

| April 2017 f Å ö

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# INTER-PARENTAL CONFLICT AND OUTCOMES FOR CHILDREN IN THE CONTEXTS OF POVERTY AND ECONOMIC PRESSURE

APRIL 2017

Daniel Acquah, Ruth Sellers, Laura Stock and Gordon Harold

## ACKNOWLEDGMENTS

We would like to thank Andrew and Virginia Rudd for support provided to Professor Gordon Harold as the Andrew and Virginia Rudd Chair and Professor of Child and Adolescent Mental Health at the University of Sussex. We would like to thank the Economic and Social Research Council (ES/L014718/1), ES/N003098/1) and the Nuffield Foundation (UK) for support linked to studies reported throughout this evidence review.

Staff at the EIF have provided invaluable support with organising and supporting the review and providing research and editorial support. We would especially like to thank Ilenia Piergallini, Lara Doubell and Tom Beevers.

EIF would also like to thank the members of the Steering Group who have helped to keep the work on track and ensured value: Jean Gross (EIF trustee), Professor Kathy Silva (University of Oxford and EIF Evidence Panel), Carey Oppenheim (EIF), Frank Soodeen (JRF), Debbie Weekes-Bernard (JRF) and Dr Kitty Stewart (LSE).

Professor Leslie Leve (University of Oregon) provided expert peer review of the manuscript.

Ultimately any errors and omissions are the responsibility of the authors and editor.

**WITH THANKS TO THE JOSEPH ROWNTREE FOUNDATION  
FOR SUPPORT OF THIS RESEARCH AND REPORT**



### **Early Intervention Foundation**

10 Salamanca Place  
London SE1 7HB

W: [www.EIF.org.uk](http://www.EIF.org.uk)

E: [info@eif.org.uk](mailto:info@eif.org.uk)

T: [@TheEIFoundation](https://twitter.com/TheEIFoundation)

P: +44 (0)20 3542 2481

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The aim of this report is to support policymakers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

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#### LOOKING FOR AN OVERVIEW?

For an overview of EIF's recent work on inter-parental relationships, conflict and the impact of poverty and economic stress, including this and other research reports, please visit: <http://www.eif.org.uk/publication/interparental-relationships-conflict-and-the-impacts-of-poverty-an-overview>

# Executive summary

## Background to the review

In 2016 the Early Intervention Foundation (EIF), in collaboration with Professor Gordon Harold and Dr Ruth Sellers, published *What Works to Enhance Inter-parental Relationships and Improve Outcomes for Children*. Our work explored the role of the relationship between parents (regardless of whether they are together or separated) and outcomes for children and showed that family relationships are crucial to healthy child development and children's long-term life chances.

We have been commissioned by the Joseph Rowntree Foundation to extend this work, by carrying out a review of 'Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure'. The aims of our work are to:

- Summarise the latest scientific research about the links between poverty, economic pressure, family processes and outcomes for children, specifically in relation to the role that inter-parental conflict plays for child and adolescent development.
- Employ systematic review methods to examine the evidence on the effectiveness of interventions implemented in the UK and internationally which aim to improve the inter-parental relationship and outcomes for children from families in or at risk of poverty.

We provide a review of the evidence on discord between parents (inter-parental conflict) in the contexts of poverty and economic pressure and the link to poor outcomes for children and adolescents across emotional, behavioural, social, academic and future relationship domains.

In our work we define **inter-parental relationships** as relating to both intact and separated couples with children, with a focus on relationship behaviours (for example conflict management) rather than relationship status per se (that is, married, divorced). **Inter-parental conflict/discord** is defined as conflicts that occur between parents/carers that are frequent, intense and poorly resolved.

Although the focus of our report is specifically on inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure, it is acknowledged that families and children living in or at risk of poverty are at high risk for a range of negative outcomes such as emotional and behavioural problems, physical and mental health problems and reduced academic attainment.

## Policy context

### *UK poverty*

Despite a significant reduction in child poverty between 1998 and 2010, from 2010 onwards the numbers of UK children in absolute poverty – defined as a state in which income is insufficient to provide the basic needs required to sustain life (that is, to feed and shelter children) has risen by 0.5 million. At a fiscal level, it has been estimated that child poverty costs the UK at least £29 billion per year [1] with the principle components of this cost being increased spending on services to deal with the consequences of child poverty (£15 billion) and loss in private post-tax earnings by adults who have grown up in poverty (£8.5 billion). Child poverty is also predicted to rise sharply in the short term to the year 2020.

It is against this backdrop that UK Prime Minister Theresa May has acknowledged the challenges facing children and families in or at risk of poverty and disadvantage. She has announced support for families that are ‘just managing’ as well as policies aimed at improving social mobility so that every child may ‘go as far as [their] talents may take them’ as a priority for her government.

The *State of the Nation Report* (2016) from the Social Mobility Commission presents evidence that for the current generation of young people; social mobility is getting worse not better [2]. Accordingly, it argues that fundamental reforms are needed including a new parental support package, an increase in the availability of childcare to low-income families and doubling the Early Years Pupil Premium for each child and extending its cover to disadvantaged 2-year-olds.

The Joseph Rowntree Foundation has recently released Solve Poverty UK,<sup>1</sup> providing a holistic set of recommendations to eliminate poverty in the UK [3]. It seeks to engage all actors, from governments, to businesses, communities and individuals, in a five-point plan to solve poverty.

### *Inter-parental relationships*

There is increased government commitment to improving support for parental relationships in order to help children’s outcomes. In January 2016 funding for relationship support was doubled to £70million. The Local Family Offer initiative was established in 2015, and aimed to pilot within 12 local authorities a ‘wraparound family offer’ with a particular focus on helping support and strengthen the couple relationship [4]. The Joseph Rowntree Foundation (JRF) has also been active in policy and research on the inter-parental relationship for the last 20 years commissioning research which focuses in particular on children’s outcomes and experiences after parental separation. Most recently the JRF commissioned a systematic evidence review on *Personal Relationships and Poverty* [5], to understand the links between family relationships and poverty, as well as to make evidence-based policy recommendations to inform the development of their Solve Poverty UK strategy [3].

### Evidence on the impact of poverty on child outcomes

- Although the focus of this report is specifically on inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure, it is acknowledged that families living in or at risk of poverty are at a high risk for a range of negative outcomes.
- Evidence shows that children in poverty are at risk for experiencing: emotional and behavioural problems, physical and mental health problems, and reduced academic attainment.

### Aims of the report

The key objectives of this report are:

- To understand what is known from the latest scientific research about the links between poverty, economic pressure, family processes and outcomes for children, specifically in relation to the role that conflict between parents (inter-parental conflict) plays relative to child and adolescent development.
- To use systematic methods to review the peer-reviewed literature examining the evidence on the effectiveness of interventions implemented in the UK and internationally which aim to improve the inter-parental relationship and outcomes for children from families in or at risk of poverty.

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1 <https://www.jrf.org.uk/report/we-can-solve-poverty-uk>

## Family economic pressure, family processes and child mental health

### Research questions

- What is the evidence of the link between poverty/economic pressure, family processes and outcomes for children, with a specific focus on inter-parental conflict?
- What are the family and child-based processes that explain these links?
- What are the risk and resilience factors that explain why some families (and children) are more affected by poverty/economic pressure than others?
- What are the implications for the design and implementation of interventions?

### The impact of poverty on families, parents and children

Research shows that families living in or on the cusp of poverty, or with the prospect of severe economic change on the horizon, are at elevated risk for multiple negative individual-level and family-level outcomes. For example, higher poverty rates are associated with increased rates of family conflict, child neglect and abuse, intimate partner violence, adult substance misuse, depression and suicidality.

Economic pressure also places parents at elevated risk for a variety of adverse psychological outcomes including anxiety and depression which in turn are associated with problems in the inter-parental relationship, including inter-parental conflict and reduced relationship satisfaction.

Economic pressure and parents' psychological distress are also prospectively linked to difficulties with parenting. This includes reductions in parental sensitivity, reduction in the quantity of time parents spend interacting with their child, and increased harsh parenting practices.

Associated family stress processes culminate with child and adolescent outcomes. When economic stress depletes the individual psychological and inter-parental resources of adults with children, evidence suggests that they may resort to inconsistent or harsh disciplinary practices, might monitor their children less frequently, or may withdraw their support and affection.

Recent research provides support for the hypothesis that these kinds of parenting practices are prospectively linked to:

- Externalising problems
- Internalising problems
- Academic problems
- Physical health problems
- Social and interpersonal relationship problems.

Evidence also shows that children of all ages who perceive conflict occurring between parents/carers as being frequent, intense, poorly resolved are at elevated risk for multiple negative outcomes. Children who witness or are aware of conflicts between parents are affected by conflict to a greater extent than children who do not see or are not aware of conflicts occurring between parents, or where children experience effective conflict resolution between parents.

Research also suggests that economic hardship may affect children differently based on their developmental stage of life, with young children most affected in

areas of cognitive development and school performance, and older children being at increased risk for social and emotional problems.

### Risk and resilience in the face of poverty

Evidence from low income families has shown that there are a range of factors which are associated with resilience to inter-parental relationship issues and poor parenting in the context of poverty. All of these suggest possible sites of intervention which could support living in or at risk of poverty.

These factors include:

- Maternal perceived social support
- Effective coping strategies
- Effective communication and problem solving
- Dispositional optimism
- Community and neighbourhood factors
- The child's attributions of parental conflict.

## Review of international interventions

### Research questions

- What programmes are effective in enhancing inter-parental relationships and outcomes for children, in the context of poverty and economic pressure?
- What is the strength of the evidence of these programmes?
- What are the key characteristics of effective programmes?
- What are the implementation requirements for these programmes and what implementation factors are important in achieving programme outcomes?
- What is known about what interventions are effective according to age/ gender/ethnicity/socioeconomic background level of vulnerability?

### Summary of existing systematic reviews and meta-analyses

There is a growing systematic review and meta-analytic evidence base looking at the effectiveness of both couple relationship and parenting interventions including recent meta-analyses which examined the effectiveness of couple relationship for lower-income families and reported significant, but small effects.

There is some inconsistency in results from meta-analytic findings regarding the extent to which socioeconomically disadvantaged benefit from parenting interventions. Recent analysis has found that parenting interventions seem to be beneficial for disadvantaged families in the short term, especially for families with high initial problem severity – although less is known as to why disadvantaged families are less able to maintain positive intervention effects.

### Our review of the evidence base

To supplement the existing evidence, we carried out our own review using systematic methods to identify impact evaluations.

Intervention evaluations were only selected for review if:

- a reasonably robust evaluation of the intervention was available
- valid and reliable measures were used to measure outcomes
- the samples in the evaluations were representative of the target population of families in or at risk of poverty.

### *Key findings of our review*

A total of 13 programmes met the selection criteria. Of these, eight had a couple focus, and five had a parenting focus with a couple component:

Category	Type of intervention	N
Focus on couple relationship	Universal	4
	Targeted: selective	4
	Targeted: indicated	0
Parenting focus	Universal	0
	Targeted: selective	4
	Targeted: indicated	1

Of the interventions that had a primary focus on the couple relationship, four were universal interventions. Although, these interventions do not specifically target disadvantaged families, they have each been evidenced to have positive effects with families experiencing disadvantage. The remaining four interventions that had a primary focus on the couple relationship were targeted: selective interventions. In all four cases, these interventions are specifically targeted at families in poverty who may be at risk of relationship difficulties.

Of the interventions that had a primary focus on parenting, there were four targeted: selective interventions. These interventions targeted families on the basis of a number of risk factors, including parental separation, teenage pregnancy and living in poverty. One intervention was a targeted: indicated intervention, aimed at families facing multiple disadvantage and with children already displaying behaviour difficulties.

### *Key findings on intervention and evidence origin*

All of the interventions reviewed were developed internationally. Of the eight interventions that predominantly target the couple relationship, seven programmes were developed in the United States and one was developed in Switzerland. This was reflected in the evidence base for these interventions, with six having predominantly US-based evidence and one having evidence predominantly from Switzerland. Only one of the interventions had evidence from the UK (Parents as Partners [UK]/Supporting Father Involvement [US]). Of the five interventions that had a primary focus on parenting, all were developed in the US, with one also having an established UK evidence base (Incredible Years School Age BASIC and ADVANCED).

### *Key findings on evidence quality.*

Of the interventions that had a primary focus on the couple relationship, six were underpinned by evidence from randomised control trials (some interventions also had supportive evidence from less robust designs). One intervention was evaluated using a quasi-experimental design and a further intervention using a one-group pre-post study. All studies used valid and reliable outcome measures to assess a variety of outcome domains, including inter-parental relationship outcomes, parenting outcomes and child outcomes.

Of the five interventions that had a primary focus on parenting, three were underpinned by evidence from randomised control trial, while two interventions were underpinned by one-group pre-post studies.

*Key findings on intervention impacts*

The interventions have evidence of significant positive impacts on a range of outcomes at the inter-parental, parental and child level.

Interventions with a primary focus on the inter-parental relationship were shown to have a significant positive impact on the following outcomes.

**Inter-parental outcomes:**

- improved relationship satisfaction
- improvements in couple communication
- reductions in couple conflict/disagreements
- improved co-parenting
- reduced relationship distress
- reduced financial stress
- Reductions in disengagement coping.

**Parent outcomes:**

- reduced anxiety and depression
- improved problem-solving
- reduced parenting stress
- improved psychological wellbeing
- reductions in disagreements related to parenting
- improvements in fathers' engagement with the children.

**Child outcomes:**

- improved social competence
- improved school adjustment
- reductions in child internalising and externalising
- improved child problem behaviour.

Of the five interventions that had a primary focus on parenting, four targeted families on the basis of risk factors, including parental separation, teenage pregnancy, and living in poverty. The final intervention was aimed at families facing multiple disadvantage and with children already displaying behaviour difficulties. All interventions were developed in the US, with one also having an established UK evidence base (Incredible Years School Age BASIC and ADVANCED).

These five parenting interventions were shown to have a significant positive impact on the following outcomes.

**Inter-parental outcomes:**

- reductions in couple conflict/disagreements.

**Parent outcomes:**

- reduced depression
- improved parenting skills
- reduction in child neglect.

**Child outcomes:**

- improved child problem behaviour
- reductions in substance use
- improved child mental health.

## Discussions, conclusions and recommendation

### Strengths and limitations of the review

Since this is not a fully systematic review, we note that a more comprehensive set of search terms and databases could have returned a larger set of interventions, and that our focus on the peer-reviewed literature means there is the possibility of publication bias; that is, evaluations that do not find positive results are less likely to be published. Nevertheless, we believe our review provides a timely and rigorous overview of the evidence on poverty, family processes and outcomes for children, as well as the effectiveness of interventions designed to enhance couple relationship quality and/or address couple conflict in the context of poverty and economic stress.

Other high risk contexts will of course be of interest to policymakers and practitioners. Examining and disseminating evidence on interventions for families in other high-risk contexts (for example domestic violence, parental separation/divorce) is an objective of our forthcoming programme of work.

Although the methodology of each of the evaluations is described in detail in the appendices, the evaluation evidence has not yet been formally assessed against the EIF standards of evidence, which involves a more resource-intensive process, involving a call for evidence with programme providers and a panel review process. The approach used is fit for purpose given the timescale of the review, but it is important to acknowledge that we have made an initial assessment of the evaluation evidence, rather than a detailed assessment against the Early Intervention Foundation's standards of evidence.

