March 2022 | Guide

This content was created by the Early Intervention Foundation before merging with What Works for Children's Social Care to become Foundations.

The content contains logos and branding of the former organisation.

Foundations

What Works Centre for Children & Families

foundations.org.uk

EARLY INTERVENTION FOUNDATION

BETA VERSION FOR TESTING & FEEDBACK

Supporting healthy relationships among minority ethnic parents

March 2022

Dr Virginia Ghiara, Helen Burridge, Dr Shaun Liverpool, Dr James Mulcahy, Thomas Masterman and Ben Lewing

CONTENTS

INTRODUCTION ▸ 3

Our approach to language ▸ 6

REVIEW ▸ 7

An overview of the research ▸ 7

The minority ethnic populations in England and Wales ▸ 9

The impact of conflict between minority ethnic parents on child outcomes ▸ 10

Ethnic variations in couple relationship and parenting practices ▸ 12

The prevalence of risk factors for parental conflict in minority ethnic groups ▸ 14

UK research evidence and data on minority ethnic groups ▸ 15

PLAN ▸ 19

Using research evidence and data to inform your strategy ▸ 19

ENGAGE ▸ 22

Engaging minority ethnic parents ▸ 22

What are the key challenges and barriers in engaging minority ethnic parents? ▸ 23

How best to recruit minority ethnic parents to relationship interventions ▸ 26

Facilitating factors to engaging and retaining minority ethnic parents in relationship interventions ▸ 29

BUILD ▸ 32

Building a relationship support pathway for minority ethnic parents ▸ 32

Interventions with evidence of impact on minority ethnic groups ▸ 37

MEASURE ▸ 44

Measuring parental conflict in separating and separated parents ▸ 44

Child outcome measures used with UK minority ethnic groups ▸ 47

Parental outcome measures used with UK minority ethnic groups ▸ 49

REFERENCES ▸ 50

Beta version for testing & feedback

This beta version of our evidence guide on supporting healthy relationships among minority ethnic parents will be tested and adapted through our work with local areas.

We would welcome any feedback on the content or structure of the guide – let us know what you think by emailing info@eif.org.uk

EARLY INTERVENTION FOUNDATION

Evidence Quarter, Albany House, Petty France, Westminster, London SW1H 9EA
W: www.EIF.org.uk | E: info@eif.org.uk | T: @TheEIFoundation | P : +44 (0)20 3542 2481

First published in March 2022. © Early Intervention Foundation, 2022

INTRODUCTION

Parental conflict is common among families in England. Official data from 2018 shows that almost one in eight children in couple-parent families were living with at least one parent reporting relationship distress. There is a strong body of evidence suggesting that when parental conflict is frequent, intense, and poorly resolved it can put children's mental health and long-term outcomes at risk.[1, S1] Currently there is very little data available on how many minority ethnic parents experience parental conflict in the UK. However, official data from England and Wales shows that, when compared with White families, **some minority ethnic families are more likely to experience unemployment, economic pressure and poor mental health**.[S2] As set out in our 2017 review[S3] and presented in our Outcomes Framework,[S4] research evidence strongly suggests that such factors are associated with a higher risk of impaired parental relationships, which in turn can affect outcomes for children.

Many of the reasons for this higher risk of parental conflict can be linked to racial discrimination. Experiences of racism and discrimination shape the economic, environmental and psychosocial conditions that support – or restrict – life chances for minority ethnic families, including the opportunities to sustain healthy relationships. Racism and racial discrimination can operate at various levels, from the institutional to the personal level, and can affect minority ethnic families in different ways, limiting access to housing,[S5] psychosocial support and healthcare,[S6] and the job market.[S7] For instance, deep inequalities in the labour market can result in high unemployment rates, low salaries, and insecurity at work for some minority ethnic groups.[S5] Such inequalities can make it harder for some minority ethnic families to afford housing,[S5] and can have a negative impact on parental stress and mental health, parenting, and relationship quality.[S3]
For instance, official data from 2018 shows that parental conflict is twice as likely in workless couple-parent families compared to where both parents are working.[S8]

Data clearly shows that there is heterogeneity across different minority ethnic groups. While some minority ethnic groups are more likely to experience a particular risk factor than White British people in the UK, other minority ethnic groups may be less likely to experience the same risk factor. For instance, while 8 per cent of Black people and 8 per cent of Bangladeshi and Pakstani people in 2019 were unemployed, the unemployment rate of Indian people (4 per cent) was the same as that of White British people.[S9] Therefore, understanding who needs what support is fundamental to providing appropriate healthy relationship support to minority ethnic parents.

1 Throughout the text, studies referenced in this review are denoted by **S1–S49**, which correspond to the **full reference list** at the end of this document.

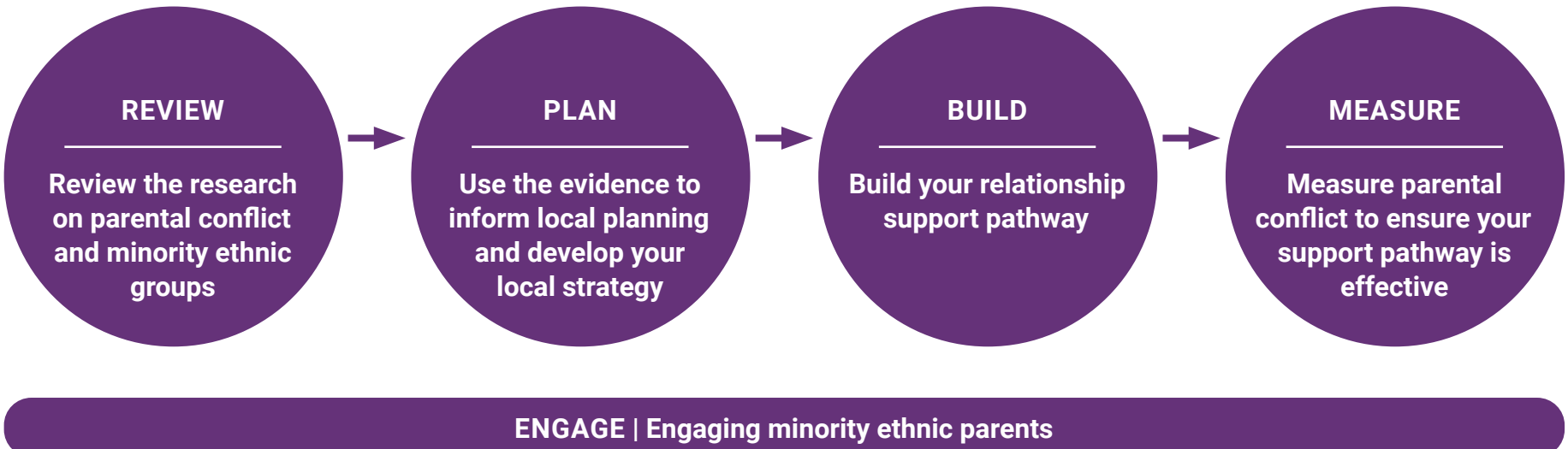
Despite the limited amount of data and research evidence, it should be considered that **heterogeneity might also exist across different minority ethnic groups in relation to factors that can be protective against the negative impact of parental conflict**. For instance, religion may play a role in reducing the risk of alcohol abuse amongst British Muslim Pakistani families, as these families exhibit lower levels of alcohol consumption when compared with White British families.[S10, S11] Moreover, among some minority ethnic groups such as Caribbean and Sub-Saharan African families, extended family networks might allow children to develop positive relationships with adults outside their home, and these relationships can be protective against the psychological effects associated with exposure to parental conflict.[S1, S12]

This practical guide has been developed to improve understanding of how risk factors among minority ethnic families can impact on parental conflict and in turn on child outcomes, how to engage minority ethnic parents, what evidence-based support can be offered to minority ethnic families, and how to appropriately assess progress for these families.

The guide includes:

- An overview of the research evidence and data on the impact of parental conflict on minority ethnic child outcomes, and of the factors that can increase the risk of parental conflict among minority ethnic families.
- A section showing how research evidence can be put into practice to inform your local strategy.
- A summary of recommendations on how to engage minority ethnic parents that have been developed in consultation with local experts.
- A summary of evidence-based healthy relationship and parenting interventions that can be used with minority ethnic parents, and a discussion on how to ensure support is culturally appropriate.
- A summary of measurement tools that can be used to measure parental conflict, co-parenting, and child outcomes with minority ethnic families.

Figure 1: Components in this practical guide



This is not a prescriptive guide, meaning that it does not recommend one particular intervention, measurement tool or engagement strategy. Ultimately, the guide is intended to provide practical advice to local authorities taking part in the national Reducing Parental Conflict Programme and with an interest in improving their understanding, local offer and evaluation in relation to minority ethnic parents.

