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BETA VERSION FOR TESTING & FEEDBACK

Supporting healthy relationships among parents of children with behaviours that challenge

July 2022

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We are grateful for expert input from focus group participants and EIF expert group members.

Beta version for testing & feedback

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

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

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INTRODUCTION

Parental conflict is common among families in England. Official data from 2018 shows that almost one in eight children in couple-parent families were living with a parent reporting relationship distress. When parental conflict is frequent, intense and poorly resolved it can put children's mental health and long-term outcomes at risk.[S1,][1] Currently, however, little attention is paid to how parental conflict affects the lives of children with special educational needs and disabilities in the UK.

The most recent official statistics show that in 2012 there were 0.8 million disabled children and young people aged 0–18 in the UK, 6% of all children.[S2] Children with neurodevelopmental disabilities (such as Autism, ADHD, and Tourette's Syndrome) are the largest group of disabled children and young people,[S3] making up an estimated 3–4% of children in England, and more recent studies suggest that over 2% of children and young people in the UK are autistic.

This guide focuses on children with neurodevelopmental difficulties or diagnosed neurodevelopmental conditions who manifest 'behaviours that challenge'. 'Behaviours that challenge' refers to persistent behaviours which indicate a child's distress and often require additional care from family members, friends and school staff. These behaviours can vary from becoming withdrawn to becoming physically aggressive and can be manifested by all children. However, children with neurodevelopmental difficulties and conditions can face additional barriers in having their needs met, which can result in more frequent distress and consequently more frequent behaviours that challenge.[S4] Barriers include a lack of reasonable adaptations,[S5] negative societal beliefs about neurodiversity,[S6] and a lack of access to appropriate support.[S7]

Research suggests that parents of children with behaviours that challenge might experience higher levels of parental stress.[S8, S17, S19] Parental stress is associated with a higher risk of relationship distress and conflict,

1 Throughout the text, studies referenced in this review are denoted by **S1–S40**, which correspond to the **full reference list** at the end of this document.

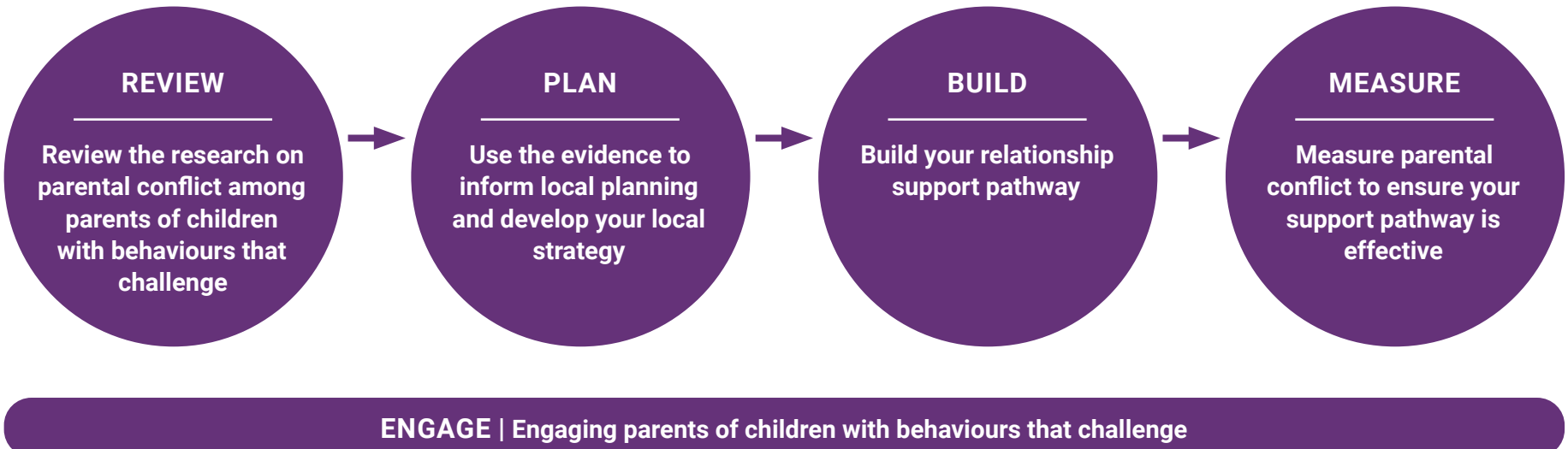
which in turn can affect outcomes for children.[S1] The scale and impact of this is likely to vary for children with different conditions and with different levels of support.

This guide has been developed for local leads, commissioners and practitioners to improve understanding of the factors that increase the risk of parental conflict among parents of children with behaviours that challenge, how to engage parents, what evidence-based support can be offered, and how to assess progress for these families.

The guide includes:

- An overview of the research evidence of the factors that can increase the risk of parental conflict among parents of children with behaviours that challenge, and the impact of parental conflict on child outcomes.
- Advice on how research evidence can be put into practice to inform your local strategy.
- Recommendations on how to engage parents of children with behaviours that challenge.
- A summary of evidence-based healthy relationship and parenting interventions that can be used with parents of children with behaviours that challenge.
- A summary of measurement tools that can be used to measure parental conflict, parental stress and co-parenting with parents of children with behaviours that challenge.

Figure 1: Components in this practical guide



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

Our approach to language

EIF is guided by a set of principles when talking and writing about disability:

1. Be accessible in the way that we write or speak about disability and issues relating to behaviours that challenge
2. Be transparent about sources of data and evidence relating to disability and about the limitations of our own findings and conclusions
3. Be specific and recognise the diversity within broad categories of disability
4. Be respectful and use the terms and language that people have chosen to refer to themselves as individuals and groups.

Definitions

We use the expression **'behaviours that challenge'** to refer to persistent behaviours that children can demonstrate in a number of ways and in various settings, from becoming withdrawn (internalising behaviours) to acting aggressively (externalising behaviours). Sometimes, these are described as 'challenging behaviours'. We recognise that these behaviours, which are often caused by distress and are unintentional, can be manifested by children with and without neurodevelopmental difficulties and disabilities. However, children with neurodevelopmental difficulties and diagnosed neurodevelopmental conditions might face additional barriers in having their individual needs met when compared to other children. These barriers might result in children's more frequent distress and consequently more frequent manifesting of behaviours that challenge.