### Key conclusions and recommendations

Acknowledging these limitations, this review provides a timely synthesis of the evidence from a representative sample of evaluations of programmes designed to improve specific attributes of the inter-parental relationship and improve outcomes for children in the contexts of poverty and economic pressure, and a number of conclusions have been reached.

#### *Evidence on the links between poverty, the inter-parental relationship, parenting and child outcomes is well established*

An established body of evidence has explored the evidence on the links between poverty, economic pressure, the inter-parental relationship, parenting and child outcomes. The majority of the studies make use of longitudinal designs with the correct temporal ordering of events and these studies provide support for mechanisms postulated by the Family Stress Model.

#### *Theory and evidence suggest a range of targets for intervention for families in or at risk of poverty*

Evidence from low-income families has shown that there are a range of factors which are associated with resilience to inter-parental relationship issues and poor parenting in the context of poverty. All of these suggest possible sites of intervention which would support parenting and the couple relationship in those living in or at risk of poverty. The development of new interventions should be guided by the insights from this research.

### *Few interventions are targeted specifically at families in or at risk of poverty*

Despite the strength of the longitudinal evidence base, there is a paucity of evidence on interventions that have an explicit focus on the inter-parental relationship and are targeted specifically at families in or at risk of poverty.

Although we have found evidence for four universal interventions which are relevant to families in or at risk of poverty, further testing of these interventions, with families living in poverty or with other types of disadvantage would be beneficial. Adapting existing, well-evidenced interventions to different subpopulations is worthwhile when considering the cost of developing new interventions.

A further insight for future intervention development is that families in or at risk of poverty are not a homogeneous group and families with the lowest incomes may face the most significant obstacles to participating in interventions and be most likely to drop out. Promising strategies for recruiting and retaining families—including financial incentives for participation, ensuring content is relevant to the specific challenges faced and providing alternative referral routes and locations for intervention – need to be explored and further developed..

### *Not all evaluations measure child outcomes, which creates challenges for commissioning*

The fact that of the 13 interventions reviewed only eight had demonstrated evidence of impact on child outcomes, presents a challenge if the goal of commissioning these interventions is to improve specific child outcomes.

To facilitate the process of ensuring that commissioned interventions are set up in order to be able to achieve the desired effects on child outcomes, we recommend outcomes should be ‘bracketed’ into proximal and distal categories. Proximal outcomes relate specifically to what may be expected and measured in terms of the aspects of couple relationship behaviour that map on to specific child-related outcomes. Distal outcomes are specific aspects of child behaviour that may be evidenced as a result of proximal-level changes.

More generally, services should be designed with agreement and clarity on the outcomes the area is trying to improve. The commissioning of interventions should consider a range of information including what the programme is designed to change, as well as the strength of evidence, of local implementation capability, cost benefit analysis and an understanding of the local population needs.

Effective implementation is supported by ensuring that interventions are appropriate to the needs of families. What is suitable for an affluent family experiencing relationship difficulties may not be suitable for low-income families. Consideration of an appropriate range of interventions relies on providers and professionals having the capacity to undertake a systematic needs assessment. Building this screening could be facilitated through training in the administration of standardised assessment methodologies.

### *More research needed on causal mechanisms and evaluations of interventions*

Although the interventions described in this review provide important insights into what works for families in or at risk of poverty and/or economic pressure, the intervention research is still in the early stages and we need to know much more about what works for who under which circumstances.

There is a need to test the efficacy of offering inter-parental relationship interventions alongside other interventions. This builds on recommendations in the

literature that multifaceted approaches to intervention are the best approach to intervening with the multicomponent problems faced by families in poverty.

Further work is required to consider interventions suitable for other high-risk contexts, such as domestic abuse, parental-separation, adult mental health, and substance misuse, and the intersectionality between these contexts.

There is a need for further investment in UK-based intervention design and evaluation. *All* the interventions reviewed in this report were developed *overseas* and only two have evidence from the UK. We know from other areas of prevention science that interventions that have demonstrated efficacy *in a specific context* do not necessarily *deliver in different settings*. This points to the importance of detailed consideration of the relevance and transferability of international interventions to the UK context and also the critical importance of investment in UK evaluation.

# 1. Definitions and context

In March 2016, the Early Intervention Foundation in a collaboration led by Professor Gordon Harold from the University of Sussex published a review of *What works to enhance inter-parental relationships and improve outcomes for children* [6]. This review demonstrated that the importance of the couple relationship for children's psychological outcomes and long-term development is well established in scientific research.

Specifically, the review summarised international and UK evidence showing that inter-parental conflict (represented by frequent, intense and poorly resolved conflicts between parents/carers) places children at significant risk for long-term negative outcomes. It found that where children experience household conditions marked by frequent, intense and poorly resolved conflicts between parents (whether living together or not, whether biologically related to the child or not – for example adoption, foster-care, step-parent families), children are at elevated risk for a variety of poor outcomes.

These outcomes include:

- early attachment problems [7, 8];
- higher rates of anxiety, depression, aggression, conduct problems [9-12];
- poor peer relationships [13-15];
- reduced academic attainment and employability [16];
- heightened substance misuse and criminality [17-19];
- future relationship breakdown and experience of domestic abuse
- poor physical health outcomes [20, 21];
- adult psychiatric disorder and suicidality.

The focus of this review was to examine the role of the inter-parental relationship for children's outcomes across a variety of family relationship settings (living together/not living together, biologically related/not biologically related). The review expressly focused on highlighting attributes of inter-parental conflict and associated outcomes for children that went beyond an examination of well-documented associations between facets of the inter-parental relationship and outcomes for children, specific to the contexts of domestic abuse/violence, parental separation/divorce, and economic disadvantage/poverty (among others, poor parental mental health, parental substance misuse).

The evidence base for these respective family-based influences on children is well established (domestic violence [22]; parental separation/divorce [23]; poverty/disadvantage [24, 25]). The review presented evidence on the role of the inter-parental relationship (whether parents/carers are living together or not, are biologically related to their children or not, e.g. adoption, foster care) which showed the effects of acrimonious inter-parental relations and associated outcomes for children were profiled across a silence (low warmth, low hostility) to violence (low warmth, high hostility) continuum.

The focus of the present review is to specifically extend examination of the role of the inter-parental relationship in children's outcomes within the context of poverty and, with a specific emphasis on highlighting intervention opportunities aimed at promoting improved outcomes for UK children, parents and families.

## 1.1 Definitions of poverty and economic pressure

### Poverty

Poverty can be defined in a variety of ways – the most common measure used in the UK and Europe is **relative income poverty** – that is, the proportion of individuals with household incomes less than 60% of the median. It changes each year according to median income (and adjusted for family size), and is the measure enshrined in the 2010 Child Poverty Act to assess whether poorer households are keeping up with those on middle incomes [26]. While this is statistically useful, this measure is a blunt instrument: for example, the level of relative poverty differs depending on whether housing costs are taken into account. In the most recent figures, the number of UK people in poverty before taking into account housing is 10.1 million (16% of the population), but if housing is factored into the calculations (AHC) this rises to 13.5 million (21%) [27, 28].

Poverty is not uniform. **Absolute poverty** refers to a state in which income is insufficient to provide the basic needs required to sustain life (that is, to feed and shelter children). It is a term used to denote a poverty level that does not change over time (also called the fixed threshold poverty line<sup>2</sup>) and a basic level of goods and services that are needed. **Destitution** is a more recent concept, defined by whether people lack two or more of the following six essential items over the past month: shelter, food, heating, lighting, clothing and footwear, basic toiletries [29, 30].

Poverty is also multidimensional and much more than just low income. It can include access to decent housing, community facilities and social networks, or the emotional stress that it places on people. The Joseph Rowntree Foundation (JRF) takes into account these wider aspects of poverty, defining it as ‘when a person’s resources are well below their minimum needs, including the need to take part in society’ [3, 31]. In 2008, they developed the **Minimum Income Standard (MIS)**, as a benchmark of minimum needs based on what the public think is required for an adequate standard of living. This is updated annually, and includes food, clothing, household bills, transport, as well as social and cultural participation. JRF uses 75% of MIS as an indicator for poverty: in 2016 this amounted to £317 per week for a couple and £134 for a single person [29].

Poverty is also not static: income fluctuates over a person’s lifecycle and there will be certain pressure points, most keenly felt where income is already low. This can include unemployment, the onset of disability or ill-health, or relationship breakdown [5]. People with short-term experience(s) of poverty might draw on saving or other resources that may not be available to those in long-term poverty [26].

### Economic pressure

Poverty or negative financial events, such as job loss or health difficulties, give rise to economic pressure. Economic pressure refers to the day to day strains that unstable economic conditions create for families [25]. It is not only a measure of subjective perceptions but also an account of the actual experiences that follow from financial hardships [32, 33].

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<sup>2</sup> Currently set at the relative income poverty line in 2010/11.

## 1.2 Policy context

### UK poverty

Currently 13.5 million people – 21% of the UK population – are living in poverty, a proportion that has remained largely static since 2002/03 (relative income AHC). For children the figures are higher, with 28% or 3.9 million children living in poverty. Despite a significant reduction in child poverty between 1998 and 2010, subsequently the numbers of children in relative poverty has remained the same, and children in absolute poverty has risen by 0.5 million [27]. However, the face of UK poverty has changed: poverty among pensioners has consistently fallen but work no longer provides a guaranteed route out of poverty, as the number of children in long-term workless households has reduced and two-thirds of children in poverty live in a household where at least one member works. Rising housing costs have a significant impact on family finances, with the number of private renters in poverty doubling over the last decade. Half of those in poverty are either disabled themselves or have a disabled person in their household [3, 27, 29, 34, 35].

At a fiscal level, a report in 2013 estimated that child poverty costs the UK at least £29 billion per year with the principle components of this cost being increased spending on services to deal with the consequences of child poverty (£15 billion) and loss in private post-tax earnings by adults who have grown up in poverty (£8.5 billion) [1]. Child poverty is also predicted to rise sharply in the short term to the year 2020 [36].

Given this context, in her first statement as prime minister, Theresa May has acknowledged the challenges facing children and families in or at risk of poverty and disadvantage. She has stated that supporting families that are ‘just managing’ is a priority, as well as improving social mobility so that every child may go as far as their talents may take them [37]. This builds on prior plans for a Life Chances strategy to improve the opportunities of all children regardless of their background [38], with an £80 million Life Chances Fund launched in July 2016 [39].

The *State of the Nation Report* (2016) from the Social Mobility Commission presents evidence that for the current generation of young people, social mobility is getting worse not better [2]. Accordingly, it argues that fundamental reforms are needed to Britain’s education system, labour market and local economies to address the country’s social mobility problem. In relation to parenting and the early years the report makes three key recommendations. First, it urges government to introduce a new parental support package, including help if a child’s 2–2½-year check shows they are falling behind. Second, it recommends setting an objective that by 2025, every child is school ready supported by an increase in the availability of childcare to low-income families. Third, it recommends doubling the Early Years Pupil Premium for each child and extending its cover to disadvantaged 2-year-olds.

The Joseph Rowntree Foundation recently released an evidence-based strategy Solve Poverty UK, providing a holistic set of recommendations to eliminate poverty in the UK. It seeks to engage all actors, from governments, to businesses, communities and individuals, in a five-point plan to solve poverty [3]. The current child poverty strategy for the period of 2014–2017, focuses on breaking the cycle of disadvantage. The priorities are to support families into work by reforming the welfare system and to increase their earnings; improve living standards, including reducing energy costs and increasing the supply of new housing; alongside a focus

on raising children's education attainment to 'prevent poor children becoming poor adults' [40].

In 2012 to 2013, the government developed a new social justice strategy, releasing a series of papers including *Helping to Reduce Poverty and Improve Social Justice* (DWP and DfE, 2013), *Social Justice: Transforming Lives* [41, 42], and the *Social Justice Outcomes Framework* [43]. The government reiterates the view that poverty is caused by deeper and more complex problems than purely lack of finances, and that many of these difficulties are transmitted from one generation to the next. This approach builds on the Coalition government's revised child poverty strategy – *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Lives* [44], to address the root causes rather than the symptoms, including a dependence on welfare, and a lack of opportunity, aspiration and family stability.

The Labour government enshrined in legislation the target of eradicating child poverty by 2020 [45]. This was based on a commitment to halve child poverty from its 1998/99 level by 2010/11, and was part of broader EU efforts at poverty reduction in the EU 2020 strategy. While this target moved family poverty up the social policy agenda, it was not met.

The Child Poverty Act aimed to rectify this with four UK wide-targets:

- reducing to less than 10% the proportion of children in relative income poverty
- reducing to less than 5% the proportion of children in families with a low income and material deprivation
- reducing the proportion of children experiencing long periods of relative poverty
- reducing to less than 5% the proportion of children in absolute poverty.

### Inter-parental relationships

There is increased government commitment to improving support for parental relationships to support children's outcomes. In January 2016 funding for relationship support was doubled to £70million [38]. The Local Family Offer initiative was established in 2015 and aimed to pilot in twelve local authorities a 'wraparound family offer' with a particular focus on helping support and strengthen the couple relationship [4]. Other initiatives include the Perinatal pilots (evaluation pending) to test relationship education delivered by health visitors for new parents. The government's vision is that support for inter-parental relationships is normalised and seen as mainstream activity by local authorities and their partners.

This builds on previous government investment to support couple relationships, with £30 million invested in the spending review period of 2011–2015: including relationship support for new parents, marriage preparation, training for practitioners, and couple counselling for those experiencing relationship difficulties [46]. Encouraging strong and stable families, through both relationship support and parenting, was seen as critical to improving children's life chances. Supporting Families was a major focus of the *Social Justice: Transforming Lives* strategy [41] and family stability and relationship quality was a key indicator in the *Social Justice Outcomes Framework* [43]. Policy shifted to more preventative and universal services, in order to intervene early to support healthy couple relationships and prevent relationship breakdown when difficulties occur. This was supported by the publication of the new child poverty strategy by the then Coalition government

[44], with a more prominent focus on supporting children's home environment and quality relationships [47, 48].

The Joseph Rowntree Foundation (JRF) has been active in policy and research on inter-parental relationships. Most recently JRF commissioned a systematic evidence review on *Personal Relationships and Poverty* [5], to understand the links between family relationships and poverty, as well as to make evidence-based policy recommendations to inform the development of their recent [Solve Poverty UK](#) strategy [3]. Since 1997, JRF has been commissioning research on couple relationships, in particular on children's outcomes and experiences after parental separation [49-51].

### 1.3 Impact of poverty on child outcomes

Families living in or at risk of poverty, or with the prospect of severe economic pressure on the horizon are at a high risk of negative outcomes [29]. Children and young people living in such contexts are particularly vulnerable, with evidence accruing that children in poverty are at greater risk of experiencing acute emotional and behavioural disturbances, with long-lasting and severe negative outcomes [52-54]. The economic related impacts of poverty on children relate primarily to education and physical health, although the costs on mental health are also substantial.

In terms of education, 52% of children aged 5 eligible for free school meals achieved at least the expected standard in early learning goals compared to 70% for other pupils [55].<sup>3</sup> By age 16, 33.4% of pupils eligible for free school meals achieved 5+ A\*-C grade GCSEs compared to 66.7% in other pupils [56]. Low income is associated with low academic achievement and other poor outcomes that impact on education attainment, such as young offending and teenage pregnancy [57-60].