Our approach to language

Language has power, and the terminology we use when talking about race and ethnicity can have real world policy impact. At the Early Intervention Foundation we are guided by five principles[2] when talking and writing about race and ethnicity:

1. Be accessible in the way that we write or speak about ethnicity and issues relating to social disparities and inequality
2. Be transparent about sources of data and evidence relating to ethnicity, disparities and inequality, and about the limitations of our own findings and conclusions
3. Be specific and recognise the diversity within broad minority ethnic groups
4. Be accurate and use language that recognises the basis for concepts of ethnicity in science, history, personal identity, and social movements
5. Be respectful and use the terms and language that people have chosen to refer to themselves as individuals and groups.

We use the expression minority ethnic groups to refer to ethnic groups that are in the minority in the UK. However, this does not mean that such ethnic groups are in the minority in other parts of the world. When referring to international evidence, we use the descriptor minority ethnic to refer to ethnic groups that are in the minority in the country the research was conducted in.

Institutional racism is discrimination or unequal treatment which is embedded in policies and practices of an institution or organisation. For example, in recruitment and promotion; in complaints and disciplinary proceedings; in environments or practices. Institutional racism routinely leads to differential opportunities and outcomes for different ethnic groups.

Structural racism refers to the systems and structures in which the discriminatory policies and practices are located, interacting with institutional culture, environment, curriculum, and other 'norms', and compounded by wider external history, culture and systemic privilege that perpetuate 'race' inequality.

2 See more on EIF's principles for language and writing: **https://www.eif.org.uk/about/edi-at-eif/our-principles-for-language-and-writing**

REVIEW

An overview of the research

This section explains what research evidence can tell us about child outcomes, ethnic variations in couple relationship and parenting practices, and risk factors associated with parental conflict in minority ethnic groups. Child outcomes include child mental health and behavioural problems. Relevant risk factors include key stressors on relationships such as poor parental mental health, financial pressure and substance abuse.

This section summarises UK and international research on how, in minority ethnic families, parental conflict can affect child outcomes, and what factors increase the risk of parental conflict.

There is very limited UK research on how, in minority ethnic families, parental conflict can affect child outcomes, and UK official statistics are the main sources cited in this section. This overview includes the best available research evidence and more information on the studies can be found in the appendix.[3]

The research evidence is important for local planning. It can help you to make the case for the importance of promoting healthy relationships and persuade local stakeholders to commit to local work on reducing parental conflict. It should also inform the choices you make in your local strategy, both in terms of priorities for change and practical ways of taking action.

3 Available at **https://www.eif.org.uk/files/pdf/supporting-healthy-relationships-minority-ethnic-parents-appendix.pdf**

Parental conflict can be reflected in a wide range of behaviours, from constructive (helpful) to destructive (harmful) behaviours. Harmful behaviours in a relationship which are frequent, intense and poorly resolved can lead to a lack of respect and a lack of resolution. Behaviours such as shouting, becoming withdrawn or slamming doors can be viewed as destructive.

Internalising behaviours are characterised by symptoms of withdrawal, inhibition, fearfulness, sadness, shyness, low self-esteem, anxiety, depression, and suicidality in its most extreme.

Externalising behaviours are characterised by a broad set of behavioural difficulties, including aggression, hostility, non-compliant and disruptive behaviours, verbal and physical violence, anti-social behaviour, conduct disorder, delinquency and even vandalism.

The minority ethnic populations in England and Wales

- According to the 2019 population estimates from the Office for National Statistics, 78.4 per cent of the population was White British.
- People from Asian ethnic groups made up the second largest percentage of the population (at 7.9 per cent), followed by Black ethnic groups (at 3.5 per cent), Mixed/Multiple ethnic groups (at 1.8 per cent) and Other ethnic groups (at 1.8 per cent).
- The table (right) shows the proportion of minority ethnic groups in the UK based on 2019 Office for National Statistics population estimates.

Table 1: Population estimates by ethnicity for England and Wales

Asian	7.9%
Bangladeshi	1.0%
Chinese	0.6%
Indian	2.8%
Pakistani	2.2%
Asian other	1.3%

Black	3.5%
Black African	2.3%
Black Caribbean	1.0%
Black other	0.2%

Mixed	1.8%
Mixed White/ Asian	0.5%
Mixed White/ Black African	0.3%
Mixed White/Black Caribbean	0.5%
Mixed other	0.5%

White	85%
White British	78.4%
White Irish	0.6%
White Gypsy/ Traveller	0.1%
White Other	5.8%

Other	1.8%
Arab	0.4%
Any other	1.4%

Please note that the 2021 Census data will be published in late Spring 2022.
It should be noted that these figures might vary by region and type of area. More accurate data on each area can be found at: https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest#ethnic-groups-by-area. Please note that this link reports 2011 data, and 2021 ethnicity figures are likely to be different from those in 2011, as data shows that from 2001 to 2011 the total population of minority ethnic groups has grown by about 50 per cent.[S13]

The impact of conflict between minority ethnic parents on child outcomes

Research evidence shows that parental conflict can be harmful for all children. Although there is limited evidence from the UK on the impact of parental conflict on children from minority ethnic groups, research evidence suggests more similarities than differences across cultures in terms of the impacts of parental conflict on children.[S1] However, there is mixed evidence on whether parental conflict can impact children across cultures through different mechanisms, such as low parental involvement and poor parenting practices.[S14]

UK research evidence and data on the impact of parental conflict on minority ethnic children

- Although the role of parental conflict is not clear, research suggests that **some minority ethnic children are more likely to live in single-parent households**. Nearly half of all Black Caribbean children live in single-parent households, as well as over a third of Black African households. This is compared to around a quarter of White British households. For Indian, Pakistani, and Bangladeshi households with dependent children, this figure is around 1 in 10.[S15]
- A study conducted using a sample of first- and second-generation immigrant children in England, Germany, Sweden, and the Netherlands[S12] shows that **children who live in a single-parent family experience more behavioural problems, more depressive feelings, and lower self-esteem compared with children who are living with both parents**. The authors suggest that these could be the effects of strong cultural norms against divorce and single parenthood, which could

make children in single-parent families feel isolated. The study shows that for children from Latin America, the larger Middle East (e.g., Turkey, Morocco, Iraq, Syria), Southeast Asia, Southcentral Asia, and Europe, the effect of living in a single-parent family is the same as it is for natives.

- **The same study shows that the effect of father absence on behavioural problems and lower self-esteem is significantly less negative for children from the Caribbean and from Africa**. The authors suggest that among such minority ethnic groups there might be weaker norms against divorce and single parenthood, and the extended family network may offer considerable support in times of crisis.[S12]

International research evidence and data on the impact of parental conflict on minority ethnic children

- A study conducted in the Netherlands with **Moroccan-Dutch families** reports that **parental conflict and poor parental discipline increase the likelihood of psychiatric disorders in children**. Psychiatric disorders were also associated with different factors including experiences of racial discrimination, orientation to Dutch culture, ethnic identity and cultural mistrust.[S16]
- Research evidence on **Latino adolescents** living in Southern Central America suggests that **parental conflict does not have a significant impact on substance use among youths**.[S17]
- **There is mixed evidence on whether the impact of parental conflict differs between girls and boys**, with one study reporting no differences among Black and Hispanic children,[S14] and another reporting that parental conflict exacerbated the negative effects of immigration status on children's internalising and externalising behaviours for girls in undocumented and mixed-status families.[S18]

Ethnic variations in couple relationship and parenting practices

It is unclear how attitudes towards parental relationships, parental roles, and parental conflict vary across ethnic groups. However, research evidence shows that there might be ethnic variations in how parental involvement and poor parenting practices mediate the impact of parental conflict on child outcomes. Similarly, evidence shows that parenting practices can vary across minority ethnic groups. When discussing couple relationships and parenting practices, it is important to consider that social status, religion, and experiences of racial discrimination all intersect with ethnicity.

UK research evidence and data

- **Research evidence suggests variations in parenting practice between minority ethnic parents and White parents**. A longitudinal study conducted in the UK shows that harsh physical discipline is more prevalent in Black and Asian parents compared with White parents, and that Black and Asian parents are less likely than White parents to use harsh verbal discipline.[S19] A study conducted in the UK reports that second-generation Indian mothers have higher levels of overt discipline (raising voice and losing temper) compared with White British mothers.[S20]
- **There is mixed evidence on the difference in parenting between Pakistani and White British mothers**. A study conducted in the UK comparing second-generation Pakistani and White British mothers reports that Pakistani mothers have higher levels of overt discipline and supervision when compared with White mothers.[S20] However, another study conducted in the UK with Pakistani and White British mothers shows that the difference identified between the two groups in hostile approach to parenting disappears when socioeconomic status is controlled for.[S21]

- A longitudinal study conducted in the UK with minority ethnic mothers shows that **maternal and family experiences of racial discrimination negatively impact on parenting practices** as well as on maternal mental health, with negative consequences for children's socioemotional development.[S22]