We use the expression **'neurodevelopmental difficulties and diagnosed neurodevelopmental conditions'** to refer to 'a group of conditions, some of which may be genetic in origin, that typically manifest early in development, often before the child starts school, and are characterised by developmental difficulties that produce impairments of personal, social, academic, or occupational functioning.' [S9] This category therefore comprises a range of difficulties as well as clinically defined disorders including: learning disabilities; specific learning disorder; communication disorders; attention-deficit/hyperactivity disorder; and autism spectrum disorder.

In the research cited, the term **'pervasive developmental disorder'** (PDD) is used to refer to a set of diagnoses of "Autistic Disorder", "Rett's Disorder", "Childhood Disintegrative Disorder", "Asperger's Disorder" and "Pervasive Developmental Disorder Not Otherwise Specified".

The term **'intellectual disabilities'** (ID) is used to report evidence from two studies, which use the term to refer to significant difficulties in learning as well as applying complex information.

We are aware that diagnostic processes can vary in length, and have several barriers to entry therefore, for the purpose of this guide we consider both children with and without a current diagnosis.

REVIEW

An overview of the research

This section explains what research evidence can tell us about parental conflict among parents of children with behaviours that challenge, risk factors associated with parental conflict and the impact on children.

There is very limited UK research on how parental conflict can affect outcomes for children with behaviours that challenge, and evidence on risk factors tends to focus on some conditions (such as autism) more than others. This overview includes the best available research evidence from quantitative studies, and more information on the studies can be found in the appendix.[2] Some of the evidence comes from international research so may not be directly applied to local UK contexts.

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

2 Available at **https://www.eif.org.uk/files/pdf/supporting-healthy-relationships-parents-of-children-with-behaviours-that-challenge-appendix.pdf**

This section explains what research evidence can tell us about key risk factors and child outcomes. We then show you how the findings connect in practice to how you collect data and develop your strategy for reducing parental conflict.

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

Parental conflict and the parenting relationship in families of children with behaviours that challenge

- **It is unclear from the evidence if parental conflict happens more often among parents of children with behaviours that challenge,**[S10, S11, S12, S13] however, evidence suggests a higher rate of divorce for parents of autistic children than in other families.[S14]
- **Autistic children and their siblings are more frequently exposed to parental conflict** when compared with other families, and are more likely to be discussed as a topic during such conflict.[S12]
- **Multiple factors may influence whether these parents experience more conflict.** Conflict among parents of autistic children is related to experiences of instability in the relationship,[S15] poor role balance,[S16] and disagreements related to how children are brought up.[S10] Evidence shows that relationship quality and satisfaction are higher where parents have respect for each other.[S10]

The role of parental stress

Parental stress can influence conflict between parents, and vice versa. This connection has also been identified in families with autistic children.[S8, S17-S20] Due to the lack of evidence, it is unclear if the same applies to parents of children with other conditions.

- **Behaviours that challenge are associated** with parental stress amongst families of autistic children[S17] and more significant child behavioural difficulties predict greater levels of psychological distress or mental health difficulties for both mothers and fathers. Due to the lack of recent evidence, it is unclear if the same still applies to parents of children with other conditions. However, evidence from 2005 and 2006 suggests a similar association between children's behaviours that challenge and parental stress for children with intellectual disabilities (ID)[S8] and pervasive developmental disorders (PDD).[S18]
- **Specific behaviours that challenge may be associated with parental stress.** In a US study[S19] of families with children with PDD, three of ten behaviours exhibited by the child significantly predicted higher levels of parental stress: not answering when people are speaking to them; having problems speaking; experiencing meltdowns or shutdowns.
- Evidence from the UK suggests that fathers of autistic children[S20] experience lower levels of parental stress than mothers, **with the authors suggesting that this might be due to differing parental responsibilities and coping mechanisms**.

Additional factors impacting the parental relationship

- **Parents of children with behaviours that challenge may experience poor mental health.** International evidence suggests that levels of depression are elevated amongst parents of children with intellectual and developmental disabilities.[S21] Anxiety, depression and lower wellbeing in parents of autistic children have been linked with lower marital quality and satisfaction.[S13]
- **Access to services impacts the parental relationship in families of autistic children.** Research from the US found that parents of autistic children have improved marital relationships when they have access to more respite care.[S22] Research from Australia indicates that living further from medical facilities is associated with a more negative co-parenting relationship in families with an autistic child,[S23] and family stress is higher in parents who have not received individual counselling or therapy.[S24]
- **Social support can impact on parental stress and the quality of the parental relationship.** Having an autistic child can alter parents' social lives and so impact on their relationship. Lower levels of social support are associated with higher anxiety and depression in mothers of autistic children,[S24, S25] as well as higher parental stress. Some studies suggests that this can lead to lower relationship satisfaction,[S26, S13] however evidence is mixed, with some studies reporting no lower relationship satisfaction for families of children with ASD with higher parental stress levels.[S13]

Financial pressure in families of children with behaviours that challenge

- **Families of children with neurodevelopmental difficulties and diagnosed neurodevelopmental conditions experience additional income-related losses and financial pressure.** Employed parents of children with neurodevelopmental difficulties and diagnosed neurodevelopmental conditions report lower household incomes than other employed parents,[S27] potentially due to parents' reduced availability for work and additional health, educational and care costs.[S28, S29] US evidence suggests that financial impact is higher for families of autistic children than for other neurodevelopmental disabilities.[S30]
- **It is unclear whether families of children with behaviours that challenge are more likely to experience poverty.** US findings tell us that families with children with neurodevelopmental difficulties and diagnosed neurodevelopmental conditions are more prone to economic hardship[S27] than other families. Conversely, a large UK study in 2011[S31] found that when compared to other families with similar levels of resources, families of children with disabilities are no more or less likely to be in poverty than other families. However, it is unclear if this still applies to the current UK context.

The interaction between parental stress and children's behaviour

- **Parental stress and children's behaviour have been found to influence each other,** with higher parental stress predicting more significant emotional and behavioural difficulties in children and vice versa.[S19, S32, S33] This relationship applies to all children with or without specific conditions.[S19]
- There is some evidence suggesting that **the relationship between parental stress and children's behaviour may change with time.** In particular, parenting stress appears to have the greatest influence on internalising and externalising behaviours in children with neurodevelopmental disabilities during middle to late adolescence.[S34]

Transition points and the parental relationship across time

- **Research from the UK highlights that the diagnostic process can influence parental relationship satisfaction.** Influencing factors include the time taken to receive a diagnosis, satisfaction with information provided at diagnosis, stress experienced in association with the diagnostic process, the manner of the diagnosing professional, and satisfaction with post-diagnosis support.[S34]
- **When compared with other parents, parents of children with neurodevelopmental difficulties and diagnosed neurodevelopmental conditions may exhibit different changes in stress across time.** A US study[S19] found stress in parents of neurotypical children tends to decrease as their children get older, but that this isn't the case for parents of children with neurodevelopmental difficulties. For these parents, this constant or increasing stress over time was not due to child behaviour and may be due to some life events being particularly challenging for families of children with neurodevelopmental difficulties, for example school entry.

