thumb, measures that include less than 10 items tend to be completed quickly, which may minimise the risk of some respondents not completing all the items in a measure. Despite this, brevity must always be considered alongside a measure's validity and reliability: there is little point in selecting a short measure which has not been shown to be valid and reliable.

Avoid making changes to validated measures

Once a validated measure has been selected, it should be used as originally designed. It should not be changed or paraphrased, including altering the ordering of the items or deleting and adding items, as even small tweaks to a measure can result in it no longer being valid or reliable.

Measures that can be completed remotely and have been assessed by EIF in the context of interventions targeting the interparental relationship

Table 4.1 and 4.2 provide details of 13 measures that can be used remotely to assess the impact of interventions on child and interparental outcomes. Each measure listed here has recently been assessed against EIF criteria to determine how valid, reliable and practical it is.²⁸

27 The SDQ is one of the most widely used measures of young people's mental health difficulties and is used in the Department for Work and Pensions (DWP) 'face-to-face support' intervention trials and in a number of other parental conflict interventions. It has also been assessed as part of EIF's recent measurement report, available at: <https://www.eif.org.uk/files/resources/measurement-report-child-sdq.pdf>

28 For more information on each measure and our measurement assessment criteria, see appendix C: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes> (Pote et al., 2020). The assessment criteria are presented in table C.2. Our psychometric criteria included internal consistency, test-retest reliability, validity and sensitivity to change, while our implementation criteria considered brevity, availability, ease of scoring and use in the UK.

TABLE 4.1

Child measures that can be completed remotely

		Mode of delivery: How can this measure be completed?	Respondent Who should complete this version of the measure?	Target population: Who is the measure developed for?	Psychometric features: How valid and reliable is the measure?	Implementation features: How practical is the measure?
Internalising & externalising behaviours	Child Behaviour Checklist (CBCL/6–18) This measure assesses the child’s emotional and behavioural problems, including (but not limited to) anxiety, depression, hyperactivity and aggressive behaviour.	In person or online	Parents	Children aged 6–18 years	4/4	1/4
	Strengths and Difficulties Questionnaire (SDQ) This measure assesses the child’s emotional and behavioural problems, including (but not limited to) prosocial behaviour, hyperactivity, conduct and peer problems.	In person or online	Parents	Children aged 4–17 years	4/4	4/4
	Revised Child Anxiety and Depression Scale (RCADS) This measure assesses the child’s symptoms of depressive and anxiety disorders.	In person or online	Children	Children aged 8–18 years	3/4	3/4
	Screen for Child Anxiety Related Emotional Disorders (SCARED) This measure assesses the child’s symptoms of different anxiety disorders.	In person or online	Children	Children aged 8–18 years	3/4	3/4
Externalising behaviours	Eyberg Child Behavior Inventory (ECBI) This measure assesses the frequency and severity of disruptive behaviours manifested by the child.	In person, online or via phone	Parents	Children aged 2–16 years	3/4	2/4
	Parent Daily Report (PDR) This measure assesses negative behaviours displayed by the child at home.	Via phone	Parents	Children aged 4–10 years	3/4	3/4

Note: Measures have been rated according to four psychometric and four implementation criteria, with one score awarded for each criteria met. The colour code has been based on the following ratings: 4/4 = green; 3/4 = grey; and 1/4 or 2/4 = red. Measures for which we obtained insufficient evidence to establish validity (for example PDR) have also been labelled red, irrespective of their total scoring, as validity is considered to be one of the most important psychometric features of a measure.