International research evidence and data

- **It is unclear from the evidence if parental conflict negatively impacts on parental involvement and parenting practices in minority ethnic groups**. One study conducted in the US shows that, while in White American families parental conflict leads to low parental involvement and poor parenting practices, which in turn can impact on child outcomes, in African American, Mexican, and Puerto Rican families parental conflict does not lead to reduced parental involvement and poor parenting practices.[S23] Another study conducted in the US including Black and Hispanic families shows that parental conflict can impact on child internalising and externalising behaviours by reducing parental involvement.[S14]
- **A study conducted with African Americans reports that racial discrimination is associated with higher levels of parental conflict**. In particular men experiencing higher levels of racial discrimination engage in higher levels of psychological destructive behaviours (including shouting, insulting or swearing) toward their female partners and have higher levels of relationship instability independently of financial pressure. Women experiencing higher levels of discrimination engage in more physical aggression toward their male partners.[S24]

The prevalence of risk factors for parental conflict in minority ethnic groups

Evidence suggests that parents' poor mental health, economic stress, and substance and alcohol misuse can influence interparental conflict, as shown in the EIF Outcomes Framework.[4] The Family Stress Model[5] shows how poverty and economic pressure affect parents' mental health and the quality of interparental relationships, which in turn impacts child outcomes. The higher prevalence of risk factors among minority ethnic groups in the UK suggests that minority ethnic children might be at greater risk of exposure to parental conflict. On the next pages you will find an overview of UK data, as well as some statistics that reveal ethnic disparities across different domains such as mental health, economic pressure and alcohol and substance abuse. These findings are in line with international evidence.[S25, S26 S27]

4 Available at https://www.eif.org.uk/resource/reducing-parental-conflict-outcomes-framework

5 Available at https://www.eif.org.uk/files/pdf/cg-rpc-2-2-family-stress-model.pdf

Poor parental mental health

According to research evidence, poor parental mental health is both a cause and a consequence of parental conflict and is a significant risk factor for negative child outcomes.[S4]

UK research evidence and data on minority ethnic groups

- **UK data shows that women from minority ethnic groups, described as Black, Asian and minority ethnic groups, are more likely than White women to experience a common mental health disorder, like anxiety, depression or obsessive compulsive disorder.**[S28]
- Although in 2014 official data showed no meaningful differences between ethnic groups in the percentage of men who had experienced a common mental health disorder in the past week,[S28] **UK data shows that Black men are ten times more likely than White men to experience a psychotic disorder, which remains relatively uncommon among people from all ethnic groups**.
- **Suicidal and self-harm behaviour appears to vary with ethnicity and sex**. Asian men have lower rates of suicide in the UK than White men. However, Asian women, particularly those aged 18–24, have higher rates[S29] than White women of the same age.
- The process of migration is associated with specific stressors (e.g., economic hardship, being a victim of violence, poor social network, poor access to support services, communication difficulties) and can lead to a spectrum of mental health disorders. **Research evidence suggests that first-and second-generation migrants to the UK are more likely to suffer from depression, psychosis, schizophrenia, and PTSD**.[S29]

A closer look at ethnic disparities

29%

of Black women, 28.7% of Mixed other women and 23.6% of Asian women experienced a common mental disorder in the past week in 2014, a higher rate than for White British women (20.9%).[S28]

3.2%

of Black men experienced a psychotic disorder in 2014, compared with 0.3% of White men.[S28]

Poverty and economic pressure

Research evidence shows that being in or at risk of poverty and economic pressure increases parental stress and mental health difficulties. This in turn increases the risk of parental conflict and poor parenting, which impacts negatively on child outcomes.[S3, S25, S27] UK data suggests that people from minority ethnic groups are at a higher risk of poverty and economic pressure due to unemployment, low hourly wages, and higher housing costs than White people.

UK research evidence and data on minority ethnic groups

Poverty and financial pressure

- Between April 2008 and March 2020, people in **Pakistani and Bangladeshi households were consistently the most likely out of all ethnic groups to live in low-income households**, before and after housing costs.[S30]
- **The proportion of workers who are in poverty is higher for Black, Asian and minority ethnic workers than for White workers**, and is highest for Pakistani and Bangladeshi workers.[S31]
- **The impact of the pandemic on household financial stress has disproportionately affected minority ethnic groups**. In 2020 Black, Asian and minority ethnic households were more likely to say they expect to be worse off next month compared with White households (25 and 19 per cent respectively).[S32]

A closer look at ethnic disparities

8.0% **of Black, and 8.0% of Bangladeshi and Pakistani people** were unemployed in 2019, twice as many as among White people and the White Other ethnic group.[S33]

9.0% **of Black and Other ethnic groups** and 5.0% of White British employed on a temporary basis in 2019.[S34]

55% **of Black households** had a weekly income of less than £600, compared with 47% of White British households.[S34]

24% **of Bangladeshi households** and 18% of Pakistani households live in overcrowded homes, compared with 2.0% of White British households.[S36]

Employment

- **In 2019 Black, and Bangladeshi and Pakistani people had the highest unemployment rate** out of all ethnic groups, and **Black and Other ethnic groups had the highest temporary employment rate** out of all ethnic groups.[S9, S34]
- **The impact of the pandemic on employment has disproportionately affected minority ethnic groups**. At the beginning of the pandemic, Black, Asian and minority ethnic workers were 13 per cent less likely to be furloughed but 14 per cent more likely to be made unemployed.[S32]

Hourly wages

- **Low hourly rates of pay have a significant impact on poverty. Employees from the combined Pakistani and Bangladeshi ethnic group had the lowest hourly pay** (£10.55), followed by employees from the Other ethnic group (£11.39) and Black employees (£11.54).[S34]

Housing

- **Housing is a major charge on income, and housing circumstances can lead to poverty**. Thirty-five per cent of Bangladeshi families had a low income before housings costs, and 55 per cent after housing costs – the biggest percentage difference out of all ethnic groups.[S35]
- **Poorer families are much more likely to be living in overcrowded homes**. Overcrowding disproportionately affects minority ethnic groups, in particular Bangladeshi, Pakistani, Black African, Arab, and Mixed White households were those with the highest rates of overcrowding.[S36]

Alcohol and substance abuse

According to research evidence, parental alcohol and substance misuse is both a cause and a consequence of parental conflict and is a significant risk factor for negative child outcomes.[S37] UK data suggests that most minority ethnic groups are at a lower risk of alcohol abuse but some minority ethnic groups are at a higher risk of substance abuse.

UK research evidence and data on minority ethnic groups

- In 2014, a lower percentage of people from Black and Asian ethnic groups drank at hazardous, harmful, or dependent levels compared with White British people.[S38]
- In 2014, a higher percentage of people from Black ethnic groups reported at least one sign of drug dependency compared with White British people.[S36]

A closer look at ethnic disparities

14.8%

of White British women drank at hazardous, harmful, or dependent levels in 2014, compared with 7.4% of women from Black ethnic groups and 2.6% of women from Asian ethnic groups.[S38]

11.5%

of men from Black ethnic groups and 4.5% of women from Black ethnic groups reported at least one sign of drug dependency in 2014, compared with 4.0% and 1.9% of White British men and women respectively. 4.4% and 0.1% of men and women from Asian ethnic groups reported at least one sign of drug dependency respectively.[S38]

PLAN

Using research evidence and data to inform your strategy

This section illustrates how the research evidence and data outlined in the previous section connect to important questions for your local data collection and strategy development.

Research findings, like those in the previous section of this guide, can be used to:

- support population needs assessment[6] by identifying relevant data you might need to collect, or informing your Joint Strategic Needs Assessment
- inform local planning for how parental conflict is going to be tackled
- identify links with other strategies such as those on early help, domestic abuse and supporting families
- identify training and development needs to ensure your local workforce provide appropriate support.

The table on the next page provides some examples of how the research can help you to develop strategic questions and inform what local data you collect. To simplify the process, you might work with owners of existing datasets (for example, local leads on strategies such as family poverty, drug and alcohol abuse) which are likely to include similar data. Some questions will ask you to reflect on the cultural sensitivity of the support offer, you can find more ideas on how to adapt your local offer in the 'BUILD' section.

6 Available at https://www.eif.org.uk/resource/conducting-a-needs-assessment-on-parental-conflict

Research evidence and data	Strategic questions	Questions informing data collection
There is a lack of national data on prevalence of conflict between parents from minority ethnic groups.	How well do case management systems record parental conflict amongst minority ethnic families? How well does your Joint Strategic Needs Assessment or other population needs assessment consider parental conflict amongst minority ethnic groups?	What is the prevalence of each ethnic group in your local area? What data across the partnership should you be collecting at a local level that tells you about the prevalence of parental conflict amongst minority ethnic groups? What data across the partnership should you be collecting at a local level that tells you about extent to which minority ethnic parents experiencing parental conflict access services?
There might be ethnic variations in how parental involvement and poor parenting practices mediate the impact of parental conflict on child outcomes. Parenting practices can vary across minority ethnic groups and can be negatively influenced by experiences of racism.	Is your parenting support offer culturally sensitive? Does your parenting support offer include opportunities to discuss parental conflict and adverse experiences such as racial discrimination? How aware is your workforce about ethnic variations in parenting practice and couple relationships? Does your training offer provide information about such variations?	What is the prevalence of minority ethnic parents accessing parenting support and what are their demographic characteristics? For instance in terms of geographical location, family income, average age, and specific ethnicity.
UK data shows that women from Black, Asian and mixed ethnic groups are more likely to experience a common mental disorder, like anxiety, depression or obsessive compulsive disorder, than White women. UK data shows that Black men are more likely to experience a psychotic disorder than White men.	How can you establish effective partnership arrangements with adult mental health services to drive forward local strategy to reduce parental conflict? How far are adult mental health services tailored for men and women from minority ethnic groups?	What is the prevalence of minority ethnic parents identified as experiencing mental health issues (diagnosed and undiagnosed) and what are their demographic characteristics? For instance in terms of geographical location, family income, average age, and specific ethnicity. Is the proportion of minority ethnic parents with mental health problems similar to the proportion of White parents with mental health problems?