PLAN

Using research evidence and data to inform your strategy

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

The research findings can be used to:

- support population needs assessment[3] by identifying relevant data you might need to collect, or informing your Joint Strategic Needs Assessment
- inform local planning for how parental conflict is going to be tackled
- identify links with other strategies such as local special educational needs and disabilities (SEND) strategies and those on early help, domestic abuse and Supporting Families
- identify workforce training and development needs
- assess the quality of the data collected locally and identify and address gaps.

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

While the table below provides some examples of how the research can help you to develop strategic questions and inform what local data you collect, there are some initial actions you might want to take in your local area:

- discuss evidence with the Early Help Programme Board
- ask your local services that support children and adolescents how many children and young people with behaviours that challenge they are supporting and what support they offer parents.

Research evidence and data	Strategic questions	Questions informing data collection
Autistic children and their siblings are more frequently exposed to parental conflict when compared with other families.	How well is the need for relationship support identified among parents of autistic children, and more widely among parents of children with neurodevelopmental difficulties? How effective is relationship support for these parents? What is known about the experiences of parents of autistic children in relation to parental conflict and how could this be used to improve or develop the support parents receive?	What is the prevalence of children with such conditions in your local area? What are their demographic characteristics? For instance, in terms of geographical location, family income, age and ethnicity. How many of these children's parents are reached with effective information and advice about relationship, risk of conflict and support? What data is collected about relationship conflict for parents of children with neurodevelopmental difficulties in your local area? Where are the gaps? Which services should or could be collecting data about relationship conflict amongst parents of children with neurodevelopmental difficulties? How could this information be used to improve support?

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Research evidence and data	Strategic questions	Questions informing data collection
Parents of children with neurodevelopmental difficulties are more likely to experience poor mental health.	How well are the mental health needs identified for parents of children with neurodevelopmental difficulties? How effective is local support for these mental health needs?	What proportion of parents of children with neurodevelopmental difficulties have identified mental health needs? How many of these parents are accessing mental health services? What proportion of these parents who have mental health needs are not able to have these met through access to services or social support?
Mothers and fathers of children with neurodevelopmental difficulties can experience different levels of stress.	How well does the local offer for parents of children with neurodevelopmental difficulties take account of gender differences and levels of social support?	How significant is stress as a presenting factor for mothers of children with neurodevelopmental difficulties in your local area? What impact does the local offer have on maternal stress levels?
Families of children with neurodevelopmental difficulties are more likely to experience financial pressure.	How well does the local support offer respond to financial pressures for families of children with neurodevelopmental difficulties?	How many parents of children with neurodevelopmental difficulties are experiencing financial pressure, based on your data about access to services and benefits? How many of these parents are offered and accessing relationship support services?

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Research evidence and data	Strategic questions	Questions informing data collection
Stress in parents of neurotypical children tends to decrease as their children get older, but this isn't the case for parents of children with neurodevelopmental difficulties.	How well supported are parents of children and young people with neurodevelopmental difficulties through adolescence, transition to adulthood and beyond?	What services are supporting parents of young people with neurodevelopmental difficulties through their transition to adulthood? How many of these parents are offered and accessing relationship support services? What do parents of young people with neurodevelopmental difficulties say about their experience of support for them and their child in preparing for adulthood?
The diagnostic process can influence parental relationship satisfaction. Influencing factors include the time taken to receive a diagnosis, satisfaction with information provided at diagnosis, stress experienced during the diagnostic process, the manner of the diagnosing professional and satisfaction with support after the diagnosis.	How well supported are parents during the diagnostic process?	What do parents of children and young people with neurodevelopmental difficulties say about their experience of the diagnostic process? How does this vary for different demographic characteristics? How does your area compare with others on metrics such as the time taken to receive a diagnosis? How many of parents going through the diagnostic process are offered and accessing relationship support services?

ENGAGE

Engaging parents of children with behaviours that challenge

Supporting parents of children with behaviours that challenge depends on whether services can engage well with families and identify what support can meet their needs. Engagement should consider:

- **Recruitment:** how families are approached to take part in an intervention/service.
- **Retention:** how well an intervention or service keeps families involved and avoids drop out.
- **Involvement:** how families take part in an intervention or service, as well as how their lived experience can inform local planning and delivery.

Below we discuss some of the key challenges and barriers faced in engaging parents of children with behaviours that challenge, recommended strategies for communicating with parents, as well as some key facilitators to engagement. This section combines research evidence produced as part of previous EIF evidence reviews[S35, S36] and a summary of professional experience from diverse experts.

What are the key challenges and barriers in engaging parents of children with behaviours that challenge?

Research suggests that there are some common issues in engaging parents in interventions to reduce parental conflict, which may apply to parents of children with behaviours that challenge, including:

- awareness barriers, which include not recognising the need for support.
- accessibility barriers, which include cost and location of interventions, as well as timing i.e. at what time the intervention is delivered but also at what point the intervention is offered within the relationship conflict.
- acceptability barriers, which include feelings of personal failure associated with seeking help.
- specific barriers for accessing relationship support, such as the perception that interventions can be unsuitable or detrimental to people's needs, or the notion that relationships are private and should be managed only by the couple.

Key challenges and barriers to engagement: what local experts say

1. Parents of children with behaviours that challenge focus on their child, not on their relationship

Parents of children with behaviours that challenge must navigate a complex system of services to get their children's needs met, and the focus is generally on supporting their children rather than on the quality of their parental relationship.

> *'Often when parents approach us to get help, they are focused on the child, and the last thing they've done is to think about themselves and their own needs. For this group of parents there is even less headspace as well as physical space in their day to find time to think about their relationship.' SEND strategy programme lead, East of England*

> *'These parents can feel very much like single parents living in a household: one looking after the child with special needs and the other parent looking after any other children. That family dynamic can impact how you engage with the co-parent.' Commissioning support officer, South West (England)*

2. Blame language should always be avoided

Language that apportions blame to the parents or the children can affect parents of children with behaviours that challenge, impacting how they engage with services and reinforcing a feeling of inadequacy.