TABLE 4.2

Interparental relationship measures that can be completed remotely

		Mode of delivery: How can this measure be completed?	Respondent: Who should complete this version of the measure?	Target population: Who is the measure developed for?	Psychometric features: How valid and reliable is the measure?	Implementation features: How practical is the measure?
Relationship quality	Couples Satisfaction Index (CSI-16) This measure assesses how satisfied a person is in their relationship and how they feel about it.	In person or online	Adults in a relationship	Intact couples	2/4	4/4
	Dyadic Adjustment Scale (DAS-32) This measure assesses how satisfied a person is in their relationship, the feelings associated with the relationship, and the issues causing disagreements between partners.	In person and freely available in an online format*	Adults in a relationship	Intact couples	3/4	4/4
	Dyadic Adjustment Scale (DAS-7) This measure assesses how satisfied a person is in their relationship and the extent of agreement or disagreement among the couple over important aspects of life.	In person and freely available in an online format*	Adults in a relationship	Intact couples	3/4	4/4
	Golombok Rust Inventory of Marital State (GRIMS) This measure assesses how a person feels about their own and their partner's behaviour within their relationship as well as their attitudes and feelings about the relationship.	In person or online	Adults in a relationship	Intact couples	2/4	4/4
	Marital Adjustment Test (MAT) This measure assesses how satisfied a person is in their marital relationship and the extent of agreement or disagreement among the couple over important aspects of life.	In person, or via phone	Adults who are married	Married couples	3/4	4/4
	Relationship Quality Index (RQI) This measure assesses how satisfied a person is in their relationship and the extent of agreement or disagreement among the couple over important aspects of life.	In person, or via phone	Adults in a relationship	Intact couples	3/4	3/4
Parental conflict	Children's Perception of Interparental Conflict Scale (CPIC) This measure assesses parental conflict from the child's point of view, particularly in terms of the frequency, intensity resolution and perceived threat of the conflict. It also focuses on how the child responds to the conflict, including questions around self-blame and coping mechanisms.	In person or online	Children aged 9–17 years with intact or separated parents	Intact and separated couples with children	2/4	3/4

Note: Measures have been rated according to four psychometric and four implementation criteria, with one score awarded for each criteria met. The colour code has been based on the following ratings: 4/4 = green; 3/4 = grey; and 1/4 or 2/4 = red. Measures for which we obtained insufficient evidence to establish validity (for example MAT) have also been labelled red, irrespective of their total scoring, as validity is considered to be one of the most important psychometric features of a measure.

* Whereas we found evidence that all the other measures have been used remotely or online, from our review it is unclear if DAS-32 and DAS-7 have ever been used in an online format.

Further support to evaluate impact

Conducting a high-quality evaluation which seeks to determine intervention effectiveness is a challenging thing to do, particularly with many interventions currently implementing virtual and digital adaptations. However, as found through our survey, the majority of respondents intend to measure the impact of their adapted provision.

For this reason, we suggest that – now more than ever – local authorities and intervention developers and providers, should work together with the research community to design and deliver evaluations, particularly those assessing impact, that will improve the evidence base for virtual and digital interventions targeting interparental relationships.

We recognise that the recommendations provided in this chapter are not a comprehensive guidance on conducting appropriate and high-quality evaluations. Therefore, we suggest that they are read alongside the resources given at the start of this chapter to improve the understanding and use of evaluation in reducing parental conflict.

Building on these recommendations, on previous EIF reports and on our work in supporting local area evaluation, we will be producing more substantial practical guidance to help in the design and delivery of local evaluations.

5. Guidance on engaging parents remotely

Evidence that an intervention has worked previously does not guarantee similar results in another place in the future. When making decisions about which intervention to use, the strength of evidence should be balanced with other factors, such as implementation capability and whether the intervention is a good fit for the local context and population needs. Interventions have a higher chance of being effective when participants are engaged until the very end.

There are some common barriers to successfully engaging participants in RPC interventions – virtual and digital or face-to-face – including:

- **awareness barriers**, which include not knowing about the local services that are available, or not recognising the need for support
- **acceptability barriers**, which include feelings of personal failure associated with seeking help
- **specific barriers for accessing relationship support**, such as the perception that interventions can be unsuitable or detrimental to people’s needs, or the notion that relationships are private and should be managed only by the couple (Pote et al., 2019).

While these are general barriers for all RPC interventions, additional barriers may have emerged during and on account of the Covid-19 pandemic. According to EIF’s qualitative report on the pandemic’s impact on services, for example, many families are not currently seeking psychosocial support because they are facing unprecedented need for more urgent, basic support (including everyday essentials such as food and utility bills) (Wilson & Waddell, 2020). And while the consequences of the pandemic are not yet fully understood, initial analysis already shows that black and minority ethnic families are disproportionately affected (ICNARC, 2020) – and these are precisely some of the groups that we have previously identified as being less likely to access support (Pote et al., 2019).