TABLE CONTINUED ON NEXT PAGE ▸

◂ TABLE CONTINUED FROM PREVIOUS PAGE

Research evidence and data	Strategic questions	Questions informing data collection
The proportion of workers who are in poverty is higher for Black, Asian and minority ethnic workers than White workers. In 2019, Black, and Bangladeshi and Pakistani people had the highest unemployment rate out of all ethnic groups. The impact of the pandemic on household financial stress has disproportionately affected minority ethnic groups.	How can you establish effective partnership arrangements to promote healthy relationships among families experiencing financial pressure?	How many minority ethnic parents access services and benefits, such as Employment Support Services, Housing Benefit, Council Tax Benefit, free childcare for two year olds, food banks, or free school meals? How many minority ethnic children in need have no recourse to public funds (NRPF)? What are their demographic characteristics? For instance in terms of geographical location, family income, average age, and ethnicity. Is the proportion of minority ethnic parents accessing relationship support and known to employment and benefit services similar to the proportion of White parents accessing relationship support and known to employment and benefit services?
In 2014, a higher percentage of Black people reported at least one sign of drug dependency compared with White British people.	How can you establish effective partnership arrangements with substance abuse services to drive forward local strategy to reduce parental conflict?	What is the prevalence of minority ethnic parents with substance abuse problems and what are their demographic characteristics? For instance in terms of geographical location, family income, average age, and ethnicity. Is the proportion of minority ethnic parents accessing relationship support and known to substance abuse services similar to the proportion of White parents accessing relationship support and known to substance abuse services?

ENGAGE

Engaging minority ethnic parents

Supporting minority ethnic families depends on whether services engage well with families. Engagement should consider:[S39]

- **Recruitment:** how minority ethnic families are approached to take part in an intervention/service
- **Retention:** the extent to which an intervention or service can retain minority ethnic families and avoid drop out
- **Involvement:** this includes involvement in specific interventions, but also involvement in the governance, design, and quality assurance of services. For instance, the lived experiences of some families can inform local thinking and planning.

On the next pages we discuss some of the key challenges and barriers to engaging minority ethnic parents, recommended strategies for communicating with minority ethnic parents, as well as some key facilitators to engagement. This section combines research evidence produced as part of previous EIF evidence reviews[S39, S40] and a summary of professional experience collected through consultation with 13 local leads, practitioners, and members of organisations working with minority ethnic groups. The sample was selected in order to ensure diversity of participants. We recruited areas with a good geographical spread, from urban and rural areas, and with different professional backgrounds, and organisations working with different minority ethnic groups. This combination of different types of evidence provides important insights into engaging local communities, overcoming some of the barriers minority ethnic families might be experiencing, and ensuring interventions and services are accessible.

What are the key challenges and barriers in engaging minority ethnic parents?

Research suggests that in some cases it is more difficult to engage families from minority ethnic communities with support services.[S39, S40] There are some common issues in engaging parents in reducing parental conflict interventions, which may be more pronounced in minority ethnic communities, including:

- **awareness barriers**, which include not knowing about the local services that are available, or not recognising the need for support
- **accessibility barriers**, which include cost and location of interventions, as well as timing (at what time the intervention is delivered, but also at what point the intervention is offered within the relationship conflict)
- **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.

Key challenges and barriers to engagement: what local experts say

1. Stigma and lack of trust in services can prevent minority ethnic families from engaging with relationship support

Parents from some minority ethnic communities may find it hard to talk about their own relationships. Reasons for this may include stigma with accessing services, including feelings of shame for needing to access support, and the feeling that they individually represent their whole community:

> *'Engaging with an 'official service', they don't necessarily see it as the place for them to go because 'I am not one of "those" people'. We need to break down those messages, we need to break down that stigma that is attached to local services.' **Innovation Manager, London***

There might also be issues with the term 'conflict' and the stigma associated with being in conflict:

> *'Conflict is quite a loaded word to use. Your mind jumps straight up to domestic violence and all kinds of things. It's vague as well, people don't understand what it means.' **Referral Gateway Project Manager, London***

Lack of trust is another common barrier that can prevent minority ethnic families from engaging with services. This might be due to negative or unresolved past experiences, or concerns about what services want to know or whether they will try to take children away:

> *'It is not only shame but also fear, because they wonder why programmes want to know all this information about them; "will they take my children away from me?" They don't really understand how the programme works and what that the aims are.' **Director, Voluntary Sector***

2. Lack of understanding in terms of what a service is for or why it is needed can be a barrier for some minority ethnic families to engaging with parent relationship support services

Lack of clarity about what each agency is doing and what relationship support involves can pose a challenge to staff and families, who might have difficulties in understanding what an intervention can provide and why it may be needed. However, families may have bigger concerns than relationship support, and might tend to feel their relationship quality is not a priority:

> *'If you are in a dire situation as a refugee, you don't have time to think about your relationship, you have more pressing issues to focus on. That is also why some groups of families don't engage with this, it is a "luxury' position". **Referral Gateway Project Manager, London***

3. The workforce may lack confidence or skills to engage with minority ethnic families

A lack of staff confidence and competence in knowing how best to communicate with some groups about relationships, which can be sensitive topics, can be a barrier to successfully engaging minority ethnic families:

> *'If you are not confident about how to speak to some groups about some of these things, they are tricky areas, then what you are going to communicate will make people think that the service is not right for them.' **Programme Manager, Voluntary Sector***

> *'There is something around perhaps a Western view of how relationships ought to be, and whether when you give advice to a couple who aren't from the West you need to be a bit more Western, or you acknowledge actually that in their culture that is the standard and the normal.' **Parental relationship coordinator, South East England***

4. Fathers can be more difficult to engage

It can be hard to engage fathers in services and it may take them longer to do so:

> *'We have done a bit of push back; you have referred mum but are we going to get a referral from the partner? Sometimes we have held referrals while we go off and get the other parent to be engaged.' **Referral Gateway Project Manager, London***

How best to recruit minority ethnic parents to relationship interventions

Despite research showing that vulnerable people from minority ethnic families are less likely to engage with services,[S39] the evidence on how to communicate with these families is limited. The evidence does however suggest:

- developing strong partnerships between multiple agencies as a way of reaching disadvantaged and vulnerable families[S39]
- staff should be provided with the desirable skills and sufficient time to engage with vulnerable families, who tend to require more time to build trust[S39]
- ensure that staff are adequately trained to work with specific communities.[S41, S42, S43, S44]

Recruiting minority ethnic parents: what local experts say

1. Outreach and partnership working are important for reaching minority ethnic parents

Community outreach is important for reaching minority ethnic families. Going to where people feel comfortable, visiting frequently and using 'local champions' may be more successful:

'Within the Asian community, temples and places of worship act as community centres, so if we were to do more outreach in those areas, we are likely to get more people coming through.' ***Director, Voluntary Sector***

'We just did some work around Black men and blood pressure and the way we had to reach them with health messages was we were going to barbers, bus garages – we were all over the place to where we could access men.' ***Programme Manager, Voluntary Sector***

Services should also be advertised widely through networks such as forums, groups, schools, health centres, social media, and radio. Informal strategies, such as generating positive word of mouth, can also be effective methods for reaching families. Using a combination of different strategies is likely to increase reach as what might work for one group may not work for another. Awareness of services may not be enough. It is also important to consider 'when is the right time and who should these messages come from?'