> *'We avoid the term "parenting course" because the implication is that you're somehow an inadequate parent, while actually what you need is a different set of skills.' National representative, Voluntary sector*

> *'One of the things that keeps coming up in our area is the term "parental conflict".We are using terms such as "building relationships" or "promoting a better relationship" rather than reducing it to the negative, the conflict, because one thing that we found is that parents don't identify themselves as in conflict.' Commissioning support officer, South West (England)*

3. The workforce may need support to engage with parents of children with behaviours that challenge

A lack of staff confidence and skills in knowing how best to communicate with parents about relationships and their children's needs can be a barrier to successfully engaging parents of children with behaviours that challenge.

> *'Sometimes going in to try and help and not doing it right or not getting the right support makes situations worse. Maybe it's not done intentionally but that can also have an impact, so it's not just about families, it's about how staff feel, and what training and support staff get.' National representative, Voluntary wector*

> *'When you're working in an organisation the senior managers might agree that this is the language that should be used. But if you're the practitioner, you might just be told to not use a word anymore or use another word instead. It's important to think carefully about how to filter these changes down.' Coordinator, Voluntary sector*

4. Fathers can be more difficult to engage

It can be hard to engage fathers in services and it may take them longer to begin to engage in services.

> *'Fathers might be in a different place to their co-parent and might just need some time still to process everything, they might still be learning.' Policy and development manager, South West (England)*

> *'A common scenario is that you have the "expert parent" and the "non-expert parent" who might be more difficult to engage. Sometimes there is a dynamic between them that almost creates a sort of a gulf.' SEND strategy programme lead, East of England*

How best to recruit and retain parents of children with behaviours that challenge to relationship interventions:what local experts say

1. Give parents information about the support they will receive and how the process will work

Providing information on how parents will be supported can help to make them feel comfortable and manage their expectations, including for parents who have the condition and experience similar difficulties as their child.

> *'When inviting parents to an appointment, the letter should give information about what would happen in that appointment, how long the appointment would last and who should come, which should be emphasised: "please bring a supporter you know or a co-parent". Managing expectations and trying to include another parent or parent supporter in the conversation is so important and has been sort of overlooked.' Policy and development manager, South West (England)*

> *'For parents who also share some of their children's needs, having photographic representation of what the room's going to look like, who's going to be there, all those aspects are really helpful.' Coordinator, Voluntary sector*

2. Acknowledge differences and offer choices

Every family is different and might have different needs. Acknowledging that there are not fixed solutions and ensuring that parents have choices is important to avoid them feeling that the service is 'done to them'.

> *'Every family's experience is very layered, as you try to solve one issue you realise there are more issues connected elsewhere. It's important to know you're not going to fix something, it's more about how parents manage it.' National representative, Voluntary sector*

> *'To get families on board, they need choice, so if they feel that an option is not in their headspace or is not safe enough to do, they can say it. It's to give them control to feel that they are getting support and they are having the choice of how much support they're having and when they're having it.' National representative, Voluntary sector*

3. Promote peer support and good partnership working

Hearing from other families who experienced similar problems can help parents who are looking for support. Effective partnership working with the voluntary sector can offer peer support but limited funding is often a key barrier.

> *'From a family's perspective, sometimes there are so many things going on that as a parent you are clueless about where to start. Every step seems too much and sometimes just being able to talk to another parent who's got a similar background can help. If you can do that one step and find out that actually you're not alone, that there are other people like you who've been through similar experiences, this can just set you on the road.' Coordinator, Voluntary sector*

> *'You have got to think about the relationship with your voluntary sector group, some of which will be very small and will operate without funding.' Coordinator, Voluntary sector*

4. Fathers might need to approach support differently

Casual meetings, online support and meetings after working hours can help fathers to gradually engage with services. Providing information and evidence about their children's needs and the impact that the parental relationship has on children can also help engage more fathers.

> *'In the pandemic, we had remote support groups and dads have been more inclined: you don't have to have the microphone on, you don't have to have a camera on, so you can kind of listen in and come into it more casually and gradually.' Coordinator, Voluntary sector*

> *'Fathers are interested in evidence, you know evidence is not blameful.' Policy and development manager, South West (England)*

> *'Dads generally have no idea of the role they play for their children and their family life. Having research and letting dads know that you know how important they are is important.' Lead parenting practitioner, South West (England)*

> *'Fathers can feel a bit more comfortable with male practitioners.' Commissioning support officer, South West (England)*

5. How and where support is provided affects the family's experience

Different families might engage better with different modes of delivery or support delivered in different settings. For instance, some families might engage better with online support, while other parents may be less engaged and facilitators might find it difficult to involve them in the discussion if their cameras and microphones are turned off.

'It suits parents to meet online because it saves the travelling and it saves them thinking about childcare but it might be difficult to get the group work element which is so valuable.' Policy and development manager, South West (England)

'When offering support in person, there are things that people need to think about. Where are the more neutral places that people prefer to go? You know, local authority offices are not usually considered by families to be particularly neutral. More casual places like family centres and libraries could work better. Even schools can be problematic for some families. The child might have gone to that school and it might not have worked out.' Coordinator, Voluntary sector

6. Support must connect services working with families

Local areas need to consider how their local support pathway helps families to receive effective support and where coordination and communication between services can be improved.

'The first experiences of contact with services set the tone for families. If we want to support families in conflict we've got to really have a robust set up for early support.' Coordinator, Voluntary sector

'In the early years there's rightly a lot of focus on the children but should parents be alerted to the importance of the parental relationships and how to maintain that relationship? Often people don't think about it until one of the parents decides to leave the relationship.' Policy and development manager, South West (England)

'In our area we are working on a "wrap-around approach". Coordinators in different localities work specifically with schools to get support in early before more intensive support might be needed and it's working really well.' Commissioning support officer, South West (England)

A guide to language use when engaging families

The language used when talking about differences, disabilities and conditions is very important. There is ongoing dialogue about best practices when it comes to language use and different people may have different preferences. Below are some key points to hold in mind about language when engaging parents of children with behaviours that challenge:

- **Avoid using ableist language:** this refers to language that devalues and discriminates against people with disabilities. Ableist language typically describes disabilities as deficits and implies that people with disabilities are inferior. Such language can be alienating for families and children and can increase the marginalisation they experience.[S37]
- **Instead use non-ableist language that values diversity.**[S37] For example, instead of describing someone as having 'special needs', practitioners can describe the specific needs this individual has, acknowledging that their specific needs may not be being met, rather than a as problem inherent in the individual.
- **Language and autism:** many autistic people prefer to use identity-first language, for example 'autistic person', rather than person-first language, for example 'person with autism'.[S38] However, this may not always be the case[S38] and families and children should be asked about which terms they prefer.[S39]
- **Avoiding parent and carer blame:** In line with using non-ableist language, parent and carer blame should be avoided. Stigmatisation is associated with lower subjective wellbeing in caregivers of autistic people.[S40]

BUILD

Building a relationship support pathway for parents of children with behaviours that challenge

This section identifies 11 evidence-based healthy relationship and parenting interventions which may be helpful as part of local support pathways for parents of children with behaviours that challenge.