In terms of physical health, children born in the poorest areas of the UK weigh, on average, 200 grams less at birth than those born in the richest areas [61]. Birth weight is recognised as a significant factor in children's healthy neurobiological development [62]. Children from low-income families are more likely to die at birth or in infancy than children born into more wealthy families. They are also more likely to suffer chronic illness during childhood or to have a disability, and over the course of a lifetime, poor physical health has an impact on life expectancy [61].

Children from low-income families are also more likely to suffer from mental health and socioemotional problems, such as anxiety and depression, and behavioural difficulties, including peer conflict and conduct problems [63-66].

### 1.4 Aims and research questions

#### Aims of the research

- The key objective of chapter 2 was to understand what is known from the latest scientific research about the links between poverty, economic pressure, family processes and outcomes for children, specifically in relation to the role that conflict between parents (inter-parental conflict) plays relative to child and adolescent outcomes.

<sup>3</sup> Early learning goals are set through the Early Years Foundation Stage framework which sets standards for the learning, development, and care of children aged 0-5. Pupils are assessed by early years practitioners against an expected standard in areas covering communication, mathematics, literacy, understanding the world, physical development, and social/emotional development.

- The key objective of research reported in chapter 3 was to use systematic methods to review the peer-reviewed literature examining the evidence on the effectiveness of interventions implemented in the UK and internationally which aim to improve the inter-parental relationship and outcomes for children for families in or at risk of poverty.

## Research questions

### *Chapter 2*

- What is the evidence of the link between poverty/economic pressure, family processes and outcomes for children, with a specific focus on inter-parental conflict)?
- What are the child- and family-based processes that explain these links?
- What are the risk and resilience factors that explain why some families (and children) are more affected by poverty/economic pressure than others?
- What are the implications for the design and implementation of interventions?

### *Chapter 3*

- What programmes are effective in enhancing inter-parental relationships and outcomes for children, in the context of poverty and economic pressure?
- What is the strength of the evidence of these programmes?
- What are the key characteristics of effective programmes?
- What are the implementation requirements for these programmes and what implementation factors are important in achieving programme outcomes?
- What is known about what interventions are effective according to age/ gender/ethnicity/socioeconomic background level of vulnerability?

## 2. The impact of poverty on families, parents and children

### 2.1. Family economic pressure, family processes and child mental health

#### Economic pressure and impacts on the inter-parental relationship

Economic disadvantage is associated with impaired inter-parental relationships [67, 68]. Financial hardship is associated with increased risk for inter-parental violence including emotional abuse, control and physical violence. This has been demonstrated in several cross-sectional studies [69, 70], with longitudinal studies also supporting the association between poverty and domestic violence [71]. However, economic pressure impacts not just on domestic violence, but also impacts on inter-parental relationship quality [72, 73]. For example, a longitudinal study of over 400 married couples demonstrated that economic pressure increased risk of marital conflict and subsequent marital distress [74]. A longitudinal study of unemployed job seekers and their spouses in the US also demonstrated that financial strain predicted partner withdrawal and reduced relationship satisfaction [75]. Evidence suggests that the association between economic hardship and parental discord is explained, at least in part, via depression symptoms or emotional distress in both partners [74-77]. This highlights the impact of economic pressure on parent mental health as well as on inter-parental relationship quality, demonstrating that multiple risk indicators can work together to impact on couple relationships.

#### Economic pressure and impacts on parenting behaviours

Previous research has consistently found an association between economic factors and parenting difficulties, with associations between poverty and lack of responsiveness identified in infancy and childhood [78-81]. Parental sensitivity and engagement is also more likely to be compromised: where families experience economic disadvantage, parents are more likely to employ authoritarian parenting practices, characterised by low warmth and high levels of control [32, 82]. In addition, recent evidence also suggests that economic disadvantage can impact on co-parenting (the extent to which both parents' works together for and are invested in a child; [76]).

While some studies report direct effects, most studies examine various mechanisms through which economic pressure may impact on family processes: for example economic pressure is associated with poorer parent mental health (including depression and aggression) which impacts on both inter-parental and parent-child relationship quality.

#### Economic pressure and child and adolescent mental health

Multiple family influences have been identified in past research as serving as risk factors for children's negative psychological development. Children raised in households exposed to the following family-based risk factors have been shown to be at elevated risk of a variety of poor child and adolescent outcomes:

- acute or chronic economic strain [83, 84]
- heightened levels of parental psychopathology [85, 86]

- inter-parental conflict and violence [22, 87]
- negative parent-child relations [88, 89]
- parental separation, divorce, and remarriage [23, 90]

A substantial body of research evidence has demonstrated that children living in households marked by high-levels of inter-parental conflict are at elevated risk of negative psychological outcomes across infancy, childhood and adolescence.

This body of work was reviewed by Harold et al (2016) [6], so here we focus on a high-level summary, while extending the work to include the research indicating the impact of family economic pressure on child and adolescent outcomes.

#### *Externalising problems*

One of the most common outcomes for children across all ages who witness severe and/or ongoing inter-parental conflict is an increase in a broad set of negative behavioural issues known as externalising problems. Externalising problems are characterised by behavioural difficulties such as aggression, hostility, non-compliant and disruptive behaviours, verbal and physical violence, anti-social behaviour, conduct disorder, delinquency and vandalism in the extreme [91, 92]. Elevated risk for child and adolescent externalising problems in the context of family economic pressure has been shown in numerous studies [93-95].

#### *Internalising problems*

Evidence demonstrates that exposure to inter-parental conflict also predicts increased rates of internalising problems. Internalising problems are characterised by symptoms of withdrawal, inhibition, fearfulness and sadness, shyness, low self-esteem, anxiety, depression and suicidality in the extreme [10, 96, 97]. Increased risk of internalising problems in the context of family economic pressure has been found in early childhood, middle childhood and adolescence [95, 98, 99].

#### *Academic problems*

Inter-parental conflict has also been associated with children's academic performance. [16]. These associations have been replicated in the context of family economic pressure for preschool children and adolescents [100-102].

#### *Physical health*

Evidence suggests that children's physical health is also at risk in the context of a volatile and disrupted inter-parental relationship [20, 21]. Multiple research studies have shown that inter-parental conflict is associated with physical health difficulties (e.g. elevated illness) including fatigue [103], abdominal stress, headaches [104] as well as reduced physical growth [105]. Evidence of increased risk of physical health problems in the context of family economic pressure includes problem drinking in adolescence [106] and childhood obesity [107].

#### *Social and interpersonal relationship problems*

Inter-parental conflict can also impact on the child's own social and interpersonal relationships [108]. Children from high-conflict homes are more likely to have poor interpersonal skills, problem-solving abilities and social competence [13, 15, 109]. A high conflict home is associated with greater parent-child conflict [110], more hostile relationships with siblings [111], and elevated conflict with peers during primary and secondary school [13, 112]. Family economic pressure has been linked to conduct problems in both childhood and adolescence [113, 114].

## 2.2 Moving from an outcome-oriented to a process-oriented perspective in examining the effects of poverty and economic pressure on children

Historically, research examining family-level influences on children, such as poverty/economic pressure, has employed an outcome-oriented perspective. That is, the following question is asked: 'What are the outcomes for children exposed to specific family risk factors, such as parental divorce, maltreatment, negative household economic conditions/poverty?'

A more contemporary approach to examining such family influences on children is to employ what researchers describe as a process-oriented perspective, with the objective of illuminating the specific mechanisms (mediating and moderating factors) that underlie individual differences in children's adaptation to specific risk factors. In so doing, we are better able to explain why, when, and how a factor such as economic pressure influences negative outcomes in some children, but not all. By better identifying the mechanisms that operate to explain this important distinction in risk-related adaptation, we are better equipped to develop more efficacious intervention programmes aimed at reducing the negative effects of economic pressure (and related family risk factors) on children, parents and future families.

### Understanding family stress processes: the Family Stress Model

Multiple theoretical models exist to explain the effects of poverty and harsh economic household conditions on children [115]. One of the most established frameworks aimed at explaining how household economic conditions (specifically economic pressure) affects children is the Family Stress Model proposed by Conger and colleagues [33, 116, 117]. This model highlights the mechanisms through which harsh economic household conditions impacts on family processes, and hypothesises that when economic pressure is high, parents are at an increased risk for emotional distress, specifically elevated symptoms of anxiety and depression [93, 98, 100, 118].

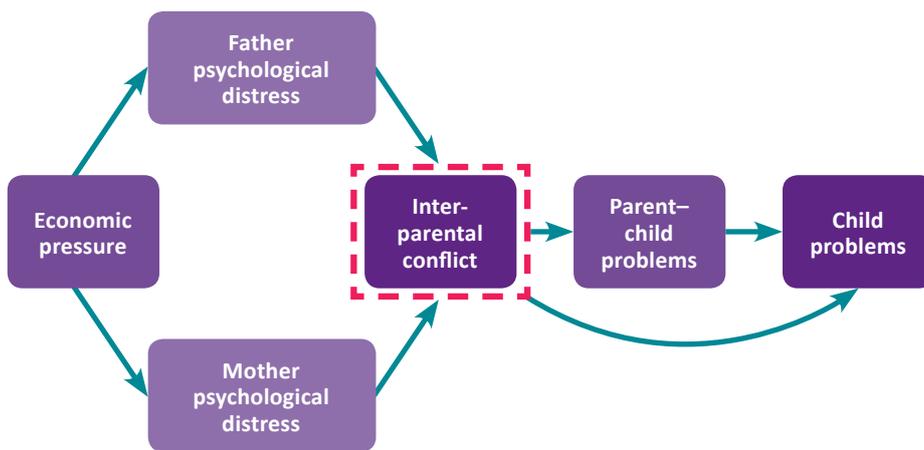
According to this model, parental emotional distress in turn leads to an increase in inter-parental conflict, which leads to an increase in harsh or inconsistent parenting practices. These harsh parenting practices result in increased risk for a range of negative outcomes for children including internalising problems (e.g. anxiety, depression; [24]), externalising problems (e.g. aggression, conduct problems; [119]), a decrease in social competence [64], and lower cognitive outcomes [120]; see figure 2.1).

Since this model was proposed by Conger and his colleagues [121] there have been a number of published reports that systematically review the empirical support for the Family Stress Model [25, 33, 116, 117]. The majority of the studies testing the model make use of longitudinal designs with the correct temporal ordering of events and there is now a large evidence base for the mechanisms postulated by the model.

It is important to note that within the context of this and other developmental 'cascade' models, household economic pressure may affect children differently based on their developmental stage of life. Evidence suggests that young children are most affected in areas of cognitive development and school performance, with older children being at increased risk for social and emotional problems [120, 122-124]. Importantly, the Family Stress Model identifies the parent-child relationship as a primary transfer mechanism (mediator) of family-level influences

(economic stress, parent mental health, poor couple relationship quality) on child behaviour and associated psychological outcomes. Increasingly, however, the role of the inter-parental relationship (specifically how adults/couples manage everyday issues in their own relationship) on children's psychological development and related outcomes, is recognised as a precursor to disruptions at the parent-child level and 'fulcrum' of the wider context (poverty/economic pressure) on children's outcomes.

**FIGURE 2.1: A PROCESS MODEL OF FAMILY STRESS EFFECTS ON CHILDREN'S MENTAL HEALTH PROBLEMS: THE CENTRAL ROLE OF THE INTER-PARENTAL RELATIONSHIP**



Although early studies of the Family Stress Model focused on two parent married families in the rural Midwest of the US (e.g. Conger et al., 1992 [125]), there is a recognition in the literature of the need for models of family stress processes to adopt flexible definitions of the family, in order to encompass a variety of relationship structures [116]. This has included research into the role of fathers in low income families [126, 127], single mother families [128, 129], LGBT families [130], multigenerational and extended family networks [131], including the role of grandparents [132, 133]. There is also growing evidence that family stress models are applicable to a diverse range of racial and ethnic groups [101, 134-137].

#### Risk and protective factors that moderate the family stress process

Recent theoretical development and empirical evaluation of the Family Stress Model has focused on the risk and protective factors that moderate the family stress process [25, 32].

Research into the variables that might compensate or buffers couple<sup>4</sup> from experiencing relationship distress in the context of economic problems is still in the early stages [25, 32]. However, this type of research is critical, not only to theoretical development and understanding of the processes involved, but also informing the prevention and intervention programmes that can help families that are facing poverty and economic pressure [32, 138, 139].

4 Compensatory effects are equivalent to statistical main effects, such that the explanatory variable of interest contributes to more positive outcomes directly, regardless of risk level. Buffering effects: equivalent to statistical interactions between the explanatory variable of interest and risk level.

### *Parental social support*

Associations between perceived social support and a range of parent and child outcomes has been observed in a range of research studies [140-142]. In a longitudinal study of Mexican-origin single- and two-parent families, Taylor and colleagues (2015) investigated the relations between mothers' ( $N = 674$ ) and fathers' ( $N = 430$ ) perceived social support and parenting behaviours, and their relations with children's social competence during early adolescence [142]. Findings suggested that maternal perceived social support contributes to children's social competence due to its positive relation to maternal monitoring. As a result, intervention efforts to strengthen parents' social relationships may be an important compensatory resource for low-income families.

### *Coping strategies*

Wadsworth and colleagues [139] tested key aspects of the Adaptation to Poverty-related Stress Model [143] which builds on the Family Stress Model. Two hundred and seventy-five co-parenting couples with children between the ages of 1 and 18 participated in an evaluation of a brief family strengthening intervention, aimed at preventing economic strain's negative impact on both parents and children. Analyses revealed that effective coping strategies predicted fewer depressive symptoms over time for both mothers and fathers. Furthermore, positive parent-child interactions, along with decreased parent depression and economic strain, predicted child internalising and externalising over the course of 18 months. The authors conclude that promoting effective coping strategies is a promising way that resilience could be enhanced in families in poverty.

### *Communication and problem solving*

In a prospective longitudinal study involving two generations of couples (Generation 1:  $N=367$ , Generation 2:  $N=311$ ), Masarik et al. (2016) investigated the consequences of economic stress across generations [32]. The authors found that, for both generations, economic pressure predicted relative increases in observed hostile, contemptuous, angry-coercive and anti-social behaviours for both generations of couples. In addition it was found that couples with more effective problem-solving were less likely to exchange hostile behaviours over time, regardless of earlier levels of economic pressure (and controlling for income, education and individual differences in consciousness). The authors recommend intervention aimed at enhancing couples' communication and problem-solving skills, especially where economic stress is present.

### *Dispositional optimism*

Dispositional optimism, the relatively stable tendency of people to expect positive events or life conditions [144], is believed to be an important psychological resource that buffers families against the consequences of economic pressure [145, 146]. In a longitudinal study of Mexican-origin families Taylor et al [145] found that optimistic mothers tended to have fewer internalising symptoms and had a higher level of involved parenting behaviours. Furthermore, maternal optimism moderated the relation between economic pressure and maternal internalising problems, such that economic pressure did not predict internalising symptoms when mothers demonstrated high levels of optimism. The effects of these variables on changes over time in child social adjustment (a latent variable comprising of peer competence, school attachment and teacher attachment) were mediated by nurturant and involved parenting. These findings replicate an earlier study with single-mother African American families and adolescent children [146]. The authors conclude that optimism might provide a resource for coping with economic adversity and could be fostered through cognitive-behavioural approaches.

### *Neighbourhood support*

A number of recent studies have investigated the impact of wider neighbourhood conditions on parental behaviour and child outcomes [135, 136, 147].