'Parents are very different, across different ethnic groups, in terms of where they get their information and what they understand by it, and what works for one doesn't work for the other. Word of mouth is key.' ***Programme Manager, Voluntary sector***

2. Using trusted contacts can help to engage minority ethnic families

There is a need to 'recruit the right people into the right positions' who can integrate into the community and build links and trust. Using existing relationships with those already in trusted positions is key:

'You can have the best communication strategy out there, but if the people you are trying to engage with don't trust you, it is not going to work.' ***Innovation Manager, London***

*'Rather than have a programme that families are referred into, we are trying to upskill many of our workers in early help as well as workers within community organisations. We are looking at where people would normally go, to meet with people they trust, to talk about things and try and upskill those practitioners with the tools that they need.' **Innovation Manager, London***

Genuine partnership working with a range of organisations, including community and faith groups, is also crucial for engaging with minority ethnic families. Local areas need to be well resourced to be able to properly invest in the partnership and complete this work:

*'We ask community organisations and faith groups to essentially broker things for us, but we don't invest properly in the partnership. So we want to take from them, but we are not giving very much back most of the time.' **Programme Manager, Voluntary sector***

3. Recruiting a diverse workforce, speaking their language, and using culturally sensitive terminology can help services communicate with minority ethnic parents

Recruiting a diverse workforce that represents the people the service is trying to engage, and speaking to families in their own language can help minority ethnic families feel they are understood. Marketing services using the same terminology used in communities can also help engage more families:

*'You have to find the language that allows [ethnic minority parents] to think this is exciting and this is something I should want to be involved in and this is for me.' **Chief Executive Officer, Voluntary Sector***

Facilitating factors to engaging and retaining minority ethnic parents in relationship interventions

Despite research showing that vulnerable people from minority ethnic families are less likely to engage with services,[S39] the evidence on how to identify and engage with these families is limited. The evidence does however suggest:

- offering services flexibly, for example remotely or virtually[S39, S40]
- given that minority ethnic families, for example Black and Latino parents, may rely more heavily on extended families to help with parenting tasks, this means that programmes that recognise this reliance on extended family networks, and possibly engage with multiple family members, may be more successful in recruiting these communities.[S45]
- maintain frequent contact with vulnerable users as they often face a multitude of accessibility barriers[S41, S43, S46, S47]
- staff may need to devote more time and attention to coordinate and reschedule missed sessions to sustain involvement[S48]
- ensuring that content is appropriately tailored and culturally relevant to the target population,[S39] for example mixed group activities may not be appropriate due to cultural norms, or same sex practitioners may better facilitate engagement.

Facilitating factors for engagement: what local experts say

1. Listen to minority ethnic communities to provide support that fits with their needs

We need to move away from 'hard to reach' which puts the onus on families and instead move to 'seldom listened to' as this emphasises the responsibility of services to reach out to ensure voices are heard. Developing local knowledge of the cultural values among your local population through engaging with them can help to understand how to approach families and empower them. For example, parent champions could be recruited to help co-design services to ensure they are a good fit for the local population:

> *'You have to look at your local DNA and work out what works for your community.' **Chief Executive Officer, Voluntary Sector***

2. Build trusted relationship with minority ethnic parents

It can be difficult to talk about couple relationships in isolation of other services. It is important that trust and positive relationships are built first, as well as starting to talk about relationships more generally first – 'drip-feeding information over time' – and making clear the positive impacts a programme can have on their children:

> *'We have found it easy to have these conversations by building the trust and relationships first of all and talking about healthy relationships and what they look like, rather than healthy parenting or heathy couple relationships. Parents can think about what healthy relationships look like generally in the family.' **Programme Manager, Voluntary Sector***

3. Be adaptable in support provision

Offering services outside of regular 9–5 working hours can help families, and in particular fathers, engage with services as they can attend at a times that suit them. Blended offers, where services/support can be accessed online or in person, can also allow more flexibility and remove barriers for some groups of parents.

*'A whole new approach is needed, for instance we are recruiting a new team that specifically have irregular hours so they can go to families at times that suit them.' **Strategic Lead, Partnership and Prevention, South East England***

4. Ensure support is culturally sensitive and respectful of different minority groups

Family structures may differ in some minority ethnic communities, with more arranged marriages, extended household structures, or foster families. Acknowledging differences and using culturally sensitive language is key to engaging with minority ethnic families, who might otherwise think the support provided does not fit with their needs:

*'Our family set-up is not necessarily mum, dad and kids in a married couple, it can be very different, and we need to acknowledge this in the way that we talk about relationships.' **Programme Manager, Voluntary Sector***

Being aware of differences means that support can be tailored to meet the needs of families:

*'Sometimes living within extended families can also cause issues, and sometimes the couples themselves may not have any issues, but it could be that some family members such as grandparents are "rocking the boat". In those situations, we need to work with the other family members.' **Director, Voluntary Sector***

5. Recruit a representative workforce

Recruiting a representative workforce, both in terms of ethnicity and in terms of gender, is key to improving engagement and retainment. In particular, recruiting male practitioners might help minority ethnic fathers feel more comfortable and be more willing to engage. Engaging fathers, moreover, should not be tokenistic and we should raise our expectations for fathers' involvement in relationship support:

*'In whatever minority you are in, it's good to see yourself represented.' **Parental relationship coordinator, South East England***

BUILD

Building a relationship support pathway for minority ethnic parents

This section identifies six evidence-based healthy relationship and parenting interventions which may be helpful as part of local support pathways for minority ethnic parents.

In every local area there are some services and interventions that can help minority ethnic parents to build and maintain healthy relationships, from universal support including housing services, to more targeted services such as those provided through the Early Help family support teams. An effective support pathway starts with the first services that minority ethnic parents turn to when they're struggling with relationship issues and describes how wider support services fit together to address parental conflict and reduce the impact it has on children. A support pathway can include services and interventions that do not directly target parental relationships (for instance primary care, community health services and housing) but that can build a trusted relationship with families, identify parental conflict, provide information and self-help resources, and refer to targeted support.

The Early Intervention Foundation's support pathway model[7] offers a structure to build your universal and targeted support for families, linking local support interventions to your needs assessment and ensuring your pathway is underpinned by research evidence. The model does not include specific examples of support for minority ethnic groups but it can be used to guide the design of your support pathway. A comprehensive support pathway will include all services, and then consider which are suitable for minority ethnic families. To facilitate the design process, you can find a list of recommendations below:

- **Consider existing local services and interventions across the continuum of needs**
  The 'REVIEW' section of this guide shows that some minority ethnic groups are at a higher risk of experiencing poor mental health, economic pressure and substance abuse, and that those factors are associated with a higher risk of parental conflict. To create a comprehensive support pathway, you should consider whether support in relation to such risk factors is available and accessible for minority ethnic families, and if there are arrangements to promote healthy relationships through existing local services.
- **Understand the needs and characteristics of your local population**
  When building your support pathway, it is important to consider that, as described inthe 'REVIEW' section, there are variations across ethnic groups in terms of type and level of needs. For instance, families from a particular minority ethnic group might need more housing support, while other minority ethnic groups might need more mental health support. It is therefore important to understand your population and ensure that your support pathway can meet the needs of the different minority ethnic families, and that services such as primary care and community health services, and housing, benefits and advice services can be used as a first point of contact for families experiencing parental conflict. EIF's guide on conducting a population needs assessment[8] offers a structure to collect and analyse population needs data.

7 Available at **https://www.eif.org.uk/resource/developing-a-relationship-support-pathway-for-families-a-support-pathway-model**
8 Available at **https://www.eif.org.uk/resource/conducting-a-needs-assessment-on-parental-conflict**

- **Respond to cultural differences and allow adaptations**
  A support pathway for minority ethnic groups needs to include culturally sensitive support. Families from different minority ethnic groups might have distinct approaches to the parental relationship, parenting and co-parenting. Effective support for minority ethnic parents needs to acknowledge and respect such differences, allowing adaptations of services and interventions. However, it is important to find a balance between fidelity (i.e., the important aspects of the service or intervention that are thought to bring about changes) with flexibility in delivery. When reflecting on potential adaptations, you can consider the following factors:
  - **Language:** should the content be translated? Would speaking in English create an imbalance of power between the two parents?
  - **Content:** is content culturally sensitive/respectful of different minority groups?
  - **Facilitator and participants:** do intervention facilitators and participant grouping align with cultural norms? For instance, are practitioners of the opposite gender or mixed groups culturally sensitive?
  - **Materials:** do manuals or handouts portray representative and familiar content for minority ethnic families?
- **Consider evidence-based interventions to strengthen your support pathway**
  Intervention evaluation evidence is a good place to start when reviewing and considering how to strengthen a local support pathway for minority ethnic parents. Interventions which have been through a structured evaluation process are likely to be specific about their theory of change and implementation and delivery process. This means their learning about delivery and effectiveness can be helpful in a wider context, even if a local commissioner is looking to adapt a local approach rather than invest in a new intervention.

When looking at evidence-based interventions for minority ethnic groups, it is possible to find both interventions that have been specifically designed for some minority ethnic groups (such as Promoting Strong African American Families), and interventions that have shown to be effective with diverse parents, including minority ethnic parents. To choose what evidence-based intervention best suits your local area, you can consider data on local needs, existing interventions' reach, and gaps in provision.

Evidence of impact on one minority ethnic group does not ensure that the same intervention will work with a different ethnic group, it is therefore important to reflect on your population when choosing an intervention.

For the purposes of this guide we have identified six parenting and relationship interventions which may be helpful as part of local support pathways for minority ethnic parents. For each intervention we have set out the following:

- **Description and adaptations:** the key characteristics of the intervention, to help you to understand whether this could fit your local context and adaptations that have been made for delivery with minority ethnic participants.
- **Level of provision:** this information can be used to reflect on the match with the level of need of your local population. Some families will respond initially to a targeted intervention and may then only need universal services and light-touch support, such as a supportive conversation with a health visitor, or signposting to online self-help resources. Other families will go on to have a more persistent need for support, requiring specialist services, such as an intensive intervention on parental conflict and parenting or psychological therapy from a local mental health service.