Every local area has services and interventions that can help families to build and maintain healthy relationships. An effective relationship support pathway starts with the first services that parents turn to when they need help, including with their relationship, and describes how wider support services fit together to address parental conflict and reduce the impact it has on children.

A relationship support pathway can also include services and interventions (for instance primary care, community health services and housing) that may not directly target parental relationships, but that can build trust with families, identify risks, provide information and refer on to other support services.

The Early Intervention Foundation's support pathway model[4] shows how the local relationship support offer can be constructed for families with different needs, taking account of research evidence. You can use the support pathway model to build in support for parents of children with behaviours that challenge, taking account of the recommendations below.

4 Available at https://www.eif.org.uk/resource/developing-a-relationship-support-pathway-for-families-a-support-pathway-model

- **Consider existing local services and interventions across the continuum of needs**
  Parents of children with behaviours that challenge are at a higher risk of experiencing poor mental health and economic pressure, and those factors are associated with a higher risk of parental conflict. To create a comprehensive support pathway, you should consider whether support in relation to such risk factors is available and accessible for parents, and if there are arrangements to promote healthy relationships through existing local services.
- **How support is offered can be as important as what is offered**
  It is important that support which focuses on child behaviours and communication meets the needs identified by the family, rather than promoting changes based on neurotypical standards.
- **Understand the needs and characteristics of your local population**
  When building your support pathway, it is important to reflect on variations across families in terms of type and level of needs. For instance, families with children with different conditions or with the same conditions but different ages, might have different needs. Families transitioning to school or undergoing the diagnostic process might require more support, as evidence shows that these periods can impact on parental stress. EIF's guide on conducting a population needs assessment[5] offers a structure to collect and analyse population needs data.
- **Consider evidence-based interventions to strengthen your support pathway**
  Intervention evaluation evidence is a good place to start when considering how to strengthen a local support pathway for parents of children with behaviours that challenge. Interventions which have been through a structured evaluation process are likely to be specific about their theory of change and implementation and delivery process. This means their learning about delivery and effectiveness can be helpful in wider context, even if a local commissioner is looking to adapt a local approach rather than invest in a new intervention.

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

For the purposes of this guide we have identified 11 parenting and relationship interventions which may be helpful as part of a local support pathway for parents of children with behaviours that challenge. Some interventions are designed to meet the needs of families with specific behavioural needs, while others have shown to be effective with diverse families. For each intervention we have set out the following:

- **Description:** the key characteristics of the intervention, to help you to understand whether this could fit your local context.
- **Level of provision:** this information can be used to reflect on the match with the level of need of your local population. Some families will respond initially to a targeted intervention and may then only need universal services and light-touch support, such as a supportive conversation with a health visitor, or signposting to online self-help resources. Other families will go on to have a more persistent need for support, requiring specialist services, such as an intensive intervention on parental conflict and parenting or psychological therapy from a local mental health service.
- **Quality of evidence:** to help you to understand how confident you can be that an intervention will work.
- **Training and cost:** all the interventions included from the **EIF Guidebook** have a low (<£100 per unit) or medium-low (£100-£499 per unit) cost. For interventions not on the EIF Guidebook, the cost is unknown.
- **Delivery and setting:** to help you understand whether an intervention is a good match with your local context. For instance, based on the data collected on your local population, you might prioritise an intervention that can be delivered in a variety of different settings to allow more flexibility.
- **Duration:** information on how long it takes to complete an intervention will help you to understand if it is appropriate for your local population. For instance, based on the data collected locally about drop-out rates for other interventions, you might prioritise short interventions that have been shown to be effective in improving outcomes.
- **Evidence rating:** For interventions assessed as part of the EIF Guidebook, we included the Guidebook rating that has been established reviewing all evidence of impact.

Guidebook interventions for parents of preschool children with behaviours that challenge

The first table includes three interventions for parents of children aged 3–5 for which EIF has conducted a full assessment of the evidence. You can find more information on these interventions and the assessment process in the **EIF Guidebook**.

Note: Evidence of impact on one group of families with children with behaviours that challenge (for instance with a specific condition) does not ensure that the same intervention will work with a different group. It is therefore important to reflect on your population when choosing an intervention.

Universal interventions: interventions that are available to all children or families.

Targeted selective interventions: interventions that target or 'select' children or families that may be at greater risk of experiencing problems, such as families struggling with economic hardship.

Targeted indicated interventions: interventions that target children or parents with a pre-identified issue or diagnosed problem requiring more intensive support.

Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Incredible Years Preschool Age BASIC + ADVANCE Parent Training Curriculum **Note:** of the 31 local areas surveyed by EIF in 2021, five were using this intervention.	This intervention is designed for families after they have received the Incredible Years Preschool and School Age BASIC programmes, particularly where child risk factors (oppositional or aggressive behaviours, ADHD, poor social skills or autism spectrum disorders) or parent risk factors (mental health problems, poor communication skills, social isolation, marital conflict or emotion regulation difficulties) are present. Adding the ADVANCE programme enables parents and practitioners to consolidate covered content and progress on content for which there was no time in the BASIC programme sessions.	Targeted selective	Robust evidence (level 3) of: • improving peer interactions and social problem solving • improving child behaviours at home • increasing positive affect in children's interactions with fathers.	Robust evidence (level 3) of: • reducing negative parenting and improving positive parenting. There is also preliminary evidence (level 2) of: • reducing parental depression reducing stress and anger • improving problem solving.	The practitioners receive 18 hours of programme training for the Incredible Years BASIC programme plus 16 hours of programme training for the Incredible Years ADVANCE programme. Booster training of practitioners is recommended.	Medium-low	This intervention is delivered by two practitioners to groups of five to eight families (eight to 12 parents) in children's centre or early-years setting, primary schools, community centres and outpatient health settings.	Incredible Years BASIC is delivered in 12–16 two-hour long sessions. Incredible Years ADVANCE is nine to 12 additional two to two and a half hour long sessions.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Generation PMTO Group (Parenting Through Change)	The intervention is delivered to groups of families with children and young people between the ages of 3 and 18, where there is a risk of developing externalising or internalising behaviour problems. The intervention aims to help parents strengthen families at all levels and promote parenting and social skills by preventing, reducing and reversing the development of moderate to severe conduct problems in children and youth.	Targeted selective and targeted indicated	Robust evidence (level 3) of: • improving child adjustment and social competence • reducing externalising behaviour problems. The programme has preliminary evidence (level 2+) of: • reducing internalising behaviour problems.	Robust evidence (level 3) of: • reducing negative parenting • increasing positive parentin • reducing parental distress.	The practitioners receive postgraduate training in PMTO.	N/A	The intervention is delivered by two practitioners to groups of 12–16 parents in outpatient health settings at home and in community centres.	10–18 sessions of 90–120 minutes each.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Parents Plus Children Programme (PPCP)	The intervention is for parents with a child between the ages of 6 and 11 with concerns about the child's behaviour, learning or emotional development. Parents learn skills for how to communicate with their children, manage emotional and behaviour problems, as well as be less stressed, more relaxed and happier parents. The programme is designed for delivery in both specialist clinical settings, such as child mental health services, and in frontline community and primary care community settings.	Targeted indicated	Preliminary evidence (level 2+) of: • reducing behavioural difficulties • reducing conduct problems reducing hyperactivity.	Preliminary evidence (level 2) of: • reducing parental stress • reducing parent-child interaction difficulties • reducing parental perception of child as difficult improving overall parental satisfaction.	The practitioners receive 22.5 hours of programme training. Booster training of practitioners is recommended.	Medium-low	The main group work component is delivered in nine sessions by two practitioners to groups of 15 parents. Individual sessions are offered prior to group work. Family sessions involving four individual sessions with the parent and teenager are also offered. The programme is designed for delivery in both specialist clinical settings, such as child mental health services, and in frontline community and primary care community settings. **Note:** in the most robust study, only the main group work component was offered.	The main group work component is delivered in nine sessions of two and a half hours' duration. Individual sessions are offered prior to group work (one to two - one-hour sessions). Family sessions involving four individual sessions with the parent and teenager are also offered. **Note:** In the most robust study, only the main group work component was offered.

Guidebook interventions for parents of children aged 6–18 years with behaviours that challenge

The second table includes four interventions for parents of children aged 6-18 for which EIF has conducted a full assessment of the evidence. You can find more information on these interventions and the assessment process in the **EIF Guidebook**.

Note: Evidence of impact on one group of families with children with behaviours that challenge (for instance with a specific condition) does not ensure that the same intervention will work with a different group. It is therefore important to reflect on your population when choosing an intervention.

Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Incredible Years School Age BASIC + ADVANCE Parent Training Curriculum **Note:** of the 31 local areas surveyed by EIF in 2021, five were using this intervention.	This intervention is designed for families after they have received the Incredible Years Preschool and School Age BASIC programmes, particularly where child risk factors (oppositional or aggressive behaviours, ADHD, poor social skills or autism spectrum disorders) or parent risk factors (mental health problems, poor communication skills, social isolation, marital conflict or emotion regulation difficulties) are present. Adding the ADVANCE programme enables parents and practitioners to consolidate covered content and progress on content for which there was no time in the BASIC programme sessions.	Targeted selective	Preliminary evidence (level 2) of: • reducing child conduct problems.	Preliminary evidence (level 2) of: • increasing positive involvement of parents with children decreasing parent's use of negative discipline.	The practitioners receive 18 hours of programme training for the Incredible Years BASIC programme plus 16 hours of programme training for the Incredible Years ADVANCE programme. Booster training of practitioners is recommended.	Medium-low	This intervention is delivered by two practitioners to groups of five to eight families (eight to 12 parents) in children's centre or early-years setting, primary schools, community centres and outpatient health settings.	Incredible Years BASIC is delivered in 12–16 two-hour long sessions. Incredible Years ADVANCE is nine to 12 additional two to two and a half hour long sessions.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
4Rs2Ss **Note:** of the 31 local areas surveyed by EIF in 2021, one was using this intervention.	This intervention is designed for families who have a child between 7 and 11 years old diagnosed with oppositional defiant disorder or conduct disorder. All children over 6 years of age in the family are invited to attend the programme. The intervention is focused on 4 Rs (Rules, Relationships, Respectful Communication, Responsibilities) and the 2 Ss (Stress and Support) that are expected to mediate caregiver stress, child behavioural difficulties and family functioning.	Targeted selective	Preliminary evidence (level 2) of: • reducing oppositional defiant behaviours • improving social skills improving impairment.	Preliminary evidence (level 2) of: • reducing parental stress.	The practitioners receive five and a half hours of programme training. Booster training of practitioners is not required.	Low	This intervention is delivered by two practitioners to groups of families in a children's centre or early-years setting, primary schools, community centres, inpatient health settings, and outpatient health settings.	16 sessions of around one hour.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
GenerationPMTO Group (Parenting Through Change)	The intervention is delivered to groups of families of children and young people between the ages of 3 and 18, where there is a risk of developing externalising or internalising behaviour problems. The intervention aims to help parents strengthen families at all levels and promote parenting and social skills by preventing, reducing and reversing the development of moderate to severe conduct problems in children and youth.	Targeted selective and targeted indicated	Robust evidence (level 3) of: • improving child adjustment and social competence • reducing externalising behaviour problems • reducing police arrests. The programme has preliminary evidence (level 2+) of: • reducing internalising behaviour problems.	Robust evidence (level 3) of: • reducing negative parenting • increasing positive parenting • reducing parental distress.	The practitioners receive postgraduate training in PMTO.	N/A	The intervention is delivered by two practitioners to groups of 12–16 parents in outpatient health settings at home and in community centres.	10–18 sessions of 90–120 minutes each.

Interventions with provisional evidence ratings

The third table includes five interventions for parents of children with behaviours that challenge for which EIF has conducted a light-touch assessment of the evidence. You can find more information on these interventions and the assessment process in appendix.[6]

Note: Evidence of impact on one group of families with children with behaviours that challenge (for instance with a specific condition) does not ensure that the same intervention will work with a different group. It is therefore important to reflect on your population when choosing an intervention.