In a longitudinal study of Mexican American families (750 mothers and 467 fathers) Gonzales et al. (2011) [135] draw on social disorganisation theory, which posits that poverty-related threats to child and adolescent development occur within the community at the neighbourhood level [148]. Economic pressure, neighbourhood family values and neighbourhood risk indicators were all associated with both maternal and paternal warmth.<sup>5</sup> Furthermore, maternal warmth mediated the effects of the contextual factors on adolescent externalising symptoms. The authors highlight the need for policies and intervention that strengthen neighbourhood resources.

It is important to note that the highly specific samples used in this research to date may limit generalisability. Furthermore, none of the extant studies have investigated the full range of family stress processes in the neighbourhood context, such as parental conflict that may account for family economic pressure effects on parenting and child mental health outcomes. Further UK-based studies would add considerably to this growing body of work.

## 2.3. The role of the inter-parental relationship for children's psychological development and extended outcomes

Research on the role of the inter-parental relationship (specifically frequent, intense and poorly resolved conflicts between parents) has been associated with a number of poor outcomes for children. As outlined in Harold et al. (2016) [6], the processes through which inter-parental conflict has been shown to exert these effects on children involve two primary mechanisms:

1. disruptions in the parent–child relationship
2. the negative emotions, cognitions and representations of family relationships engendered in children as a result of exposure to conflict between parents/ carers.

### The role of the parent–child relationship

Past research studies robustly evidence that parents embroiled in a hostile and distressed couple relationship are typically more hostile and aggressive towards their children and less sensitive and emotionally responsive to their children's needs [88, 149, 150]. The first theoretical perspective aimed at explaining the effects of inter-parental conflict on children therefore hypothesises that the effects of conflict between parents are deemed to occur indirectly through a 'spillover' of emotion from the couple relationship to the parent–child relationship, which in turn affect children's outcomes (see figure 2.1). In support of this proposal, there is a robust association between levels of conflict in the inter-parental relationship and levels of conflict in the parent–child relationship, with associated outcomes for children (specifically internalising and externalising problems; see Erel & Burman, 1995 [88]). However, if conflict between parents only ever affected children via disruptions in the parent–child relationship, children would be adversely affected irrespective of whether or not they actually

<sup>5</sup> Neighbourhood familism – was measured using mother and father self-report using the familism subscale of the Mexican – American Cultural Values Scale (Knight et al., 2009). Mothers and fathers reported on their own perceptions of the degree of danger in their neighbourhoods using a three-item subscale of the Neighbourhood Quality Evaluation Scale (Roosa et al., 2005).

witnessed or were aware of conflict occurring between their parents. Research evidence does not support this conclusion.

### The role of children's appraisals of parental behaviour/inter-parental conflict

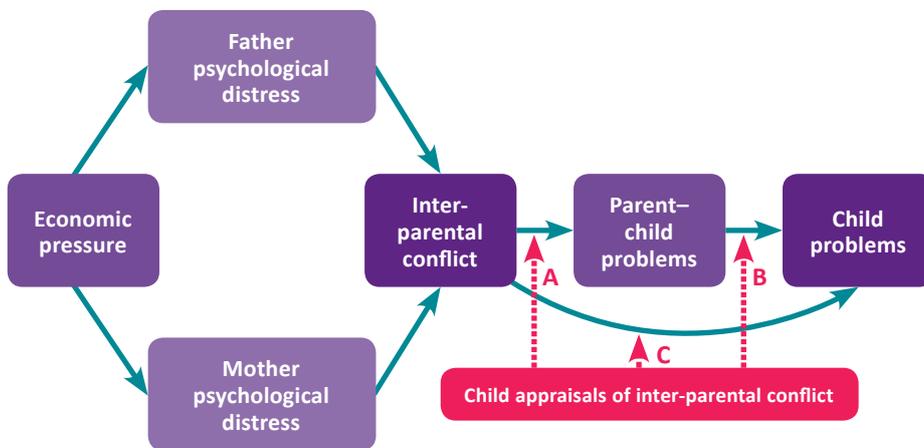
Research conducted over the past three decades has shown that overt inter-parental conflict to which children are exposed has a greater impact on child distress than covert conflict to which children are not exposed (see Cummings & Davies, 2002, 2010 [151, 152]). This finding has led researchers to consider a second set of hypotheses that focus on the underlying psychological processes (cognitions, emotions) engendered in children who live in households marked by hostile inter-parental relations.

This evidence base is particularly important in understanding and highlighting why some children exposed to inter-parental conflict show little or no adverse effects, while other children go on to develop serious and debilitating emotional, behavioural and social problems (see Harold & Leve, 2012 [68]). In essence, this evidence base highlights a fundamental mechanism through which acrimony and conflict between children's parents/carers becomes negatively salient in terms of their psychological outcomes. Contrary to the hypothesis that conflict between parents only ever conveys adverse effects to child outcomes when associated parenting practices are negatively affected, this perspective introduces the role and highlights the significance of children's *own* understanding not just that conflict between parents is occurring, but *why* the conflict might be occurring and what the contextual background to inter-parental conflict issues might be (see figure 2.2). This model has particular significance in the context of economic disadvantage.

Recent evidence specific to the context of economic pressure highlights the salience of disrupted family processes (inter-parental, parent-child relationships) for families across all levels of economic well-being [117], including poverty [137]. Further, evidence robustly highlights that children (of all ages, 0–18 years) who perceive conflict occurring between parents/carers as being frequent, intense, poorly resolved and child related are at elevated risk for multiple negative outcomes compared to children whose parents/carers express and manage conflict issues without animosity, concern topics unrelated to the child (children) and where conflict issues are successfully resolved [153]. Where children can contextualise why conflicts between parents are occurring, the impact of conflict between parents may (or may not) lead to perceived reduced parent-child relationship quality (figure 2.2, path A), perceived reduced parent-child relationship quality and child outcomes (figure 2.2, path B), or directly impact on inter-parental/carer conflict on child outcomes (figure 2.2, path C).

In the context of economic pressure, where there is increased likelihood of inter-parental conflict where inter-parental conflicts may indeed occur frequently, children's attributions and understanding for their parents/carers conflicts is an important site of risk and resilience. Where children are able to understand the source and origins of conflict as stemming from economic challenges, rather than the child him/herself being the source of conflict, opportunity is available to buffer the adverse effects of inter-parental/carer conflict on children.

FIGURE 2.2: A PROCESS MODEL OF FAMILY STRESS ON CHILDREN'S MENTAL HEALTH PROBLEMS, INCLUDING CHILD APPRAISALS OF INTER-PARENTAL CONFLICT



Building on this proposal and the mechanisms highlighted in figure 2.2 (paths A, B and C), three primary theoretical perspectives have emerged that emphasise the importance of children's own understanding, interpretation and expectations pertaining to parental behaviour when explaining the effects of inter-parental conflict on children's psychological development:

- The *cognitive-contextual framework* [87] proposes that the attributions children assign to their parents' relationship arguments account for effects on well-being.
- The *emotional security hypothesis* [154] emphasises the importance of attachment processes and highlights the role of children's emotional security as a factor in accounting for variation in wellbeing.
- The *family wide model* [24] proposes that the attributions children assign to conflict occurring between their parents (inter-parental conflict) orient their expectations and representations of conflict occurring between them and their parents (parent-child conflict), which in turn affects their long-term psychological development.

Further details of these models is reported in Harold et al [6]. Collectively, these theoretical models highlight the importance of considering the child's individual perspective (understanding) in delineating how exposure to conflict between parents adversely affects their psychological wellbeing. By highlighting the active role that children's subjective evaluations of inter-parental conflict plays in determining its effects on their wellbeing, we may better understand why some children seem relatively unaffected by inter-parental conflict while others go on to develop long-term, clinically significant emotional and behavioural problems.

Interventions could seek to coach parents in how to directly address questions and concerns that children may have about parental conflict and to provide supportive parenting to help buffer the negative effects of conflict [155, 156]. In addition, parents could be supported to help children adopt adaptive strategies for coping with parental conflict.

## 2.4. Calibrating negative parental behaviour: a categorical or dimensional problem

An important caveat to the central assertion of this review is that conflict between parents must be understood as a natural and relatively normal part of family life, with effects on children being influenced more by the expressed intensity, duration, severity, content and resolution properties employed by parents as compared to the simple occurrence of conflict per se (see Harold & Leve, 2012 [68]). Historically, consideration of the role of conflict between parents and its effects on children has tended to rely on a categorical definition of parental behaviour. That is, inter-parental conflict has been considered a threat to children only if it is overt, acrimonious or hostile in form and content. Indeed, practitioners and policymakers have in the past treated conflict between parents as a threat, not only to adult partners, but also to children, if, and only if, conflict behaviours attain such a level of severity that the definition ‘domestic violence’ may be applied.

Research conducted over the past several decades, however, has highlighted how children’s exposure to discordant, but non-violent, conflict between parents also exerts negative effects on child development [152, 157]. Indeed, recent research supports the proposal that practitioners and policymakers move towards recognising that rather than being viewed as a simple present or absent dichotomy (that is, violent or not), conflicted behaviour between parents exists across a continuum of expressed severity – ranging from silence to violence [8, 23, 158, 159]. This conflicted behaviour has been shown to affect child outcomes, in both maritally intact and separated households [154, 160]. Therefore, how parents express, manage and resolve conflict, as well as the extent to which children feel at fault for or threatened by their parents’ relationship arguments, may explain children’s adjustment to conflict more than the actual occurrence of conflict per se (depending on the level of expressed severity) [161].

### Distinguishing between constructive and destructive conflict management styles

Distinguishing between constructive and destructive conflict management styles may further explain why differences exist in children’s adaptive and maladaptive responses to inter-parental conflict. Destructive conflict behaviours such as violence [162], aggression [163], non-verbal conflict or ‘the silent treatment’ [164], and conflicts about child-related matters [165] are linked with increased distress or risk for psychological adjustment problems in children. By contrast, constructive conflict expression and management such as mutually respectful, emotionally modulated conflicts [166], conflict resolutions, and explanations of unresolved conflicts [164] are linked with a lowered risk for child distress and an increased potential for improved social competence and general wellbeing among children. Resolution of conflict, in particular, has been shown to be a powerful factor in reducing the negative effects of conflict on children [164]. This research suggests that conflict management and the promotion of positive conflict management strategies is an important site for intervention. This is especially important for children and parents living in contexts marked by acute or chronic economic stress/pressure, where families are at risk of increased conflict at the level of the inter-parental relationship.

### The important role of fathers

As outlined earlier, past research examining the processes through which inter-parental conflict affects children’s outcomes has historically emphasised the

parent–child relationship as a primary transmission site. This may be explained by noting that the attachment and parenting-style traditions have predominated as theoretical frameworks in articulating the salience of family relationship influences on children (see Harold & Leve, 2012 [68]). While the inter-parental relationship is increasingly being recognised as a factor relevant to children’s psychological development, even when parenting practices are considered, a limitation of past research in this area is the predominant focus on the mother–child relationship to the relative neglect of the father–child relationship in explaining family level influences on children. However, the role of fathers is increasingly recognised as an important influence on children’s emotional, behavioural and academic development [167-170]. Specifically relating to associations between inter-parental conflict, hostile parenting and children’s psychopathology, several studies support the hypothesis that emotions expressed in the couple relationship may spill over to the parent–child relationship thereby affecting children’s emotional and behavioural development [88, 171], with recent studies suggesting that fathers’ parenting may be more sensitive to couple relationship problems than mothers’ [86, 171].

In the context of intervention studies, fathers’ active engagement in family-focused interventions increases efficacy in relation to sustained outcomes for children, particularly among hard to engage fathers [127, 138, 172-174]. Including fathers in family-focused intervention is thus an important direction for both practice and research. Given the difficulties in recruiting and retaining low income fathers in research, it has been suggested that financial incentives should be considered, as well as data collection in convenient locations and times [174].

## 2.5. Implications of research for intervention programme development

Research on inter-parental conflict and child adjustment provide valuable insight into the effects of family conflict on children. These findings highlight the familial and individual processes through which children are adversely affected (including the processes through which economic pressure affects children’s psychological and extended outcomes). While most currently available interventions recognise the importance of the couple relationship as a source of influence on the parent–child relationship, it has been recognised that prevention research could be more informed by the empirical research on economic pressure, inter-parental conflict, wider family conflict and child outcomes [158].

An important step in translational research is the systematic translation of results from empirical research into programme components. Although longitudinal evidence on risk provides *hypotheses* about how to target and design interventions, this requires ‘on the ground’ testing and learning. We return to the next steps for intervention development in chapter 4.

## 3. International intervention review

### 3.1. Introduction

#### The international intervention evidence base

There is a growing international evidence base concerning the effectiveness of interventions designed to improve the inter-parental relationship in the contexts of economic pressure and poverty. In the United States, there is an established literature on Couple Relationship Education (CRE) including several narrative reviews [175-177] and systematic reviews and meta-analyses [178-182].

#### *The effectiveness of couple relationship education for low-income families*

In a recent meta-analysis, Hawkins and Erikson(2015) examined whether CRE is effective for lower-income families [180]. The meta-analysis reviewed 38 studies. This comprised of 22 studies with a control-group design and 16 one-group pre-post studies. For the analyses looking at control-group studies only, combining all outcomes, the authors found a significant, but small, overall effect size ( $d = .061$ ).<sup>6</sup> This finding was largely driven by improvements in reported marital satisfaction, communication skills and a decrease in relationship aggression. For the one-group pre-post studies, combining all outcomes, the authors found a significant, moderate effect size ( $d = .352$ ). The authors also carried out a series of moderator analyses. One important finding was that interventions with more participants below the federal poverty line (67%+) showed no effect, whereas evaluations with more 'near-poor (<66% below poverty) showed stronger, but still small effects.

One limitation of this research is that a paucity of evaluations from the CRE literature consider the parent-child relationship and child outcomes.<sup>7</sup> However, as has been demonstrated, these are critical components of the family stress process. Furthermore, there is policy interest in a variety of approaches that might be relevant to families in or at risk of poverty, beyond couple relationship education, such as parenting programmes that also focus on the inter-parental relationship.

#### *The effectiveness of parenting interventions for low-income families*

A complementary body of research has investigated the effectiveness of parenting interventions for families experiencing socio-economic disadvantage [82, 183-186].

Although there is some inconsistency in results from meta-analytic findings regarding the extent to which socioeconomically disadvantaged benefit from parenting interventions, a body of research has found that disadvantaged families benefit less from parenting interventions in comparison to other families [187, 188]. However, recent research has added further nuance to these findings by exploring differences in impact between post-test and longer-term follow-up and also taking into account the fact that severity of children's disruptive behaviour problems at baseline moderates the impact of parenting interventions [189, 190].

<sup>6</sup> Cohen's  $d$  is an effect size measure which provides an index of the magnitude of difference in outcome between treatment groups and control groups. Cohen suggested that  $d=0.2$  be considered a 'small' effect size, 0.5 represents a 'medium' effect size and 0.8 a 'large' effect size.

<sup>7</sup> Although it is important to note that there is evidence of impacts on couple relationship processes that have been evidenced to impact on child outcomes in longitudinal evidence. We return to this issue in the discussion of chapter 4

In a meta-analysis of 75 studies, Leijten et al. (2015) investigated whether there was a differential impact of socioeconomic status on the effectiveness of parenting interventions at immediate post-test and one-year follow ups, when controlling for the confounding effect of initial child behavioural problem severity [185]. The authors found that at post-test, disadvantaged families benefited less from parenting interventions only when they had low levels of initial problem severity. However, at follow up, disadvantaged families benefited less from parenting interventions regardless of initial problem severity. The authors conclude that parenting interventions seem to be beneficial for disadvantaged families in the short term, especially for families with high initial problem severity. However, more research is required to determine why disadvantaged families are less able to maintain positive intervention effects.