There is also evidence to suggest that virtual and digital interventions face higher levels of participant drop-out compared with traditional face-to-face services (Martin et al., 2020). Overcoming challenges in keeping participants engaged in an intervention is therefore an essential element of successful remote delivery. EIF has previously identified strategies to facilitate participant recruitment and retention in parenting and parental conflict interventions (Pote et al., 2019). Drawing on that report and the wider literature, this chapter highlights recommendations that are especially applicable in the context of Covid-19 and the delivery of virtual and digital interventions.

Strategies for recruiting participants to take part in virtual and digital RPC interventions

Reach a wide audience through widespread, creative, informative advertising

Providing accurate information on the relationship support that is available to help participants remotely is crucial to minimising awareness barriers.

In the case of virtual and digital RPC interventions, a recent DWP qualitative study²⁹ reported that low-income parents generally have access to the internet, and have at least a basic level of digital proficiency (DWP, 2019). As recommended in that report, some of the strategies for reaching a wide audience include:

- placing RPC material in virtual spaces that parents already access – such as on social media or within child-related resources
- building a trusted online brand which parents can turn to and with which parents are likely to engage.

Target recruitment information at specific populations and partner with agencies working with disadvantaged and vulnerable families

It is important to target recruitment information in order to reach specific populations, such as black and minority ethnic families. Online advertising and digital information campaigns can easily be tailored to provide individuals with more relevant information and support options than a poster, leaflet or print advertisement campaign (Christensen et al., 2017).

As reported in our review on engaging disadvantaged and vulnerable parents, there is some evidence that interventions are most effective in engaging low-income populations when there are strong organisational partnerships with other related public service programmes, such as health, employment, domestic abuse prevention and child support (Pote et al., 2019). Partnership working may be able to enhance referral rates through a shared focus on reaching groups that are reluctant to engage, such as low-income families, fathers, ethnic minorities and LGBTQ+ parents. Encouragingly, local authorities who responded to our survey reported that Covid-19 and the lockdown have improved partnership working around relationship support. In particular, five local authorities reported that as a result of the lockdown they have built strong frontline links with police and health services.

Consider having a face-to-face session with participants before the intervention starts

Meeting with prospective participants before an intervention starts may help to ensure that the intervention is appropriate for them and their level of need (Social Care Institute for Excellence, 2009). This initial session can also facilitate a stronger therapeutic relationship between the practitioner and participant (Wade et al., 2004; Simpson & Reid, 2014). While the majority of local authorities who responded to our survey have had to substantially reduce their face-to-face contact with families since the lockdown began, some also reported having developed creative measures to meet vulnerable families when deemed necessary. Some of these strategies, such as visiting in a family's garden, could be used for an initial meeting between practitioner and participant, especially for more vulnerable individuals, and may help to engage and retain them in interventions (Torous & Hsin, 2018). Delivering the first session in person may also help the practitioner to establish a comfortable rapport with the participant, potentially enabling them to overcome initial anxieties about the use of videoconferencing as the therapy proceeds (Simpson & Reid, 2014).

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

Strategies for retaining participants in virtual and digital RPC interventions

Tailor the intervention's interface and content to the needs of the target population

Guidance from the Government Digital Service suggests that material should be designed for a reading age of nine years in order to be inclusive and accessible for those with low literacy skills and limited digital capacity. Intervention resources should also meet the Web Content Accessibility Guidelines (Web Accessibility Initiative, 2018), which refers to materials needing to be:

- **perceivable** (minimising sensory barriers by providing captions and text alternatives, and presenting content through assistive technologies)
- **operable** (enabling users to control functions from a keyboard and other devices; ensuring users have sufficient time to engage with the content; avoiding content that may trigger extreme physical reactions, such as seizures; allowing users to search for content and navigate material easily)
- **understandable** (designing intuitive user interfaces; helping users to avoid and correct mistakes, using clear language).

When developing the content of virtual and digital interventions, or adapting face-to-face interventions for remote delivery, it is important to carefully consider the characteristics of your target population, including their age, relationship status and duration, ethnicity, education, life stage, and so on. For example, ensuring that the content is culturally relevant is essential for engaging ethnic minorities, as family roles and parenting practices tend to differ across ethnic groups.

Strategies for forming a positive therapeutic alliance

There is substantial evidence to show that the practitioner–participant therapeutic alliance (that is, the relationship between the practitioner and the participant) is positively correlated with change in outcomes across a variety of therapeutic modalities, and that a good therapeutic alliance can also positively impact on participant retention and engagement (Martin et al., 2020). Evidence from vulnerable families suggests that the more adverse the circumstances and the fewer resources participants have, the more important it is for them to have a secure and supportive relationship with others, including their trusted practitioners.