- **Evidence of impact on minority ethnic groups:** to help you to understand how confident you can be that an intervention will work with minority ethnic families.
- **Training and cost:** all the interventions included have a low (<£100 per unit) or medium-low cost (£100–£499 per unit).
- **Delivery and setting:** to help you to understand whether an intervention is a good match with your local context. For instance, based on the data collected on your local population, you might prioritise an intervention that can be delivered in a variety of different settings to allow more flexibility.
- **Duration:** information on how long it takes to complete an intervention will help you to understand if it is appropriate given your local population. For instance, based on the data collected locally about drop-out rates for other interventions, you might prioritise short interventions that have shown to be effective in improving outcomes.
- **EIF Guidebook rating:** evidence of impact on minority ethnic group is often limited, and when available, we included the Guidebook rating that has been established reviewing all evidence of impact, independently of the ethnic composition of the participants. Having a high Guidebook rating does not ensure that the intervention will work in the same way with specific ethnic groups. In the Guidebook, you can read the theory of change of the intervention on the 'About the programme' page. This information can help reflect on how the intervention would work with minority ethnic parents.

Interventions with evidence of impact on minority ethnic groups

This table includes six interventions for which EIF has conducted an assessment of the evidence of impact on minority ethnic groups. Most of the interventions have been fully assessed and are included in the **EIF Guidebook**. For this guide, we have focused on the quality of evidence for minority ethnic groups. In most cases, the interventions do not have evidence of reducing parental conflict in minority ethnic families but have evidence of improving mediating factors such as parental stress and parental mental health, which can contribute to reducing the risk of parental conflict. The text in blue reports new evidence that has been identified and assessed through a light-touch assessment for this guide. See the appendix[9] for more information on the assessment approach and the interventions, including their underpinning evidence.

Please note EIF has not conducted a full assessment of the evidence reported in blue as would be undertaken when assessing a programme or intervention via the EIF Guidebook. Therefore, the ratings provided in the table below should not be taken to be authoritative in the same way as strength of evidence assessments published via the EIF Guidebook.

9 Available at https://www.eif.org.uk/files/pdf/supporting-healthy-relationships-minority-ethnic-parents-appendix.pdf

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
4Rs2Ss	This intervention is designed for families who have a child between 7 and 11 years old diagnosed with oppositional defiant disorder or conduct disorder. All children over 6 years of age in the family are invited to attend the programme. The intervention is focused on 4 Rs (Rules, Relationships, Respectful Communication, Responsibilities) and the 2 Ss (Stress and Support) that are expected to mediate caregiver stress, child behavioural difficulties and family functioning. From our review it appears that 4Rs2Ss is used with minority ethnic parents without particular adaptations.	Targeted selective	4Rs2Ss has preliminary evidence of decreased parental stress and parental depression in African American and Hispanic parents. 4Rs2Ss has also preliminary evidence of reduced oppositional defiant behaviours and improved social skills in African American and Hispanic children.	The practitioners have five and a half hours of programme training. Booster training of practitioners is not required.	Low	This intervention is delivered by two practitioners to groups of families in a children's centre or early-years setting, primary schools, community centres, in-patient health settings, and out-patient health settings.	16 sessions of around one hours	Level 2: promising evidence

TABLE CONTINUED ON NEXT PAGE ▸

TABLE CONTINUED FROM PREVIOUS PAGE

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
Family Check-up for Children	This is a strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health, and risk reduction. The intervention has two phases. The first is a brief, three-session programme that involves three one-hour sessions: interview, assessment and feedback. The second phase is 'Everyday Parenting', a family-management training programme that builds parents' skills in positive behaviour support, healthy limit-setting and relationship-building. From our review it appears that Family Check-up for Children is used with minority ethnic parents without particular adaptations.	Targeted selective	Family Check-up for Children has robust evidence of decreased maternal depression, increased maternal involvement and improved parent-child interactions in African American parents. Family Check-up also has robust evidence of reduced emotional and behaviour problems in African American children.	The practitioners (often a therapist or social worker) have 35 hours of training. Booster training of practitioners is recommended.	Medium-low	This intervention is delivered to individual families in secondary schools, community centres, in-patient health settings and out-patient health settings.	Nine sessions of 50–60 minutes	Level 3: robust evidence

TABLE CONTINUED ON NEXT PAGE

TABLE CONTINUED FROM PREVIOUS PAGE

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
Empowering Parents, Empowering Communities (EPEC)	This intervention is for disadvantaged families experiencing behavioural difficulties with a child between the ages of 2 and 11. Parents learn strategies for improving the quality of their interactions with their child, reducing negative child behaviour and increasing their efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, role play and homework assignments. Note: supported by funding from the Department of Work and Pensions, four sites have collaborated on piloting Being a Parent-Together, a version of the programme for couples at risk of parental conflict.	Targeted indicated	Empowering Parents, Empowering Communities has robust evidence of improved parenting, reduced parent concerns about the child, and reduced behavioural problems in UK minority ethnic families.	The practitioners have 60 hours of programme training. Booster training of practitioners is recommended.	Low	This intervention is delivered by two practitioners to groups of 12 families in children's centre or early-years setting, primary or secondary schools, community centres and out-patient health settings.	Eight weekly two-hour sessions	Level 3: robust evidence

TABLE CONTINUED ON NEXT PAGE

TABLE CONTINUED FROM PREVIOUS PAGE

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
Incredible Years School BASIC + ADVANCE	This intervention is designed for families after they have received the Incredible Years Preschool and School Age BASIC programmes, particularly where child risk factors (oppositional or aggressive behaviours, ADHD, poor social skills or autism spectrum disorders) or parent risk factors (mental health problems, poor communication skills, social isolation, marital conflict or emotion regulation difficulties) are present. Adding the ADVANCE programme enables parents and practitioners to consolidate covered content and progress on content for which there was no time in the BASIC programme sessions. Parents learn through discussion, home assignments, video vignettes, role play practices and individual goal setting. Cultural adaptations have been used to make changes to the content of some sessions.	Targeted selective	The evidence shows that Incredible Years School Age BASIC + ADVANCE can improve outcomes for Chinese American parents and children. The intervention has preliminary evidence of increased positive involvement of parents with children and decreases in parents' use of negative discipline and has also showed reduced child conduct problems.	The practitioners have 18 hours of programme training for the Incredible Years BASIC programme plus 16 hours of programme training for the Incredible Years ADVANCE programme. Booster training of practitioners is recommended.	Medium-low	This intervention is delivered by two practitioners to groups of five to eight families (eight to 12 parents) in children's centre or early-years setting, primary schools, community centres and out-patient health settings.	Incredible Years BASIC is delivered in 12–16 two-hour long sessions. Incredible Years ADVANCE is nine to 12 additional two to two and a half-hour long sessions..	Level 2: promising evidence

TABLE CONTINUED ON NEXT PAGE

TABLE CONTINUED FROM PREVIOUS PAGE

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
Generation Parent Management Training – Oregon Model (PMTO)	The intervention aims to help parents strengthen families at all levels and promote parenting and social skills by preventing, reducing and reversing the development of moderate to severe conduct problems in children and youth. Cultural adaptations have been used, including a translation of the material, change of the language spoken during the intervention and allowing only women to participate to respect cultural and religious norms.	Targeted selective and targeted indicated	Generation PMTO has preliminary evidence of improved family problem solving, supervision, parental involvement, encouragement and discipline and limit-setting in Latino families in the US. It also has preliminary evidence of reduced internalising behaviours in Latino children. The intervention also has preliminary evidence of increased positive parenting and reduced harsh discipline in Somali and Pakistani mothers in Norway, and reduced conduct problems in Somali and Pakistani children.	Postgraduate training in PMTO	NA	This intervention is delivered by two practitioners to groups of 12-16 parents in out-patient health settings, at home and in community centres.	10-18 sessions of 90-120 minutes each.	Level 4: strong evidence

TABLE CONTINUED ON NEXT PAGE

TABLE CONTINUED FROM PREVIOUS PAGE

Intervention	Description & adaptations	Level of provision	Evidence of impact on minority ethnic sample	Training	Cost	Delivery and setting	Duration	Evidence rating for improving outcomes in the general population
Promoting Strong African American families	ProSAAF is designed to meet the needs of two-parent African American couples raising pre-adolescent and adolescent youth. The programme targets couple, co-caregiving, and parent-child relationship processes. Session content includes: (1) communication; (2) expectations, ground rules, listening, support, and conflict resolution; (3) problem-solving and joint activities; (4) supporting Children and no-nonsense parenting; (5) everyday parenting, helping children exceed in school, protecting against dangerous behaviour; (6) encouraging ethnic pride and staying connected with children.	Targeted selective	ProSAAF has preliminary evidence of improved couple communication, reduced child exposure to interparental conflict and reduced child depressive symptoms.	Facilitators receive 24 hours of specialised training in the programme.	N/A	This intervention is delivered by a trained facilitator in the family home.	Six weekly sessions	N/A

MEASURE

Measuring parental conflict in minority ethnic parents

This section outlines different types of measurement tools that can be used to measure parental and child outcomes with minority ethnic families.