### The UK evidence base

One limitation of this research in terms of practical relevance to the UK context is that very few evaluations come from the UK, with the majority being US based. Harold et al (2016) looked more broadly at the evidence base for programmes in use in the UK by formally assessing the strength of evidence and cost for 15 UK programmes and approaches that responded to our call for evidence [6]. The report concluded that the UK evidence of effective programmes to address inter-parental conflict with a view to improving child outcomes is still at an early stage. This is not surprising as these programmes have not had substantial investment to date.

### Review rationale

The previous chapter contributed to the case for increased investment in policies and greater understanding of interventions that support families in the context of economic pressure. There is a need for a strong empirical base for understanding how such programmes work and providing evidence to guide future investment in developing best practice in this area. There is considerable diversity in the intervention design, composition and skills addressed by different interventions, with some interventions focusing primarily on parenting behaviours, some focusing primarily on couple relationship education; while increasingly, interventions blend both approaches in an attempt to address the wider family system. In addition, interventions vary in terms of their feasibility and potential impact on health and wellbeing and wider social and economic gains.

Evidence-informed decision-making is critical in prioritising areas for implementation and scaling up of effective interventions. Rapid evidence assessments and scoping reviews assist practitioners, researchers and policymakers by integrating existing information and providing timely data for rational decision-making in terms of what interventions are effective, for whom and under what circumstances. The following sections describe a scoping review of interventions relating to intervention and prevention evidence linked to remediating the effects of inter-parental conflict in the contexts of economic pressure and poverty. Summary details for illustrative programmes are presented, with full details for each intervention presented in the appendices.

## 3.2. Methodology

The protocol met the criteria for the Government Social Research Service's definition of a 'Scoping Review' [191, 192].

## Population

The review examined the evaluation evidence for programmes designed to improve outcomes for parents in the context of economic pressure or poverty. Interventions were required to have either a couple-focus or a parenting-focused intervention that included a couple component were also considered relevant to the review. The review focused on interventions implemented around the world and where the scientific evidence is in the English language.

## Outcomes of interest

The primary outcomes of interest were features of the inter-parental relationship including: couple communication, problem solving and interaction styles/patterns, and parenting practices (as a downstream effect of improving the inter-parental relationship). Child outcomes were also of interest where these were measured and reported.

## Types of intervention

Interventions were selected for review if a reasonably robust evaluation of the intervention (randomised control trial, quasi-experimental design, pre-post design) was available.

## Search strategy

A systematic search of PubMed and Scopus was conducted in the weeks commencing 4 July 2016 and 11 July 2016 respectively. The following search terms were used: (couple OR interparental OR parenting) AND (poverty OR income OR economic pressure OR unemployment) AND (intervention OR prevention). In addition, a small number of academic experts in the field were asked to identify relevant interventions for inclusion.

## 3.3. Review findings

The search process yielded 2,444 studies across the two databases. Duplicates, interventions not relevant, and interventions that did not meet the inclusion criteria were removed. A total of 13 programmes were identified that were relevant to families in poverty and to economic pressure/disadvantage. Of these, eight had a couple focus and five had a parenting focus with a couple component. The majority of interventions had been trialled in the US (see appendices A and B).

### Results of interventions: focus and target population

Table 3.1 presents the groupings of the interventions along with the number of interventions according to the following sub-divisions:

- **Psycho-education:** an umbrella term for a collection of therapeutic methods. Most are professionally delivered and integrate psychotherapeutic and educational interventions.
- **Skills training:** an umbrella term for a collection of therapeutic methods that focus on providing people with specific skills, often through teaching, observation, discussion, and practice.

Of the interventions that had a primary focus on the couple or inter-parental relationship, five had a predominantly psycho-educational focus (Supporting Father Involvement/Parents as Partners, Couple Relationship Education, Couples Coping Enhancement Training, Fatherhood, Relationship and Marriage Education Family Communication Programme). Two of the interventions had a predominantly skills

training approach (Within My Reach, Prevention and Relationship Enhancement Programme), whereas one intervention combined the two approaches (Family Foundations).

**TABLE 3.1: COUPLE/INTER-PARENTAL RELATIONSHIP INTERVENTION CATEGORIES**

Category	Type of intervention	N
Focus on couple relationship	Psycho-education	5
	Skills training	2
	Psycho-education/skills training	1
Parenting focus	Psycho-education	2
	Skills training	2
	Psycho-education/skills training	1

Of the interventions that had a primary focus on parenting, two had a predominantly psycho-educational focus (Incredible Years, Strong Foundations). Two of the interventions had a predominantly skills training approach (Family Check-up Intervention, Dads for Life), whereas one intervention combined the two approaches (4 Rs 2Ss' Family Strengthening Programme).

#### Results of classification of interventions in terms of level of need

The Early Intervention Foundation uses the following classifications in order to group interventions by level of need:

- **Universal:** Refers to interventions that are available to all children or families. These activities may take place alongside or as part of other universal services, including health visiting, schools or children's centres .
- **Targeted-selective:** Applies to services that target or 'select' children or families that may be at greater risk of experiencing problems. These children or families may include for example those struggling with economic hardship, single parents, young parents and/or ethnic minorities.
- **Targeted-indicated:** Refers to a smaller percentage of the population of families with a child or parent with a pre-identified issue or diagnosed problem requiring more intensive support.

**TABLE 3.2: CLASSIFICATION OF INTERVENTIONS IN TERMS OF LEVEL OF NEED**

Category	Type of intervention	N
Focus on couple relationship	Universal	4
	Targeted: selective	4
	Targeted: indicated	0
Parenting focus	Universal	0
	Targeted: selective	4
	Targeted: indicated	1

Of the interventions that had a primary focus on the couple relationship, four were universal interventions (Family Foundations, Couples Coping Enhancement Training, Prevention and Relationship Enhancement Programme, and Family Communication Programme). Although, these interventions do not specifically target disadvantaged families, they have each been evidenced to have positive effects with families experiencing disadvantage. This is either because there have been implementations with disadvantaged families showing positive results or because the authors have demonstrated that results from a universal implementation are not moderated by income.

The remaining four interventions that had a primary focus on the couple relationship were targeted: selective interventions (Supporting Father Involvement/Parents as Partners (low income), Couple Relationship Education (low income), Within my reach, Fatherhood Relationship and Marriage Education). In all four cases, these interventions are specifically targeted at families in poverty who may be at risk of relationship difficulties.

Of the interventions that had a primary focus on parenting, there were four targeted: selective interventions (Incredible year school aged BASIC and ADVANCED, Family Check-up Intervention, Strong Foundations, Dads for Life). These interventions targeted families on the basis of a number of risk factors, including parental separation, teenage pregnancy and living in poverty. One intervention ('4 Rs 2Ss' Family Strengthening Programme) was a targeted: indicated intervention, aimed at families facing multiple disadvantage and with children already displaying behaviour difficulties.

### Results by category of intervention

This section will present an overview of the key findings emerging from the review of interventions implemented in the international context that are designed to impact the inter-parental relationship in the context of economic pressure. Key Findings boxes summarise the evidence for interventions for each category of intervention. This is followed by one or more detailed case study of examples of interventions within each category. Each case study includes details of the intervention design, target population, evaluation study design, and main findings. Effect sizes are reported where these are provided in the original studies.

## 3.4 Programmes that focus on the inter-parental relationship in the context of poverty/economic pressure

### KEY FINDINGS: PROGRAMMES FOCUSING ON THE INTER-PARENTAL RELATIONSHIP

Eight interventions that target the couple relationship in the context of poverty/economic pressure were identified:

- Family Foundation
- Supporting Father Involvement (USA)/ Parents as Partners (UK)
- Couple Relationship Education (CRE)
- Couple Coping Enhancement Training (CCET)
- Within My Reach
- Prevention and Relationship Enhancement Programme (PREP)
- Fatherhood, Relationship and Marriage Education (FRAME)
- Family Communication Programme (FCP)

**Intervention origin:** seven interventions were from the US and one from Switzerland.

**Evidence quality:** Six programmes were underpinned by evidence using a randomised control trial, while two interventions had evidence from quasi-experimental designs, a one-group pre-post study.

## KEY IMPACT FINDINGS

### Inter-parental outcomes:

- improved relationship satisfaction (Family Foundations, Couple Relationship Education, Within my Reach, PREP)
- improvements in couple communication (Family Foundations, CRE, CCET, PREP)
- reductions in couple conflict/disagreements (Couple Relationship Education, Couples Coping Enhancement Training, FCP)
- improved co-parenting (Family Foundations)
- reduced relationship distress (Couples Coping Enhancement Training)
- reduced financial stress (FRAME)
- reductions in disengagement coping (FRAME).

### Parent outcomes:

- reduced anxiety depression (Family Foundations, FRAME)
- improved problem-solving (FRAME)
- reduced parenting stress (Family Foundations).
- improved psychological wellbeing (CCET)
- reductions in disagreements related to parenting (CCET)
- improvements in fathers' engagement with the children (Supporting Father Involvement).

### Child outcomes:

- improved social competence (Family Foundations)
- improved school adjustment (Family Foundations)
- reductions in child internalising and externalising (Family Foundations, FRAME, FCP)
- improved child problem behaviour (Supporting Father Involvement).

The case studies below describe illustrative examples of interventions focusing on the inter-parental relationship. Full details of each intervention can be found in the appendices. Each case study includes details of the intervention design, target population, evaluation study design and main findings.

## 1. Family Foundations

### *Programme description*

Family Foundations aims to enhance the co-parenting relationship. It is a psycho-educational intervention that comprises of eight interactive psycho-educational, skills-based group classes (6–10 couples per group). Four of the classes are during the prenatal period, and four are during the post-natal session. It focuses on communication skills, conflict resolution strategies and preparation for parenthood. Although this is a universal co-parenting programme (that is, it does not specifically target economic pressure), income does not moderate the effectiveness of the programme, and it is therefore included given evidence of the efficacy of the programme within the context of poverty/economic pressure.

*How has it been evaluated?*

The effectiveness of this programme has been tested using a randomised control trial (RCT). A sample of 169 couples expecting their first child and living together (regardless of marital status) were randomised to either an intervention (n = 89) or a control condition (who received a brochure about selecting quality child care n = 80).

*What are the main findings?*

- Intent-to-treat analysis indicated that both intervention mothers and fathers reported better co-parent support compared to control couples (mother report ES = .35; father report ES = .54), and improvements in positive parenting (mother ES = .34; father ES = .45).
- The intervention also impacted on reduced competition between parents (mother ES = .51; father ES = .36), reduced triangulation<sup>8</sup> (mother ES = .33; father ES = .28) and reduced negative communication reported by mothers (ES = .48).
- Mothers reported lower levels of anxiety and depression compared to control group (ES = .56; ES = .38 respectively).
- Intervention parents also showed less distress in parent-child relationship (mother ES = .34; father ES = .70), increased father-reported parenting-based closeness (ES = .44), father reported infant soothability (ES = .36) and duration of orienting (ES = .34) [193, 194].
- At three-year follow-up, intervention parents reported less parental stress (ES = .16), more parental efficacy (ES = .18), less depression (ES = .72), and better co-parenting quality (ES = .18) than the control group.
- Children in the intervention group also showed better adjustment (for example social competence ES = .43; decreased internalising problems, ES = .70, school adjustment ES = .79).

This evidence suggests that psycho-education interventions can help to prevent problems associated with inter-parental conflict and problems with co-parenting [195]. Intervention effects were not moderated by income, but greater positive impact of the programme was found for lower-educated parents and for families with a father who reported higher levels of insecure attachment in close relationships.

## 2. Supporting Father Involvement (US)/Parents as Partners (UK)

*Programme description*

Supporting Father Involvement/Parents as Partners focuses on strengthening the relationship between fathers and their children, in part by strengthening the relationship with the mother. The intervention targeted parents who had at least one child between the age of birth and 7 years of age (many participants additionally had older children). Median household income was below average, with more than two-thirds of the sample falling below twice the federal poverty line. It is a 16-week psycho-educational intervention and topics include mental health, couple conflict, transmission patterns across generations, parenting and economic difficulties. Group meetings discuss issues associated with unemployment and job stress. Participants are also provided with guidance on how to seek support from outside the family that may be able to assist in times of distress (such as compiling lists of helpful personal and community resources). Furthermore, each family is provided with a

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<sup>8</sup> Triangulation is a family-wide process in which children are inappropriately involved in inter-parental conflict.

case manager/family worker to provide ongoing support: they assist with making appropriate referrals for assistance with individual, family, medical, employment or legal issues. This case manager will also follow up on missed group sessions to maintain participants' motivation. Additional support includes providing skilled childcare during group meetings, and providing food (ranging from light refreshments to a meal). The intervention was led by male-female pairs of mental health professionals. Meetings were for two hours a week with a structured curriculum of exercises, discussion and presentations.

#### *How has it been evaluated?*

The study followed a sample of predominantly low-income families for 18 months in a randomised clinical trial of two variations of a preventive intervention; two-thirds were Mexican American and one-third European American. The study compared the impact of a 16-week group for fathers (6–8 fathers per group), a 16-week group for couples (4–6 couples per group), and a low-dose comparison condition in which both parents attend one three-hour group session; all interventions were led by the same trained mental health professionals who focused on the importance of fathers to their children's development and wellbeing. The study included partners who were married or cohabiting, and living separately but raising children together.

#### *What are the main findings?*

- Evidence from an RCT found that, compared with the low-dose comparison, both intervention groups showed positive effects with fathers' engagement with the children, couple relationship quality and child problem behaviours.
- Participants in couples' group showed more consistent longer-term positive effects than the father-only group. Evidence also suggests that the intervention was most successful for high-conflict couples. Furthermore, the intervention effects were similar across family structure, income level and ethnicities. Results were equivalent to Cohen's *d* statistics ranging between .40-.79, indicating moderate to large changes in the intervention participants over an 18-month period [196].
- These results were largely replicated in a quasi-experimental design which involved 236 low-income White, Mexican American, and African American couples [138]. There is also supportive UK evidence from a one group pre-post study [197].

### 3. Within My Reach

#### *Programme description*

Within My Reach is a targeted skills training intervention that aims to promote healthy relationships in low-income, at-risk individuals (no specific target age group). The intervention contains 15 one-hour sessions. These sessions cover three themes: building relationships, maintaining relationships, and making relationship decisions. Sessions include a variety of activities, which use videos and presentations, to engage participants as they apply concepts to real-life situations relevant to their current circumstances. As a relationship skills programme it does not aim to improve a couple's financial stability, rather sessions aim to help participants clarify relationship goals, make plans and take steps to reach those goals. Discussions include concerns of financial stability that may influence relationship quality and satisfaction. Communication skills also focus on the social context low-income individuals/couples may face (such as unemployment, incarceration, housing problems) to assist with communication about some of these issues.

Participants are offered a \$150 stipend for attending sessions, as well as free childcare, meals and bus fare. Participants are also offered an additional \$15 and meal to participate in a follow-up 'booster' session.

#### *How has it been evaluated?*

The programme has been evaluated in a one group pre-post design with six-month follow-up [198]. The sample included 202 participants across eight neighbourhood place sites (76.7% female, 23.3% male; 60% African American; 39.2% unemployed).