There is also encouraging evidence to suggest that a positive therapeutic alliance can be formed remotely, although the extent of research on the therapeutic alliance in the context of virtual and digital interventions is still limited. Strategies for developing and maintaining such a relationship include:

- **Recruiting practitioners who resemble participants:** There is evidence that the therapeutic alliance is stronger and that interventions are more effective if practitioners and participants come from comparable backgrounds, speak the same language, are of the same gender, and share similar experiences (Markman and Ritchie, 2015; Petch et al., 2012; Spielhofer et al., 2014).
- **Increasing contact time:** Some evidence suggests that the frequency and duration of the practitioner–participant contact may affect the therapeutic alliance. For instance, some randomised control trials reported that virtual RPC interventions with personalised support are more effective than those without such support (Roddy et al., 2018; Larson et al., 2007; Day et al., 2018). Practitioners can maintain frequent contact with participants

through follow-up phone calls, text messages or emails, to strengthen retention, even when interventions are automated or self-directed. Although personalised support can be offered remotely, ideally it should be offered in person if this is requested and appropriate (Torous & Hsin, 2018).

- **Training practitioners to respond empathically to participants' needs:** There is evidence that, despite the physical distance, some virtual intervention participants can feel social proximity and perceive practitioners as empathetic (Simpson & Reid, 2014). The relationship between a practitioner and a participant in a virtual setting is not the same as in a face-to-face context, therefore practitioners providing virtual and digital support need to be trained not only on the mechanics of proper software use, but also on how to respond empathically to participants' needs.
- **Adapting practitioners' behaviour and communication style:** One systematic review of the therapeutic alliance in virtual intervention delivery noted that communication is more effective if practitioners:
 - provide more deliberate and overt non-verbal responses
 - use emoticons or written expressions of emotional and non-verbal reactions during email or chat therapy
 - ask more questions than usual to avoid misunderstandings (Simpson & Reid, 2014).

To summarise, evidence suggests that there are various strategies that could be employed to better recruit and retain parents in virtual and digital parental conflict interventions. Creative and informative advertisements and targeted recruitment information have been highlighted as effective strategies to recruit participants, while there is evidence that paying special attention to the importance of the therapeutic relationship can help to reduce the risk of participants dropping out.

6. Conclusions

This report explored how Covid-19 and the lockdown have impacted on issues relating to parental conflict, and how those seeking to reduce parental conflict can adapt to the current situation using virtual and digital methods.

In response to the current crisis, public services appear to have rapidly mobilised to deliver RPC interventions in new ways. The great majority of local authorities and intervention developers and providers who completed our survey, for example, have already adapted their provision, by moving content online and using phone, text messaging and videoconferencing to ensure continued support.

While this rapid adaptation is encouraging, we should not lose sight of the fact that many of these interventions were not originally designed to be delivered remotely. There are also many challenges associated with virtual and digital delivery, including difficulties in identifying escalating risks with limited home visits and face-to-face contact, a lack of funding to quickly adapt services, and difficulties in maintaining privacy and confidentiality. Despite these challenges, local authorities and their partners are also seeing positive changes that should be sustained in the future, including improved partnership working within local systems and an increase in parental help-seeking behaviour.

While there is little evidence to suggest that virtual and digital interventions are *more* effective than traditional face-to-face approaches, studies comparing these two approaches have found that interventions delivered using virtual and digital methods can be *as effective* as those delivered face-to-face. However, most of the pre-existing virtual and digital interventions assessed for this report were found to have no more than **preliminary evidence** of improving child outcomes, with only one intervention found to have **robust evidence**. As the UK evidence on 'what works' to effectively address parental conflict and improve outcomes for children is still at an early stage, this finding is not necessarily surprising.

Encouragingly, however, local authorities and intervention developers and providers are planning to assess the impact of their adapted interventions. This suggests that the sector is interested in using the current situation as an opportunity to test and learn, with a view to improving the evidence base of virtual and digital interventions going forward.

To support the sector, we have concluded this report by providing some practical recommendations on how to evaluate these interventions, as well as how to facilitate participant recruitment and retention remotely.

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