A key question for a relationship support pathway is how do you know how effective it is? We do know that on balance, families and children who receive interventions shown through rigorous testing to have improved outcomes are more likely to benefit, and to a greater degree, than those who receive other services. However, selecting evidence-based interventions does not guarantee that they will work well in every local context, or even be implemented in the way that they were intended. Local monitoring and evaluation are essential to answering the question of effectiveness, and this calls for valid and reliable measurement tools.

Different types of measurement tools could be used for:

- **Eligibility purposes:** such as to determine whether minority ethnic parents may benefit from relationship support, and if so what type of support would best suit them.
- **Monitoring purposes:** such as to allow both the practitioner and participant to assess and reflect on how they are progressing while the intervention is being delivered.

- **Evaluation purposes:** such as to determine if families receiving support have better outcomes, and if services and interventions are working for the people they are designed to help.
- **Representation purposes:** such as to give intervention participants / children a voice and provide opportunities to discuss things from their own perspective

Measuring progress for individual families is one of the most challenging issues that local areas grapple with when delivering parental conflict support. It is difficult to decide what outcomes to measure as well as how to go about measuring them. Without valid and reliable measures, it is not possible to have confidence in any improvements in child and parent outcomes. **Moreover, a valid and reliable measure developed and tested in the US or the UK may not be valid and reliable with parents from different cultures**. Different cultural values can in fact influence how parental relationships are experienced and structured, and can guide certain expectations about marriage, parenting and child behaviours. **Selecting adequate outcome measures for minority ethnic groups requires understanding if a measure can work similarly in White British and minority ethnic families**.

For the purposes of this guide we have considered 19 child and interparental outcome measures already assessed by EIF as part of the Guide Measuring parental conflict and its impact on child outcomes,[10] and we have identified those that have been used with UK minority ethnic group.

In the tables on the next pages you will find general information about the measure (type of measure, who the measure is for and mode of administration), a validity and reliability score, and an implementation score. There is also included information about official translated versions that can be used with UK minority ethnic groups, based on the most spoken foreign languages in England.[S49]

The first table includes child outcome measures with evidence of operating consistently across ethnic groups. The second and third tables include child and parental outcome measures without evidence of consistency across ethnic groups.

10 Available at https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

Common challenges when using measurement tools

'I want to use the Strengths and Difficulties Questionnaire (SDQ) but it is too long.'
Although it may be tempting to remove items to reduce its length and shorten its completion time, modifying a validated measure may compromise its ability to detect changes accurately and reliably. A better solution is to use only the subscale of the validated measure which is more relevant for your context. The SDQ has five subscales: conduct problems, emotional symptoms, hyperactivity, peer problems, and prosocial behaviour.

'Some of the questions I would like to assess are not included in the measure.'
You can combine measures or subscales from different measures to tailor your tool. For instance, to assess the impact of the parental conflict interventions delivered as part of the national Reducing Parental Conflict Programme, the Department of Work & Pensions (DWP) developed a new measurement tool called the Referral Stage Questionnaire. This tool was, in fact, a sequence of validated measurement tools (including the O'Leary-Porter Scale) and specific subscales (such as the satisfaction subscale of the Dyadic Adjustment Scale) that measure relevant outcomes, such as agreement between parents on how to deal with conflict.

Read more about practical tips in our short guide: **Using validated tools to measure parental conflict and its impact on children**

Child outcomes measure used with UK minority ethnic groups

The measures below have been used with UK minority ethnic children, and evidence suggests that they can operate equivalently across some ethnic groups.
Before administering the measure, we would encourage you to collect information on the cultural sensitivity of the measure through small tests with minority ethnic parents.

	Child outcome measures Outcomes assessed	**Respondent**	**Mode of administration**	**Target population**	**Psychometric features** How valid and reliable is the measure?	**Implementation features** **How practical is the measure?**	**Translation** Has the measure been officially translated in other languages?
Internalising &externalising behaviours	**Strengths and Difficulties Questionnaire (SDQ)** This measure assesses the child's emotional and behavioural problems, including emotional problems, prosocial behaviour, hyperactivity, conduct, and peer problems.	Parents of children aged 4–17 years	In person or online	Children aged 4–17 years	4/4	4/4	✓ According to the developers, the measure has been translated into over 50 languages, including Panjabi, Urdu, Bengali, Gujarati, Arabic, Polish and French.
Internalising behaviours	**Mood and Feelings Questionnaire (MFQ)** This measure assesses the child's feelings, thoughts and behaviours associated with depression.	Children aged 8–18 years	In person	Children aged 8–18 years	4/4	4/4	✓ According to the developers, the measure has been translated into eight languages including Arabic-Modern Standard and Arabic-Iraq.
	Revised Child Anxiety and Depression Scale (RCADS) This measure assesses the child's symptoms of depressive and anxiety disorders.	Children aged 8–18 years	In person or online	Children aged 8–18 years	3/4	3/4	✓ According to the developers, the measure has been translated into 16 languages including Urdu, Chinese, Polish and French.
	Screen for Child Anxiety Related Emotional Disorders (SCARED) This measure assesses the child's symptoms of different anxiety disorders.	Children aged 8–18 years	In person or online	Children aged 8–18 years	3/4	3/4	✗ As far as we are aware, the developers did not translate SCARED into other languages. The measure has however been translated into other languages by people other than the developers, including into Arabic, Chinese and French.

The measures below have been used with UK minority ethnic children, but there is mixed or no evidence that they can operate equivalently across some ethnic groups.

If you are not sure that the measure operates in the same way with White British and minority ethnic families, you will need to be cautious when analysing your results. For instance, you might find that an intervention is more effective with White families than with Indian families. However, this might be because the measure is less accurate with Indian children, and less able to identify small improvements. We would therefore encourage you to collect information on the cultural sensitivity and validity of the measure through small tests with minority ethnic families before starting to use it.

	Child outcome measures Outcomes assessed	**Respondent**	**Mode of administration**	**Target population**	**Psychometric features** How valid and reliable is the measure?	**Implementation features** How practical is the measure?	**Translation** Has the measure been officially translated in other languages?
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.	Parents of children aged 6–18 years	In person or online	Children aged 6–18 years	4/4	1/4	✓ According to the developers, the measure has been translated into over 100 languages, including Punjabi, Urdu, Bengali, Gujarati, Arabic, Polish and French.
Externalising behaviours	**Eyberg Child Behavior Inventory (ECBI)** This measure assesses the frequency and severity of disruptive behaviours manifested by the child.	Parents of children aged 2–16 years	In person, online or via telephone	Children aged 2–16 years	3/4	2/4	✓ According to the developers, the measure has been translated into more than 20 languages, including Afrikaans, Arabic and Urdu.

Parental outcomes measure used with UK minority ethnic groups

The measures below have been used with UK minority ethnic parents, but there is no evidence that they can operate equivalently across some ethnic groups.

If you are not sure that the measure operates in the same way with White British and minority ethnic parents, you will need to be cautious when analysing your results. For instance, you might find that an intervention is more effective with White families than with Indian families. This, however, might be because the measure is less accurate with Indian parents, and less able to identify small improvements. We would therefore encourage you to collect information on the cultural sensitivity and validity of the measure through small tests with minority ethnic parents before starting to use it.

	Interparental (couple) relationship measures Outcomes assessed	**Respondent**	**Mode of administration**	**Target population**	**Psychometric features** How valid and reliable is the measure?	**Implementation features** How practical is the measure?	**Translation** Has the measure been officially translated in other languages?
Relationship quality	**Couples Satisfaction Index (CSI-16)** This measure assesses how satisfied a person is in their relationship and how they feel about it.	Adults in a relationship	In person or online	Intact couples	2/4	4/4	✗ As far as we are aware, the developers did not translate the CSI-16 into other languages. The measure has, however, been translated into Persian and Russian by people other than the developers.
	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.	Adults in a relationship	In person	Intact couples	3/4	4/4	? The measure has been translated into several languages including Chinese and French. However, it is unclear whether these translations have been approved by the developer.
	Parent Problem Checklist (PPC) This measure assesses the extent of agreement or disagreement between the parents over child-rearing issues.	Parents who are in a relationship or are separated	In person	Intact couples and separated parents with children	2/4	4/4	✗ PPC is available in English but we are not aware of any translated versions of this measure.