#### *What are the main findings?*

- Participants experienced high levels of training satisfaction with course participation.
- Participants also reported a significant increase in knowledge about healthy relationships, and an increase in communication and conflict resolution skills, as well as relationship quality.
- There was also a trend in the reduction of relationship violence.
- An important result was that 92% of participants were retained. The authors attribute these to successful strategies of recruitment and retention which included:
  - the use of facilitators who were already involved with participants in other capacities
  - addressing other needs, through financial incentives and additional social services
  - reducing barriers such as transportation and childcare
  - the use of natural networks as a means of advertising the intervention.

## 4. Prevention and Relationship Enhancement Programme (PREP)

### *Programme description*

The Prevention and Relationship Enhancement Programme (PREP) has been well validated. Although it is a universal skills-based prevention programme developed in the US, effects have been found to be robust across income, and education levels [199] a number of implementations have focused on samples of low-income couples [200, 201]. PREP is designed to teach couples effective communication and conflict management skills. It focuses on conflict resolution and communication, development and maintenance of intimacy, commitment and friendship.

Participants receive 16 hours of PREP via a group or a couple format over the course of 2–3 months. Couples also completed homework assignments between sessions to practise the skills they had learned. Three to five couples participate in each PREP session, and each couple work with a trained consultant throughout the programme. As a preventative programme, the primary objective is to maintain already high levels of functioning and to prevent problems from developing rather than to improve current functioning. In the main evaluation (see below) couples had to have at least one child aged 3 months old or younger, or be expecting their first child for that relationship. To reduce barriers for attendance, childcare, food and transportation reimbursement were provided to families. Twenty-nine couples did not complete the programme.

### *How has it been evaluated?*

PREP has been evaluated in a number of evaluations [199, 202, 203], including in evaluations with samples of low-income couples [200, 201]. In one evaluation of the programme [200], 700 participants (350 couples) participated in the study. Assignment to format (couple vs. group format) was not randomised.

### *What are the main findings?*

- Men and women demonstrated significant gains in communication skills (reduced negative communication ES men = -.85; women = -.89; increased positive communication ES men = 1.69; women = 1.71; reduced negative interactions men ES = -1.24; women = -1.19), dedication (men ES = 1.17; women = 1.19), relationship confidence (men ES = 1.47; women = 1.52), satisfaction (men ES = 1.27, women 1.26) and friendship (men ES = 1.69, women ES = 1.63).
- Couples who participated in PREP via the group format had better outcomes on three of the seven relational outcomes compared to couples who participated in couple format; women in the couple format reported lower relationship confidence (ES = 0.26) and more negative interactions (ES = 0.25) than women in the group format.
- Men in the couple format reported more negative interaction than men in the group format (ES = 0.33) [200].
- Positive findings in terms of reduced symptoms of depression and anxiety and improvements in relationship relevant variables (such as relationship distress) have also been reported in an evaluation of ePREP, a computer-based version of PREP [204].

## 5. Fatherhood, Relationship and Marriage Education (FRAME) – US

### *Programme description*

FRAME is a targeted psycho-educational intervention developed specifically to strengthen the ability of low-income mothers and fathers to reduce conflict, cope with stress and co-parent effectively. It has been developed and evaluated in the US. It is based on the Responses to Family Stress Model which holds that active coping, such as problem solving and cognitive restructuring can buffer some of the stressors associated with economic hardship [205]. The intervention was created with extensive contact, interviews and piloting with ethnically and financially diverse communities [206].

The intervention consists of around 14 hours of content delivered over three weekends or five weeknights, either at a university or centrally located community centre and participants were provided with financial incentives for completing the pre- and post-assessments. The curriculum has three main components.

1. **Relationship education:** teaches couples about both positive and negative communication styles alongside techniques for conflict resolution.
2. **Stress and coping skill training:** teaches couples how to identify stressors in their lives (with a focus on financial stressors) and techniques to deal with these, including progressive muscle relaxation techniques, the importance of giving and receiving social support and acceptance and cognitive restructuring.
3. **Child-centered parent training:** teaches parents to set developmentally appropriate expectations for their children, how to use positive reinforcement to build prosocial child behaviours, and introduces the idea of natural consequences and alternatives to corporal punishment such as time-out.

### *How has it been evaluated?*

FRAME is currently underpinned by a single randomized control trial [139, 174, 206], which involved a sample of 173 ethnically diverse low income co-resident mothers and fathers who were raising at least one child together. Families were assigned to one of four groups: a men-only group, a women-only group, a couple's group, a control group.

### What are the main findings?

- Pre-Post intervention analyses demonstrated reductions in financial stress ( $\eta^2 = .08$ ), reductions in disengagement coping stress ( $\eta^2 = .06$ ), as well as improvements in problem solving ( $\eta^2 = .06$ ).<sup>9</sup>
- Results were particularly strong for the couples' and women's groups.
- The changes on the stress and coping variables were also associated with reductions over time on symptoms of depression for intervention participants.
- In a longitudinal follow up study [139] improvements in coping and reductions in economic strain were related to improved parent functioning (depression) over time.
- In addition, improvements in parent depression and parent-child interactions predicted reductions in child internalising and externalising symptoms. An important finding in relation to the implementation of the intervention is that those that dropped out of the intervention had significantly lower income at baseline than those who were retained.

## 3.5 Programmes that focus on parenting with a component including the inter-parental relationship in the context of poverty/economic pressure

### KEY FINDINGS: PROGRAMMES FOCUSING ON PARENTING

Five intervention programmes that target parenting including an inter-parental relationship component were identified in the context of poverty/economic pressure:

- Incredible Years
- '4 Rs 2Ss' Family Strengthening Programme
- Family Check-Up Intervention
- Strong Foundations
- Dads for Life

**Intervention origin:** all five interventions were from the US, with only one of these (Incredible Years) also having an established UK evidence base.

**Evidence quality:** Three interventions were underpinned by RCT evidence. Two interventions were underpinned by one group pre-post studies.

### KEY IMPACT FINDINGS

#### Inter-parental outcomes:

- reductions in couple conflict/disagreements (Dads for Life).

#### Parent outcomes:

- reduced depression (Incredible Years)
- improved parenting skills (Incredible Years)
- reduction in child neglect (FCU).

#### Child outcomes:

- improved child problem behaviour (Incredible Years)
- reductions in substance use (FCU)
- improved child mental health (FCU).

<sup>9</sup> A rule of thumb for interpreting partial eta squared is that .02 = small, .13 = medium and large = .26.

## 1. '4 Rs 2Ss' Family Strengthening Programme

### *Programme description*

'4 Rs 2Ss' Family Strengthening Programme is a multiple family group service delivery model to reduce child behaviour difficulties, particularly for child welfare-involved children. It consists of weekly sessions of multiple family groups (6–8 families) meeting over four months. Core treatment components include: (1) Caregiver engagement in child mental health treatment (2) Behavioural parent training and family therapy strategies. Skills development include family organisation, consistent discipline, family connectedness, family warmth, support and time together, communication and conflict, parenting hassles and life stresses, and social isolation.

Engagement is promoted via extensive phone calls. This intervention prioritises engagement and retention of low-income, and minority families by targeting childcare, transportation expenses, and a meal provided at each session.

### *How has it been evaluated?*

As part of the intervention, eligible children had to have a permanent caregiver who received placement prevention services at community-based organisations. Children were aged 7–11 years with disruptive behaviours.

### *What are the main findings?*

- Compared to participants receiving services as usual (such as individual therapy, family therapy), at post-test, participants reported significantly reduced child disruptive behaviour difficulties (ES = 0.35) and increased child social skills (ES = 0.32).
- At six-months' follow-up, participants who received 4R2S continued to report significantly reduced child behaviour difficulties (ES = 0.34), as well as decreased functional impairment on peer relations (ES = 0.27), when compared to participants receiving services as usual [207].
- Families involved in child welfare services within this sample manifested similar rates of attendance compared to families not involved in child welfare services [208].
- In a further study, families involved in child welfare services who received 4R2S reported significantly reduced child behaviour difficulties (ES = 0.61), and functional impairment on peer relations (ES = 0.44) at six-months' follow-up, when compared to child welfare-involved families receiving services as usual [209].

## 2. Family Check-up Intervention (FCU)

### *Programme description*

Family Check-up Intervention (FCU) is a 'tiered' skills training programme that was originally designed for adolescents at high-risk for problem behaviour. At its most basic level, the selected intervention is a brief intervention individually tailored to the needs of youth and families.

During an initial assessment session a parent consultant explores parent concerns, focusing on family issues that are critical to the child's wellbeing. Feedback emphasises parenting and family strengths yet draws attention to possible areas of change. This phase involves three one-hour sessions. Parents who needed additional support were offered adaptive, tailored interventions that targeted specific family management skills. These family management skills training include a collective set of family management skills falling within three domains: positive

behaviour support, healthy limit setting, and relationship building. This phase can range from 3 to 15 sessions. Assessments and intervention were delivered in home annually from child age 2 to 5 years. Staff videotaped caregiver-child interactions and rated features of the home environment. Trained observers later coded the videotapes.

*How has it been evaluated?*

An evaluation of the intervention included 731 low-income families randomised to service as usual or to the 'Family Check-Up' interventions.

*What were the main findings?*

- Intention to treat analysis identified that Family Check-Up increased the duration of positive engagement between caregivers and children by age 3 (ES = .24) and age 4 (ES = .18) [210].
- Family adversity moderated the impact of the intervention, such that the families with the most adverse circumstances were highly responsive to the intervention.
- Families with the highest levels of adversity exhibited the strongest mediation between positive engagement and reduction of neglect [211]. The FCU also impacts on child mental health and substance use [212, 213].

## 4. Discussion, key conclusions and recommendations

### 4.1. Discussion

This report had two interrelated objectives. First, chapter 2 sought to understand what is known from the latest scientific research about the links between poverty, economic pressure, family processes and outcomes for children. A particular emphasis is the role that inter-parental conflict plays relative to child and adolescent outcomes. Second, chapter 3 sought to determine the current evidence on the effectiveness of interventions implemented in the UK and internationally which aim to improve communication and problem-solving aspects of the inter-parental relationship and associated outcomes for children for families in or at risk of poverty and/or experiencing household conditions marked by chronic, impending or acute economic pressure.

Drawing on the key findings, within the context of the strengths and limitations of the review, a number of primary recommendations for research, policy and practice are provided.

#### Strengths and limitations of the review

##### *Strengths*

A strength of this review is that it provides a timely overview of the current evidence on the links between poverty, economic pressure, family processes and outcomes for children, as well as evidence on the effectiveness of interventions designed to enhance couple relationship quality and/or address couple conflict in the context of poverty and economic stress.

Although Harold et al. (2016) [6] brought the evidence base on the inter-parental relationship to a wider audience, its broad focus precluded in-depth consideration of the role of the inter-parental relationship when considered in specific 'high-risk' contexts. As such this review extends the scope of the interventions considered as part of our review work.

However, while we have examined the evidence on the inter-parental relationship in the specific high-risk context of poverty and economic pressure, other high-risk contexts will be of interest to policymakers and practitioners. Examining and disseminating evidence on interventions for families in other high risk contexts (for example domestic violence, parental separation/divorce) is an objective of our forthcoming programme of work.

In relation to the review of interventions (chapter 3) search terms used were derived from the literature review considered in the previous chapter and so there is a close alignment between the two aspects of the work. Similarly, these search terms were used to systematically search two important academic databases, meaning that an objective and transparent method was used for retrieving the available evidence. Furthermore, each of the evaluation studies was read in detail by at least one independent researcher.

##### *Limitations*

A number of limitations need to be acknowledged. First, given the time available, a full systematic review was not possible. Chapter 2 was based on a combination

of the expert knowledge of the authors, as well as identification of relevant studies through search engines, along with examining the references and citations made within (and of) other studies included in the review. However, in the absence of a full systematic review some references may have been omitted.

Chapter 3 used systematic methods to review the peer-reviewed literature examining the evidence on the effectiveness of interventions. Notwithstanding the merits of this approach, it is noted that if a more comprehensive set of search terms and databases had been used, a larger set of interventions may have been returned. Second, given that the review focused on the peer-reviewed literature, there is the possibility of publication bias: there may be evaluations that did not find positive results and were consequently not published.

Although the methodology of each of the evaluations is described in detail in the appendices, the evaluation evidence has not yet been formally assessed against the EIF standards of evidence, which involves a more resource-intensive process, involving a call for evidence with programme providers and a panel review process. The approach used is fit for purpose given the timescale of the review, but it is important to acknowledge that we have made an initial assessment of the evaluation evidence, rather than a detailed assessment against the Early Intervention Foundation's standards of evidence. We will return to this more detailed assessment in due course.

Finally, while the interventions that underwent the review process were grouped under thematic categories to aid comprehension and synthesis, it is acknowledged that there may not be clear-cut and discrete categories and that some interventions could be argued to belong to more than one category.

## 4.2. Key conclusions and recommendations

Acknowledging these limitations, this review provides a timely synthesis of the evidence from a representative sample of evaluations of programmes designed to improve specific attributes of the inter-parental relationship and improve outcomes for children in the contexts of poverty and economic pressure and a number of conclusions have been reached.

### Evidence on the links between poverty, the inter-parental relationship, parenting and child outcomes is well established

An established body of evidence has explored the evidence on the links between poverty, economic pressure, the inter-parental relationship, parenting and child outcomes. The majority of the studies make use of longitudinal designs with the correct temporal ordering of events and these studies provide support for mechanisms postulated by the Family Stress Model.

Economic pressure places parents at elevated risk of a variety of psychological distress. This includes increased risk of anxiety and depression. Parents' psychological distress, caused by economic pressure is associated with problems in the inter-parental relationship, including inter-parental conflict and reduced relationship satisfaction. Economic pressure and parents' psychological distress are also prospectively linked to difficulties with parenting. This includes reductions in parental sensitivity, reduction in the quantity of time parents spend interacting with their child, and increased authoritarian parenting practices.

The family stress process culminates with child and adolescent adjustment. When economic stress depletes the individual psychological and inter-parental resources of adults with children, evidence suggests that they may resort to inconsistent or

harsh disciplinary practices, might monitor their children less frequently, or may withdraw their support and affection [25].

Recent research provides support for the hypothesis that these kinds of parenting practices are prospectively linked to:

- externalising problems
- internalising problems
- academic problems
- physical health problems
- social and interpersonal relationship problems.

Research on family stress processes has begun to adopt flexible definitions of the family, encompassing a variety of relationship structures, including single-parent families and multigenerational and extended family networks. There is also growing evidence that family stress models are applicable to a diverse range of racial and ethnic groups.

### Theory and evidence suggest a range of targets for intervention for families in or at risk of poverty

Evidence from low-income families has shown that there are a range of factors which are associated with resilience to inter-parental relationship issues and poor parenting in the context of poverty. All of these suggest possible sites of intervention which would support parenting and the couple relationship in those living in or at risk of poverty.

These factors include:

- maternal perceived social support
- effective coping strategies
- effective communication and problem-solving
- dispositional optimism
- community and neighbourhood factors
- the child's attributions of parental conflict.

### Few interventions are targeted specifically at families in or at risk of poverty

Despite the strength of the longitudinal evidence base, there is a paucity of evidence on interventions with an explicit focus on the inter-parental relationship that are targeted specifically at families in or at risk of poverty.

A total of 13 programmes met the selection criteria. Of these, eight had a couple focus, five had a parenting focus with a couple component. The interventions were further classified according to whether they were universal (available to all children or families) or targeted at those at risk of experiencing problems (selective) or a pre-identified issue (indicated).