6 Available at **https://www.eif.org.uk/files/pdf/supporting-healthy-relationships-parents-of-children-with-behaviours-that-challenge-appendix.pdf**

Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Delivery and setting	Duration
Early Pathways Program	The intervention is a home-based parent-child therapy programme for parents of children under the age of 6 with significant behavioural and/or emotional difficulties and who live in poverty. Psychoeducational components of the programme focus on strengthening the parent-child relationship through child-led play, helping parents maintain developmentally appropriate expectations for their child, along with cognitive strategies to respond to challenging behaviours, strengthening the child's prosocial behaviour using reinforcement, teaching and routines, and using limit-setting strategies to reduce challenging behaviours, such as redirecting or time-out.	Targeted indicated	Preliminary evidence of: • reducing challenging • externalising behaviour concerns • increasing prosocial behaviours.	Preliminary evidence of: • reducing the use of parental harsh discipline practices • increasing parents endorsing more nurturing behaviours • improving parent-child play interactions.	The practitioners receive two days of programme training, with 12 follow-up consultation sessions. It is unclear if booster training of practitioners is required.	The child's family and other support systems (siblings, family members, parent partners) are encouraged to take part in the intervention so the child receives consistent feedback. The intervention is delivered in the home environment, or in outpatient clinics or community-based spaces.	Eight to 10 sessions, once a week for one to two hours. Additional sessions could be conducted – therapy is terminated when the therapist and parent agree that treatment goals have been met. Additional booster sessions are provided where necessary.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Delivery and setting	Duration
Parent-child interaction therapy	The intervention is for children aged 2 to 7 years, with behaviour and parental relationship difficulties, and their parents/caregivers with a focus on decreasing child behaviour difficulties and improving the parent-child relationship. Parents are taught skills to use as social reinforcers of positive child behaviour and behaviour management skills to reduce negative child behaviour. Parents are coached by a therapist in a playroom with immediate feedback.	Targeted indicated	Preliminary evidence of: • reducing children's problematic behaviour.	Preliminary evidence of: • increasing parents 'Do Skills', such as reflection and praise • decreasing their 'Don't Skills', such as negative talk and instructions.	The practitioners receive 40 hours of training delivered through workshops. It is unclear if booster training of practitioners is required.	One-to-one sessions in a playroom with a method for the therapist to unobtrusively observe the parent. The intervention is typically delivered in outpatient clinics or community-based locations	Treatment continues until parents master the interaction skills pre-defined criteria and the child's behaviour has improved to a certain threshold. Sessions occur weekly and both parents are encouraged to attend.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Delivery and setting	Duration
Nonviolent resistance (NVR) for ADHD	The intervention is a special NVR protocol for ADHD. It focuses on the parental ability to stabilise the child through presence, self-control, support and structure. To adapt NVR to ADHD, special emphasis was given to psychoeducation on ADHD, parental emotion regulation and self-control, and the development of collaborative relationships with the school.	Targeted indicated	Preliminary evidence of: • reducing child internalising symptoms.	Preliminary evidence of: • improving parental anchoring • reducing parental helplessness. **Note:** Effects benefited both mothers and fathers to a similar degree.	The practitioners receive seven days of training seminars and weekly supervision. It is unclear if booster training of practitioners is required.	The treatments comprised 12 sessions with parents. One session involving the parents and members of the school staff was conducted in the child's school. Parents also had two weekly telephone conversations with a supporter.	12 sessions and two weekly telephone conversations.

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Intervention	Description & adaptations	Level of provision	Evidence of impact on children with behaviours that challenge	Evidence of impact on parents	Training	Delivery and setting	Duration
Stop Now And Plan (SNAP) boys	The intervention is for boys aged 6 to 11 years old at risk of antisocial or aggressive behaviour and their parents/ carers. Boys learn effective emotion regulation, self-control and problem-solving skills using strategies such as role-playing, cognitive restructuring and reinforcement learning. Parents/caregivers are taught strategies to help them cope with their emotions and self-regulation as well as effective parent management strategies.	Targeted indicated	Preliminary evidence of: • reducing externalising behaviour • reducing aggression and conduct problems • reducing counts of oppositional defiant disorder and symptoms of attention deficit hyperactive disorder. **Note:** SNAP boys has evidence of being more effective for those with higher severity of initial behaviour problems.	Preliminary evidence of: • improving parental stress.	The practitioners receive three days of training and frontline staff receive training for -five to nine days. Typical training days are seven to eight hours.	The core group components, separate parent/ carer and child group-based modules are 12 weeks, with one 90-minute session per week. Other programme component comprises up to 60-minute sessions once a week as needed/required. The intervention is typically delivered in the home, community setting or in a school setting.	12 weekly 90-minute individual child and parent/ carer group sessions. Up to 60-minute sessions ones a week for other programme components as needed/ required (treatment length range from four months to one and half years).

MEASURE

Measuring parental conflict in parents of children with behaviours that challenge

This section outlines different types of measurement tools that can be used to measure parental outcomes with families with children with behaviours that challenge.

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

Different types of measurement tools could be used for:

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

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

Measuring progress for individual families is one of the most challenging issues that local areas grapple with when delivering parental conflict support. It is difficult to decide what outcomes to measure as well as how to go about measuring them. Without valid and reliable measures, it is not possible to have confidence in any improvements in child and parent outcomes.

For the purposes of this guide we have identified 12 tools which are particularly relevant to measure outcomes for parents of children with behaviours that challenge. For each tool we have set out the following:

- **Parental measures – outcomes assessed:** this information can help you understand if the measure is capable of assessing at least one of the anticipated outcomes specified in the intervention's theory of change. If you deliver and want to evaluate one of the interventions included in the tables above, a practical way of selecting your measure(s) would be to consider what outcomes have improved according to the evidence. For instance, Parents Plus Children's Programme has preliminary evidence of improving parental stress, therefore if you deliver this intervention you might decide to use The Parental Stress Scale (PSS) to measure its impact.
- **Respondent – who can complete the measure:** this information can be used to understand who will complete the measure and to decide if the measure is appropriate given your population.
- **Mode of administration:** whether the measure can be completed in-person or online.
- **Target population:** the group or population this measure is designed to be used for.

- **Psychometric features:** these tell you if a measure is valid and reliable. For instance, knowing that your measure might have low reliability would make you cautious in saying that all the changes are due only to the effectiveness of the intervention. To use this information, you will need to familiarise yourself with four features:
    1. **Validity:** the extent to which a tool measures what it claims to
    2. **Internal consistency:** the degree to which items designed to measure the same outcome relate to one another
    3. **Test-retest reliability:** the extent to which the conclusions of a measurement tool are stable over time
    4. **Sensitivity to change:** the degree to which a measurement tool is able to detect change within the time frame of the programme under evaluation.
- **Implementation features:** this information can be used to understand if the measure is appropriate given the needs of your population and practical considerations. For instance, you might decide to use the shortest measure to ensure all parents can complete it, or you might prioritise freely available measures.