References

S1 Harold, G., Acquah, D., Chowdry, H., & Sellers, R. (2016). *What works to enhance interparental relationships and improve outcomes for children?* Early Intervention Foundation, London. **https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children**

S2 Gov.uk (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/**

S3 Acquah, D., Sellers, R., Stock, L., & Harold, G. (2017). *Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure*. Early Intervention Foundation, London. **https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure**

S4 Ghiara, V, Sorgenfrei, M., Pote, I., & Lewing, B. (2020). *Reducing parental conflict: Outcomes framework*. Early Intervention Foundation, London. **https://www.eif.org.uk/resource/reducing-parental-conflict-outcomes-framework**

S5 Rogaly, K., Elliott, J., & Baxter, D. (2021) *What's causing structural racism in housing?* Joseph Rowntree Foundation, York. **https://www.jrf.org.uk/report/whats-causing-structural-racism-housing#:~:text=They%20include%20deep%20inequalities%20in,and%20which%20can%20be%20redesigned**

S6 Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Bécares, L., & Esmail, A. (2022). *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*. NHS Race and Health Observatory, London. **https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf**

S7 Blundell, R., Cribb, J., McNally, S., Warwick, R., & Xu, X. (2021). *Inequalities in education, skills, and incomes in the UK: The implications of the COVID-19 pandemic*. Institute for Fiscal Studies, London.

S8 Department for Work and Pensions. (2022). *Parental conflict indicator 2011/12 to 2017/18*. Retrieved 15 March 2022 from **https://www.gov.uk/government/statistics/parental-conflict-indicator-201112-to-201718/parental-conflict-indicator-201112-to-201718**

S9 Gov.uk (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment/latest**

S10 National Health Service. (2010). *Statistics on Alcohol: England, 2010*. **https://files.digital.nhs.uk/publicationimport/pub00xxx/pub00135/alco-eng-2010-rep.pdf**

S11 Office for National Statistics. (2013). *Full story: What does the Census tell us about religion in 2011?* Retrieved 15 March 2022 from **https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/fullstorywhatdoesthecensustellusaboutreligionin2011/2013-05-16#:~:text=The%20question%20changed%20in%202011,4.8%20per%20cent%20as%20Muslim**.

S12 Kalmijn, M. (2017). Family structure and the well-being of immigrant children in four European countries. I*nternational Migration Review, 51*(4), 927–963.

S13 Jivraj, S., & Simpson, L. (2015). *How has ethnic diversity grown*. *Ethnic identity and inequalities*. ESRC Centre on Dynamics of Ethnicity (CoDE), Manchester.

S14 Ucus, S., Garcia, A., Esteraich, J., & Raikes, H. (2017). Predictors and behavioural outcomes of parental involvement among low-income families in elementary schools, United States. *Early Child Development and Care, 189*(9), 1425–1443. **https://doi.org/10.1080/03004430.2017.1385609**

S15 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/families-and-households/latest#household-types-by-ethnicity**

S16 Adriaanse, M., Doreleijers, T., van Domburgh, L., & Veling, W. (2016). Factors associated with psychiatric symptoms and psychiatric disorders in ethnic minority youth. *European child & adolescent psychiatry, 25*(10), 1067–1079.

S17 Pereyra, S. B., & Bean, R. A. (2017). Latino adolescent substance use: A mediating model of inter-parental conflict, deviant peer associations, and parenting. *Children and Youth Services Review, 76*, 154–162.

S18 Lopez, A. (2018). *The Relationship of Immigration Status with Mexican Immigrant Maternal and Child Well-Being in the United States*. Doctoral dissertation, Boston College.

S19 Silveira, F., Shafer, K., Dufur, M. J., & Roberson, M. (2021). Ethnicity and Parental Discipline Practices: A Cross-National Comparison. *Journal of Marriage and Family, 83*(3), 644–666.

S20 Iqbal, H., & Golombok, S. (2018). The generation game: Parenting and child outcomes in second-generation South Asian immigrant families in Britain. *Journal of Cross-Cultural Psychology, 49*(1), 25–43.

S21 Prady, S. L., Kiernan, K., Fairley, L., Wilson, S., & Wright, J. (2014). Self-reported maternal parenting style and confidence and infant temperament in a multi-ethnic community: results from the Born in Bradford cohort. *Journal of Child Health Care, 18*(1), 31–46.

S22 Bécares, L., Nazroo, J., & Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine, 142*, 128–135.

S23 Buehler, C., & Gerard, J. (2002). Marital conflict, ineffective parenting, and children's and adolescents' maladjustment. *Journal of Marriage and Family, 64*(1), 78–92.

S24 Lavner, J. A., Barton, A. W., Bryant, C. M., & Beach, S. R. (2018). Racial discrimination and relationship functioning among African American couples. *Journal of Family Psychology, 32*(5), 686.

S25 Williams, D. T., Cheadle, J. E., & Goosby, B. J. (2015). Hard times and heart break: Linking economic hardship and relationship distress. *Journal of Family Issues, 36*(7), 924–950.

S26 Cassells, R. C., & Evans, G. W. (2017). Ethnic variation in poverty and parenting stress. In *Parental stress and early child development* (pp. 15–45). Springer.

» **Please note** that the conclusions drawn from Cassells & Evans (2017) are limited by the fact that this is not a structured systematic review and by the lack of information in relation to the methodology used.

S27 Lucas, A., Halliday Hardie, J., & Sage Yim, S. (2021). Pushed Together or Pulled Apart? Economic Stressors and Romantic Relationship Quality. *Sociological Perspectives, 64*(4), 563–586.

S28 NHS Digital. (2014). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. **https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014**

S29 Bhugra, D., Gupta, S., Schouler-Ocak, M., Graeff-Calliess, I., Deakin, N. A., Qureshi, A., & Carta, M. (2014). EPA guidance mental health care of migrants. E*uropean Psychiatry, 29*(2), 107–115.

» **Please note** that the conclusions drawn from Bhugra et al. (2014) are limited by the fact that this is not a structured systematic review and by the lack of information in relation to the methodology used.

S30 Gov.uk (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/people-in-low-income-households/latest**

S31 Joseph Rowntree Foundation. (2021). *UK poverty 2020/21*. Joseph Rowntree Foundation, York. **https://www.jrf.org.uk/report/uk-poverty-2020-21**

S32 Benzeval, M., Burton, J., Crossley, T. F., Fisher, P., Jäckle, A., Low, H., & Read, B. (2020). *The idiosyncratic impact of an aggregate shock: the distributional consequences of COVID-19*. Understanding Society Working Paper Series.

S33 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment/latest**

S34 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/permanent-and-temporary-employment/latest**

S35 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/people-in-low-income-households/latest**

S36 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest#main-facts-and-figures**

S37 Hogan-Lloyd, C., Horswell, C., & Langdon-Shreeve, S. (2021). *Examination of the links between parental conflict and substance misuse and the impacts on children's outcome*. Department for Work and Pensions, London. **https://www.gov.uk/government/publications/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes**

S38 Gov.uk. (2022). *Ethnicity facts and figures*. Retrieved 15 March 2022 from **https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/harmful-and-probable-dependent-drinking-in-adults/latest**

S39 Pote, I., Doubell, L., Brims, L., Larbie, J., Stock, L., & Lewing, B. (2019). *Engaging disadvantaged and vulnerable parents: An evidence review*. Early Intervention Foundation, London **https://www.eif.org.uk/report/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review**

S40 Martin, J., McBride, T., Masterman, T., Pote, I., Mokhtar, N., Oprea, E., & Sorgenfrei, M. (2020). *Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery*. Early Intervention Foundation, London. **https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery**

S41 Social Care Institute of Excellence (2009). *Reaching parents: implementing parenting programmes*. https://www.scie.org.uk/publications/ataglance/ataglance11.asp

S42 Maxwell, N., Scourfield, J., Featherstone, B., Holland, S. & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child & Family Social Work, 17*, 160–169 .

S43 Bayley, J., Wallace, L. M. & Choudhry, K. (2009). Fathers and parenting programmes: barriers and best practice. *Community Practice, 82*(4), 28–31.

S44 Dumka, L. E., Garza, C. A., Roosa, M. W., & Stoerzinger, H. D. (1997). Recruitment and retention of high-risk families into a preventive parent training intervention. *Journal of Primary Prevention, 18*, 25–39.

S45 Moodie, S., & Ramos, M. (2014). Culture Counts: Engaging Black and Latino Parents of Young Children in Family Support Programs. Child Trends, Bethesda, MD.

S46 Ooms, T., & Wilson, P. (2004) The challenges of offering relationship and marriage education to low-income populations. *Family Relations, 53*, 440–447.

S47 Markman, H. J., & Ritchie, L. L. (2015). Couples relationship education and couples therapy: Healthy marriage or strange bedfellows? *Family Processes, 54*, 655–671.

S48 Barton, A. W., Beach, S., Hurt, T., Fincham, F., Stanley, S., Kogan, S., Brody, G. (2016). Determinants and long-term effects of attendance levels in a marital enrichment program for African American couples. *Journal of Marital and Family Therapy, 42*, 272–287.

S49 Office for National Statistics. (2013). *Language in England and Wales: 2011*. Retrieved 15 March 2022 from https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/languageinenglandandwales/2013-03-04