Of the eight interventions that had a primary focus on the couple relationship, half were universal interventions and half were targeted: selective interventions. It might reasonably be argued that universal interventions are not relevant to families in or at risk of poverty and economic pressure. However, while these interventions do not specifically target disadvantaged families, they have each been evidenced to have positive effects with families experiencing disadvantage. This is either because there have been implementations with disadvantaged families showing positive results (this includes low-income families and ethnic minority couples) and/or because the authors have demonstrated that results from

a universal implementation are not moderated by income. The other half of these interventions (N=4) targeted families specifically in poverty on the basis that they may be at risk for relationship difficulties.

Of the five interventions that had a primary focus on parenting, there were four targeted: selective interventions. These interventions targeted families on the basis of a number of risk factors, including parental separation, teenage pregnancy, and living in poverty. One intervention was a targeted: indicated intervention, aimed at families facing multiple disadvantage and with children already displaying behaviour difficulties.

#### *Further testing of universal interventions*

Although we have argued that evidence from the four universal interventions in this review are still relevant to families in or at risk of poverty, further replication of these interventions, with diverse samples in terms of income and other indices or disadvantage would be beneficial. This is exactly the approach adopted by the Family Foundations model, with Stronger Foundations having been developed for specific high-risk samples. As has been noted in the literature [139], taking existing empirically supported interventions and adapting them to different subpopulations is worthwhile when considering the cost of developing new interventions from the bottom up.

#### *Engaging and retaining low-income families*

Having made recommendations in relation to the commissioning, implementation and evaluation of interventions for families in the context of poverty and economic pressure, we feel it is important to acknowledge some of the challenges identified in the intervention literature we have reviewed in order to recap some of the strategies that have been successful in engaging and retaining low-income families.

Both the meta-analytic literature [180] and evidence of specific interventions have noted that families in or at risk of poverty are not a homogeneous group and that families with the lowest incomes may face the most significant obstacles to participating in interventions (e.g. Wadsworth et al., 2013 [139]). For example, those that dropped out of the FRAME intervention had significantly lower income at baseline than those who were retained and the effect sizes in meta-analysis are lower for interventions with participants on the lowest incomes.

Although existing research has not found a way to fully overcome these practical challenges, some strategies have shown promise. These include ensuring having financial incentives for participation, ensuring intervention content is relevant to the specific challenges faced by families, and that alternative referral routes and locations for intervention are available. Investigation of the success of these strategies in a UK context would be worthwhile.

#### **Not all evaluations measure child outcomes, which creates challenges for commissioning**

It is important to note that just because an intervention has previous evidence of impact does not mean that it will work in every place. Commissioners have to balance the strength of evidence with implementation capability, cost–benefit analysis and an understanding of their local population needs.

This generic point is especially important in the case of the interventions considered as part of this review, because of the 13 interventions reviewed only eight had demonstrated evidence of impact on child outcomes. This presents a challenge if the goal of commissioning these interventions is to improve specific child outcomes. A key consideration is the age of the child whose parents or

caregivers are being considered for a particular intervention. The age of the child is a key determinant of the particular outcomes that may be expected from any particular programme. To facilitate the process of ensuring that commissioned interventions are set up in order to be able to achieve the desired effects on child outcomes, we recommend outcomes should be 'bracketed' into proximal and distal categories.

Proximal outcomes relate specifically to what may be expected and measured in terms of the aspects of couple relationship behaviour that map on to specific child-related outcomes. For example, a programme targeting parents of newly born children may not be expected (or designed) to evidence immediate changes in specific child behaviour (such as conduct problems, more typical of older children), but may target aspects of couple interaction (for example problem-solving) that lead to proximal impacts (such as improved parenting practices), that are evidenced to positively impact children in the longer term (see Harold et al., 2016 [6]).

As outlined by Harold and colleagues (2016), distal outcomes are specific aspects of child behaviour that may be evidenced as a result of proximal level changes, which may then lead to improvements in specific aspects of child behaviour at later ages (for instance emotional, behavioural, academic outcomes [6]). Programmes targeting a reduction in acrimonious inter-parental relations (such as in the context of parental separation-divorce) may lead to specific improvements in child outcomes (depending on the age and the particular aspects of child/adolescent behaviour(s) assessed). Proximal outcomes specific to child emotional and/or behavioural changes (improvements) may in turn be linked to further long-term/distal outcomes (for example improved educational attainment, future relationship stability). The key recommendation in terms of policy and practice is that assessment of outcomes should be specific to the design features of any particular programme and what the programme is designed to 'change' within (and beyond) the timeframe of the programme (pre- and post-programme assessment).

#### *Ensuring robust procedures for measuring 'outcomes'*

As further outlined by Harold and colleagues (2016), a key factor in evaluating the efficacy of a specific programme is the reliable assessment of outcome(s) that the programme is targeting (proximal and distal) [6]. Utilisation of psychometrically validated assessment tools to facilitate this objective is a central recommendation of this report. Instruments/tools used to assess the efficacy of any particular programme should both be:

1. sensitive to change within the timeframe of the proposed programme
2. eligible to evidence change in specific features of inter-parental and related processes/dimensions of change that are either directly (proximal) or indirectly (distal) linked to changes in child outcomes and related influences (for example parenting, co-parenting).

#### **More research needed on causal mechanisms and evaluations of interventions**

Although the interventions described in this review provide important insights into what works for families in or at risk of poverty and/or economic pressure, the intervention research is still in the early stages and we need to know much more about what works for who under which circumstances.

### *Further testing of family-based interventions alongside other approaches*

As we indicated in the introductory chapter, while this review has focused specifically on the links between poverty, economic pressure, family processes and outcomes for children, poverty also has a range of effects on child outcomes that are not necessarily moderated via the inter-parental relationship.

Therefore, our emphasis on interventions to support the inter-parental relationship, in the context of poverty and economic pressures, should not be taken as precluding intervention of other forms. We mention two of these, by way of illustration.

Research has consistently shown that children living in poverty are at risk of developing poor social and emotional skills [214-216]. The interventions described in this report suggest that targeting family stress processes is a promising pathway to improving child and adolescent social and emotional outcomes, in the context of poverty and economic pressure. However, there is also systematic review evidence that children living in poverty benefit from school- and community-based interventions designed to improve social and emotional skills directly [217]. Future research should investigate the effects of offering interventions that work with children directly, alongside the interventions described in this report. A key issue is whether school-based intervention can show sustained effects in the context of high levels of inter-parental conflict and how this might vary when a combination of approaches are offered. This approach is consistent with recommendations in the literature of multifaceted approaches to intervention being the best approach to intervening with the multicomponent problems faced by families in poverty [139, 218].

Another area of policy interest is intervention designed to directly alleviate the economic circumstances of families. Reviewing this issue and associated US-based literature, Cowan and Cowan (2014) note that there is limited evidence on whether income supplements improve the quality of the relationship between partners or between parents and children. Along with Cowan and Cowan, we would resist framing policy as a choice between either support for the inter-parental relationship *or* economic interventions. Empirically testing interventions that focus on either aspect (inter-parental relationship *or* economic interventions) along with those that combine the two approaches would seem highly desirable [175].

### *Reviews of interventions in other high-risk contexts*

The evidence reviewed in chapter 2, as well as our earlier work, makes the case that the specific contexts within which inter-parental conflict is examined will have implications for children across ages and stages of development. Indeed, intervention programmes aimed at improving outcomes for children have been shown to vary in effectiveness relative to the specific contexts of inter-parental conflict and related family processes (see Leve et al., 2010 [219]). In this review, we have focused on the context of economic disadvantage/economic pressure. Further work is required to consider interventions suitable for other high-risk contexts, such as domestic abuse/violence, parental-separation, adult mental health and substance misuse.

### *The need for further investment in UK-based evaluation*

One important point to make relevant to the 13 interventions included in this review, is that only two have a UK evidence base. Therefore, in addition to recommendations relating to promoting capacity for providers of programmes and services to employ standardised approaches to 'mapping' specific programmes to population (target group) needs (for instance levels of severity of inter-parental/

couple relationship conflict), it will also be important to undertake significant investment in UK-based evaluation.

We know from other areas of prevention science that interventions that have demonstrated efficacy in the US do not necessarily replicate positive findings in the UK context. For example, a meta-analysis of social and emotional skills programmes [220] found evidence in support of the hypothesis that evaluations of interventions implemented within the country of development show larger effect sizes than those implemented outside the country of origin. Indeed some programmes show almost no impact when transferred to another context internationally: this points to the importance of detailed consideration of the relevance and transferability of international interventions to the UK context and also the critical importance of investment in UK-based evaluation.

Notwithstanding these concerns, there are successful examples from other areas of prevention science of successfully transferring interventions designed internationally to the UK context, including in the area of children's mental health [221], parenting interventions [222], and teacher classroom management [223]. These examples, along with the promising findings of the UK pilot of Parents as Partners, suggests that exploring the transferability of some of these interventions to the UK is an important area of future research.

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## Appendix A: Couple-focused interventions

Programme (name & reference)	<b>Family Foundations</b> ( <i>pre-post-natal intervention</i> ) Feinberg & Kan (2008)[194]
Type of intervention	Skills training/ psycho-education
Classification	Universal
Intervention details	8 interactive psycho-educational, skills-based group classes (6–10 couples per group). 4 pre-natal, 4 post-natal sessions. Focus on enhancing co-parenting relationship. Control group: couples received a brochure about selecting quality childcare.
Study design & sample	RCT Random assignment to intervention group; pre-post assessments 169 couples expecting 1st child & living together (regardless of marital status). 82% married, majority White (mean age mothers 28; fathers 30 years). After pre-test measures, randomly assigned to intervention (n=89) or no-treatment control (n=80). Post-test data collected at child age 6 months, and follow-up at 3 years.
Findings	Both intervention mothers & fathers reported better co-parent support compared to controls. Fathers in intervention reported greater parenting closeness; mothers reported lower levels of anxiety and depression compared to control group. Intervention parents showed less difficulty in parent–child relationship. At 3-year follow-up, intervention parents reported less parental stress, more parental efficacy, less depression, better co-parenting quality than control group. Children in intervention group also showed better adjustment (e.g. social competence, decreased internalising problems, school adjustment). Although this is a universal co-parenting programme (i.e. it does not specifically target economic pressure), income does not moderate the effectiveness of the programme.
Evidence on child outcomes?	Yes
Identified evidence base	Feinberg & Kan (2015)[224]; Solmeyer, Feinberg, Coffman, Jones (2014)[225]; Kan & Feinberg (2014)[226]; Brown, Goslin, Feinberg (2012) [227]; Feinberg, Jones, Kan & Goslin (2010)[195]; Feinberg, Kan & Goslin (2009)[193]
Country of origin	US
Programme (name & reference)	<b>Supporting Father Involvement (US) / Parents as Partners (UK)</b> Cowan et al (2007) [228]
Type of intervention	Psycho-education
Classification	Targeted: selective. Specific content on economic difficulties.

Intervention details	<p>Conduct with low-income Mexican American &amp; European American Families.</p> <p>Focus on fathers strengthening relationship with children, in part by strengthening relationship with mother. 16-week intervention led by male-female pairs of mental health professionals.</p> <p>Meetings were for 2 hours a week with a structured curriculum of exercises, discussion, presentation based on original Cowan projects. Based on psycho-educational classes and open-ended therapy group discussions.</p> <p>Topics include: mental health, couple conflict, transmission patterns across generations, parenting, economic difficulties.</p>
Study design & sample	<p>RCT</p> <p>Pre-post assessments.</p> <p>Groups were 6–8 fathers or 4–6 couples. Childcare provided during meeting. Randomised clinical trial assigned to either (1) couples group (2) fathers group or (3) single-session control group. Curriculum the same in the couples group and fathers group.</p> <p>Included partners who were married or cohabiting, and living separately but raising children together</p> <p>Pre-test, post-intervention 9 months after study (n=160).</p>
Findings	<p>This group is willing to participate in long intervention. Compared with the low-dose comparison, both intervention groups showed positive effects with fathers' engagement with the children, couple relationship quality, and child problem behaviours.</p> <p>Participants in couples' group showed more consistent longer-term positive effects than the father-only group.</p> <p>Participants also reported satisfaction with the programme.</p> <p>Family resource centres also included fathers more.</p> <p>Intervention most successful for high-conflict couples</p> <p>Intervention effects were similar across family structure, income level, and ethnicities.</p>
Evidence on child outcomes?	Yes
Identified evidence base	Cowan et al (2009)[196]; Pruett et al (2009)[229]; Epstein et al (2015)[230]
Country of origin	US (Mexican American & European American families); UK
Programme (name & reference)	<b>Couple Relationship Education (CRE)</b> Wilde & Doherty (2013) [231]
Type of intervention	Psycho-education
Classification	Targeted: selective. Includes education workshops with money focus.
Intervention details	<p>Working with low-income families. Consisted of: in-home education &amp; support, group educational events, social service referrals. Structured format. Focus: help couples increase knowledge about relationships, gain skills for relationship maintenance &amp; improvements. Coaches averaged 11 visits of 17.1 hours spent in face-to-face interaction with each couple.</p> <p>Also 11 optional group education workshops (topics included money, intimacy, parenting together, commitment)).</p>

Study design & sample	<p>Quasi-experimental design with matched control group.</p> <p>Couples recruited via social services, health clinics &amp; by mail to unmarried couples who had recently established paternity.</p> <p>Eligibility criteria: unmarried, have a child together, be interested in staying together to raise child(ren) with marriage as a possible future consideration (n=96).</p> <p>Well-matched control group.</p>
Findings	<p>Couples had same rate of couple stability as control group but increased rate of marriage. CRE can help families achieve marriage if that is their goal.</p> <p>Intervention group also showed increased relationship satisfaction, greater use of healthy relationship skills &amp; reduced conflict.</p> <p>More recent RCT (2016) found intervention couples reported higher satisfaction at 30 months than control couples, regardless of their level of pre-treatment risk. Among higher-risk couples, the intervention improved observed communication as well.</p> <p>Meta-analysis (Hawkins &amp; Erickson, 2015) suggest that CRE can have positive effects on relationships in lower-income families, including self-reported relationship quality, communication &amp; aggression.</p>
Evidence on child outcomes?	No
Identified evidence base	Williamson et al (2016) [201]; Hawkins & Erickson (2015) [180]; Hawkin & Fackrell (2010) [181]
Country of origin	US
Programme (name & reference)	<b>Couples Coping Enhancement Training (CCET)</b> Ledermann et al (2007)[232]
Type of intervention	Psycho-education
Classification	Universal
Intervention details	For couples with pre-adolescent children & experiencing stress in daily lives associated with bringing up children. CCET does not target specific child rearing issues but focuses on stress & coping, communication & problem solving, promotes marital satisfaction & reduces marital distress. Total of 18 hours intervention.
Study design & sample	<p>RCT</p> <p>Random assignment to intervention group; pre-post assessments.</p> <p>Efficacy of this programme previously examined in distressed couples.</p> <p>100 couples with pre-adolescent children randomly assigned to CCET or control group.</p>
Findings	<p>Improves partner communication, dyadic coping &amp; reduces disagreements relating to children. Participants experience reduced marital distress &amp; increased marital satisfaction, and improved psychological wellbeing.</p> <p>Positive effects for men and women immediately after training.</p> <p>After 6 -months &amp; 1 -year, effects reduced.</p> <p>Recent evidence suggests online format may also be beneficial.</p>
Evidence on child outcomes?	No

Identified evidence base	Zemp et al (2015)[233]; Bodenmann et al (2004, 2006, 2014) [234-236]; Schaer, Bodenmann & Klink (2008) [237]; Pihet et al (2007) [238]
Country of origin	Switzerland
Programme (name & reference)	<b>Within My Reach</b> Antle et al (2013) [198]
Type of intervention	Skills training
Classification	Targeted: selective. Promotes healthy relationships in low-income, at-risk individuals.
Intervention details	Developed by PREP developers. Healthy relationships curriculum to low-income, at-risk individuals. 15 1-hour units. Units cover 3 themes: Building Relationships, Maintaining Relationships, & Making Relationship Decisions. Sessions include a variety of activities, which use videos & presentations, to engage participants as they apply concepts to real-life situations relevant to their current circumstances.
Study design & sample	Pre-post design Pre-post assessments with 6-month follow-up of 202 participants across 8 neighbourhood place sites. 76.7% female, 23.3% male, 60% African American, 39.2% unemployed.
Findings	Participants experienced high levels of training satisfaction; significant increases in knowledge, communication/conflict resolution skills, and relationship quality; as well as a trend in the reduction of relationship violence.
Evidence on child outcomes?	No
Identified evidence base	Rhoades & Stanley (2011) [239]; Visvanathan et al. (2014) [240]
Country of origin	US
Programme (name & reference)	<b>Prevention &amp; Relationship Enhancement Program (PREP)</b> Owen et al (2012) [200]
Type of intervention	Skills training
Classification	Universal (but with targeted: selective implementations)
Intervention details	Universal 5-session prevention programme designed to teach couples effective communication & conflict management skills. Focus: conflict resolution & communication, development & maintenance of intimacy, commitment & friendship.
Study design & sample	Pre-post design. 16 hours of PREP via a group or a couple format over the course of 2–3 months. Couples relationship quality was assessed prior to and directly after the programme.
Findings	Examined effectiveness of PREP with lower-income racial/ethnic minority couples. Men & women demonstrated significant gains in communication skills, relationship functioning, friendship, dedication, & relationship confidence. Couples who participated in PREP via the couple format had better outcomes on 3 of the 7 relational outcomes compared to couples who participated in group format.

Evidence on child outcomes?	No
Identified evidence base	Markman et al. (1993) [199]; Stanley et al. (2010; 1999) [203, 241]; Braithwaite & Fincham (2007) [204]; Schilling et al. (2003) [242]; Renick et al. (1992) [243]
Country of origin	US
Programme (name & reference)	<b>Fatherhood, Relationship and Marriage Education (FRAME)</b> Rienks et al. (2011) [174]
Type of intervention	Psycho-education
Classification	Targeted: selective
Intervention details	Programme for low-income mother and fathers aimed to reduce conflict and help to cope with stress and co-parent effectiveness. The intervention consists of around 14 hours of content delivered with over 3 weekends or five weeknights, either at a university of centrally located community. The curriculum has three main components: relationship education, stress and coping skills training and child-centered parent training.
Study design & sample	RCT Sample was 173 ethnically diverse low-income co-resident mothers and father. Families were assigned to either: a men-only group, a women-only group, and a couple's group.
Findings	Intervention participants demonstrated reductions in financial stress, reductions in disengagement coping and improvements in problem-solving. Changes in stress and coping were associated with reductions over time on symptoms of depression. Improvements in parent depression and parent-child interactions predicted reductions in child internalising and externalising symptoms.
Evidence on child outcomes?	Yes
Identified evidence base	Wadsworth et al. (2011, 2012, 2013) [139, 205, 206]
Country of origin	US
Programme (name & reference)	<b>Family Communication Programme</b> (Miller-Graff et al., 2016) [244]
Type of intervention	Psycho-education
Classification	Universal
Intervention details	Four session intervention aimed at improving inter-parental and family wide conflict in families with adolescent children. Sessions last approximately 2 hours and typically involve 3-5 families. Content focuses on teaching constructive/destructive conflict and conflict resolution strategies; attachment security, co-parenting and facilitating adolescent autonomy.

Study design & sample	RCT Random assignment to: Parent Only Group, Parent-Adolescent Group, Self-Study Group and No Treatment Group. Sample was 225 families with adolescents. Measures of Inter-parental conflict, marital adjustment, adolescent emotional security and adolescent adjustment at pre- and post-test and 6-month follow-up.
Findings	The intervention was effective in increasing constructive conflict behaviour and decreasing destructive conflict behaviours. From the Parent-Only Group, post-test constructive behaviours directly predicted lower levels of adolescent externalising behaviours at 6-month follow-up.
Evidence on child outcomes?	Yes
Identified evidence base	Miller-Graff et al., 2016) [244]
Country of origin	US

## Appendix B: Parenting focus interventions with a couple component

Programme (name & reference)	<b>Incredible years School Aged (BASIC and ADVANCED)</b> Hutchings et al (2009) [245]
Type of intervention	Psycho-education
Classification	Targeted: selective (BASIC). Targeted: indicated (ADVANCED).
Intervention details	17/18 week 2-hour sessions. Advanced programme includes dealing with adult relationship difficulties & problem-solving.
Study design & sample	Pre-post design and QED. BASIC and ADVANCED programme delivered to parents of children (age 8–16 years) at risk of conduct problems & antisocial behaviour.
Findings	Improvements in child behaviour observed at follow-up. Also improvements in parent depression & parenting skills.
Evidence on child outcomes?	Yes
Identified evidence base	Webster-Stratton & Herman (2010) [246]; Webster-Stratton & Reid (2010) [247]; Webster-Stratton (1999) [248]; Reid, Webster-Stratton, Hammond (2003) [249]
Country of origin	US, UK
Programme (name & reference)	<b>'4 Rs 2Ss' Family Strengthening Programme</b> Small et al (2015) [250]
Type of intervention	Skills training & psycho-education
Classification	Targeted: indicated. Targeting families with children with serious behaviour problems.
Intervention details	4Rs 2Ss Family Strengthening Programme developed across 4 broad categories related to parenting skills & family processes that form a multiple family group service delivery approach. 4 Rs Programme supports family-level influences on disruptive behaviour disorders, incorporating treatment strategies from behavioural parent training and family therapy.
Study design & sample	RCT 321 families enrolled in this randomised intervention study, assigned to either the 4Rs 2Ss Family Strengthening Programme or standard care services. Intervention was a 16-week multiple family group intervention delivered through outpatient community mental health clinic. Data was collected at baseline, mid-test (8 weeks), post-test (16 weeks), and 6-month follow-up.

Findings	Child welfare status not related to attendance. Family stress and parental depression related to participant engagement in this multiple family group intervention. Involvement in the 4Rs 2Ss Family Strengthening Programme resulted in improved effects for child behaviours. There was no evidence of moderation effects on family stress, child welfare involvement, or parental needs.
Evidence on child outcomes?	Yes
Identified evidence base	Gopalan et al (2014) [251]; Gopalan, (2016) [252]; Stephens et al (2014) [253]; Chacko et al (2015) [207]; Gopalan et al (2015a) [208]; Gopalan et al (2015b) [209]
Country of origin	US
Programme (name & reference)	<b>Family Check-up Intervention (FCU)</b> Dishion et al (2015) [211]
Type of intervention	Skills training
Classification	Targeted: selective. High-risk youth (for problem behaviour and substance misuse) and families.
Intervention details	A strengths-based & assessment-driven (by clinician) intervention provided annually. A brief 3-session intervention that is individually tailored to the needs of youths and families. During assessment session a parent consultant explores parent concerns, focusing on family issues that are critical to the child's wellbeing. Feedback emphasises parenting and family strengths yet draws attention to possible areas of change. Family management skills training includes a collective set of family management skills falling within three domains: positive behaviour support, healthy limit setting, and relationship building.
Study design & sample	RCT 731 low-income families randomised to service as usual or 'Family Check-Up' intervention. Assessments & intervention delivered in home at ages 2, 3, 4, & 5. Staff videotaped caregiver-child interactions & rated features of the home environment. Trained observers later coded the videotapes, unaware of the family's intervention condition. Intention to treat design.
Findings	Family Check-Up increased duration of positive engagement between caregivers & children by age 3, which in turn was prognostic of less neglect of the child at age 4, controlling for family adversity. Family adversity moderated the impact of the intervention, such that the families with the most adverse circumstances were highly responsive to the intervention. Families with the highest levels of adversity exhibited the strongest mediation between positive engagement and reduction of neglect. Additional evidence suggests FCU impacts on child mental health & substance use. Further evidence suggests effects are not moderated by ethnicity.
Evidence on child outcomes?	Yes

Identified evidence base	Connell et al 2016 [254]; Véronneau et al (2016) [255]; Shaw et al (2016) [256]; Connell et al 2015 [257]; Sitnick et al 2015 [210]; Smith et al (2014) [258]; Fosco et al (2014) [259]; Stormshak et al (2010) [260]; Stormshak & Dishion (2009) [261]; Fosco et al (2016) [262]
Country of origin	US
Programme (name & reference)	<b>Cultural adaptation of Strong Foundation (adapted from Family Foundations)</b> Lewin et al (2015) [263]
Type of intervention	Psycho-education
Classification	Targeted: selective. Medical and psychosocial services delivered to low income teenage parents.
Intervention details	Co-parenting focused intervention. Intervention modified to be developmentally & culturally appropriate, acceptable, & feasible for use with urban, low-income, minority expectant teen mothers and their male partners. Family Foundations: components: (1) parents support each other's role as parent; (2) childrearing disagreements; (3) division of child-related responsibilities; (4) parental management of family-level interactional processes.
Study design & sample	Pilot one group pre-post design. 32 couples (64 participants) enrolled in Strong Foundations pilot. Expectant mothers average age 17.3 years, primarily non-Hispanic Black (83%), currently attending school (90%), and living with their own mothers (76%). Participating expectant fathers were 18 years old on average and also primarily non-Hispanic Black (85%), but only half (55%) were in school and even fewer were employed (35%).
Findings	Pilot testing has shown that this model is both acceptable and feasible in this traditionally hard to reach population. Although recruitment and engagement in this population present specific challenges, young, urban minority parents are deeply interested in being effective co-parents, and were open to learning skills to support this goal.
Evidence on child outcomes?	No
Identified evidence base	Feinberg, 2014 [264]; Feinberg & Kan, 2008 [194]; Feinberg, Kan & Goslin, 2009 [193]; Feinberg et al (2010) [195]; Solmeyer et al (2014) [225] (all for Family Foundations)
Country of origin	US
Programme (name & reference)	<b>Dads for Life</b> Cookston, Braver, Griffin, De Luse & Miles (2007) [265]
Type of intervention	Skills training
Classification	Targeted: selective. Non-custodial fathers.

Intervention details	<p>Focus on improving father–child relationship, and increasing fathers' parenting skills. 8 group sessions with fathers, each lasting 1 hour 45 mins, and two 45-min sessions.</p> <p>Curriculum with videos to promote discussion. Includes: communication skills, problem-solving, discipline, conflict management, building commitment in the parenting role.</p>
Study design & sample	<p>RCT</p> <p>Random assignment to intervention group; pre-post assessments.</p> <p>Eligibility criteria included: couple divorced in past 4–10 months; at least 1 child between 4–12 years; mother had primary custody of children.</p> <p>214 fathers randomly allocated to intervention (n = 127) or control group (n = 87) who received self-help books related to subject.</p> <p>Mothers and fathers assessed 4 times (before random assignment, immediately after, 4 months after, &amp; 1 year after programme).</p>
Findings	<p>Both mothers and fathers reported less conflict after involvement in programme compared to control condition.</p> <p>Additional evidence suggests children have lower internalising symptoms where fathers have participated in the programme.</p>
Evidence on child outcomes?	Yes
Identified evidence base	Cookston et al. (2006) [266]; Braver & Griffin (2000) [267]
Country of origin	US

# About the authors

## Dr Daniel Acquah

Daniel is a Senior Researcher at the Early Intervention Foundation. He joined the Early Intervention Foundation from the Analysis and Insight Team at the Cabinet Office, where he managed a range of research and evaluation projects in support of the Office for Civil Society and the Youth Policy teams. Before that, Daniel spent three years as a Research Associate at the Centre for Education Research and Practice at AQA Education where he published work on education policy as well as carrying out evaluations of assessment procedures. Previously, Daniel trained as a developmental psychologist, completing an MSc in Psychological Research Methods and a PhD in developmental psychology at the University of Nottingham. He has published in peer-reviewed journals such as *European Journal of Developmental Psychology*, *British Journal of Developmental Psychology*, *Research Papers in Education and Assessment in Education*. At the Early Intervention Foundation, Daniel led the review of 'What works to enhance inter-parental relationships and improve outcomes for children' and also contributed to a rapid review of the available literature about the nature and extent of relationship support provision in the UK.

## Dr Ruth Sellers

Ruth is a Research Fellow in the School of Psychology and the Andrew and Virginia Rudd Centre for Adoption Research and Practice at the University of Sussex. Ruth received a PhD in developmental psychopathology (2013) from Cardiff University and is an ESRC Future Leaders Research Fellow, collaborating with Professor Harold and international collaborators in the US, New Zealand and the UK through the Rudd Centre for Adoption Research and Practice. Ruth's research interests focus on the examination of risk and resilience processes underlying family influences on child psychopathology, with the core objective to illuminate understanding of mechanisms that explain the development of adverse outcomes and that can help to inform intervention and prevention strategies.

## Laura Stock

Laura is a Senior Researcher at the Early Intervention Foundation, having previously worked for a number of years at the Tavistock Institute of Human Relations. There she managed and led a range of mixed-methods research and evaluation projects for central and local government, the European Commission and voluntary sector clients. This included a series of studies on inter-parental and family relationships, including an evidence review on Personal Relationships and Poverty for the Joseph Rowntree Foundation. She has undertaken research in a range of policy fields related to early intervention, including: child poverty, domestic violence, children's mental health, looked after and adopted children, teenage pregnancy, parenting, educational disadvantage and teenage pregnancy. Prior to this, Laura worked for different voluntary organisations in the migration field. She has a BA in Social Anthropology, and MA postgraduate degrees in Research Methods and in Human Rights.

## Professor Gordon Harold

Gordon is the Andrew and Virginia Rudd Chair in Psychology and Professor of Child and Adolescent Mental Health in the School of Psychology at the University of Sussex. He is also the inaugural Director of the Rudd Centre for Adoption Research and Practice at the university. He received his PhD from Cardiff University

in 1998, was appointed Lecturer in Psychology the same year and Professor of Psychology in 2008. He is an Associate Member of the MRC Social, Genetic and Developmental Psychiatry Centre, at the Institute of Psychiatry, Psychology and Neuroscience, Kings College London, and the MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University. He is a member of the Economic and Social Research Council's Capability Committee, is a Specialist Advisor to the Early Intervention Foundation focusing on family relationships and youth mental health, and was recently elected as Treasurer of the Association for Child and Adolescent Mental Health (ACAMH). His primary research interests focus on examining the impact of early rearing adversities (for example inter-parental conflict, negative parenting, parent mental health) on child and adolescent mental health (such as depression, anxiety, conduct problems), the interplay between genetic factors, pre-natal, post-natal rearing experiences and children's mental health, utilising advanced statistical methods to examine longitudinal data/cohort longitudinal resources, and implementing research-led practice and policy recommendations focusing on early rearing influences on child and adolescent mental health.