Common challenges when using measurement tools

'I want to use the Children's Perception of Interparental Conflict Scale (CPIC) but it is too long.'
Although it may be tempting to remove items to reduce its length and shorten its completion time, modifying a validated measure may compromise its ability to detect changes accurately and reliably. A better solution is to use only the subscale of the validated measure which is more relevant for your context. CPIC has three subscales: conflict, perceived threat, and self-blame.

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

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

Parental outcomes measures

	Parental measures Outcomes assessed	Respondent	Target population	Psychometric features How valid and reliable is the measure?					Implementation features How practical is the measure?			
				Internal consistency (scale) Do the items designed to measure the same outcome relate to one another?	Internal consistency (subscales) Do the items designed to measure the same outcome relate to one another?	Test-retest reliability Are the outcomes stable over time?	Validity Does it measure what it claims to measure?	Sensitivity to change Can it detect important changes over time?	Brevity Does it take less than 15 minutes?	Availability Is it freely available?	Ease of scoring Is it easy to score and interpret?	Used in the UK Has it been used in the UK?
Parental stress	**The Parental Stress Scale (PSS)** This measure assesses the level of stress and feelings about parenthood, including both positive and negative aspects of parenthood (e.g. emotional benefits, demands on resources, feelings of stress).	Parents who are in a relationship or are separated	Intact couples and separated parents with children	✓	N/A	?	✓	✓	✓	✓	✓	✓
Relationship quality	**Couples Satisfaction Index (CSI-16)** This measure assesses how satisfied a person is in their relationship and how they feel about it.	Adults in a relationship	Intact couples	✓	N/A	?	✓	?	✓	✓	✓	✓
Relationship quality	**Dyadic Adjustment Scale (DAS-32)** This measure assesses how satisfied a person is in their relationship, the feelings associated with the relationship, and the issues causing disagreements between partners.	Adults in a relationship	Intact couples	✓	✓	✓	✓	?	✓	✓	✓	✓

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	Parental measures Outcomes assessed	Respondent	Target population	Psychometric features How valid and reliable is the measure?					Implementation features How practical is the measure?			
				Internal consistency (scale) Do the items designed to measure the same outcome relate to one another?	Internal consistency (subscales) Do the items designed to measure the same outcome relate to one another?	Test-retest reliability Are the outcomes stable over time?	Validity Does it measure what it claims to measure?	Sensitivity to change Can it detect important changes over time?	Brevity Does it take less than 15 minutes?	Availability Is it freely available?	Ease of scoring Is it easy to score and interpret?	Used in the UK Has it been used in the UK?
Relationship quality	**Dyadic Adjustment Scale (DAS-7)** This measure assesses how satisfied a person is in their relationship and the extent of agreement or disagreement amongst the couple over important aspects of life.	Adults in a relationship	Intact couples	✓	N/A	?	✓	✓	✓	✓	✓	✓
	Golombok Rust Inventory of Marital State (GRIMS) This measure assesses how a person feels about their own and their partner's behaviour within their relationship as well as their attitudes and feelings about the relationship.	Adults in a relationship	Intact couples	✓	N/A	?	?	✓	✓	✓	✓	✓

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	Parental measures Outcomes assessed	Respondent	Target population	Psychometric features How valid and reliable is the measure?					Implementation features How practical is the measure?			
				Internal consistency (scale) Do the items designed to measure the same outcome relate to one another?	Internal consistency (subscales) Do the items designed to measure the same outcome relate to one another?	Test-retest reliability Are the outcomes stable over time?	Validity Does it measure what it claims to measure?	Sensitivity to change Can it detect important changes over time?	Brevity Does it take less than 15 minutes?	Availability Is it freely available?	Ease of scoring Is it easy to score and interpret?	Used in the UK Has it been used in the UK?
Relationship quality	**Marital Adjustment Test (MAT)** This measure assesses how satisfied a person is in their marital relationship and the extent of agreement or disagreement amongst the couple over important aspects of life.	Adults who are married	Intact couples (married only)	✓	N/A	✓	?	✓	✓	✓	✓	✓
	Relationship Quality Index (RQI) This measure assesses how satisfied a person is in their relationship and the extent of agreement or disagreement amongst the couple over important aspects of life.	Adults in a relationship	Intact couples	✓	N/A	?	✓	✓	✓	✓	✓	✓

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	Parental measures Outcomes assessed	Respondent	Target population	Psychometric features How valid and reliable is the measure?					Implementation features How practical is the measure?			
				Internal consistency (scale) Do the items designed to measure the same outcome relate to one another?	Internal consistency (subscales) Do the items designed to measure the same outcome relate to one another?	Test-retest reliability Are the outcomes stable over time?	Validity Does it measure what it claims to measure?	Sensitivity to change Can it detect important changes over time?	Brevity Does it take less than 15 minutes?	Availability Is it freely available?	Ease of scoring Is it easy to score and interpret?	Used in the UK Has it been used in the UK?
Parental conflict	**Children's Perception of Interparental Conflict Scale (CPIC)** This measure assesses parental conflict from the child's point of view, particularly in terms of the frequency, intensity resolution and perceived threat of the conflict. It also focuses on how the child responds to the conflict, including questions around self-blame and coping mechanisms.	Children aged 9–17 years with intact or separated parents	Intact couples and separated parents with children	✓	✓	✓	?	?	✗	✓	✓	✓
	O'Leary Porter Scale (OPS) This measure assesses the frequency of couple hostility observed by the child, including quarrels, sarcasm and physical abuse.	Parents in a relationship	Intact couples with children	✓	N/A	?	?	✓	✓	✓	✓	✓

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	Parental measures Outcomes assessed	Respondent	Target population	Psychometric features How valid and reliable is the measure?					Implementation features How practical is the measure?			
				Internal consistency (scale) Do the items designed to measure the same outcome relate to one another?	Internal consistency (subscales) Do the items designed to measure the same outcome relate to one another?	Test-retest reliability Are the outcomes stable over time?	Validity Does it measure what it claims to measure?	Sensitivity to change Can it detect important changes over time?	Brevity Does it take less than 15 minutes?	Availability Is it freely available?	Ease of scoring Is it easy to score and interpret?	Used in the UK Has it been used in the UK?
Co-parenting	**Parenting Alliance Measure (PAM)** This measure assesses how cooperative, communicative and mutually respectful parents are when caring for their children.	Parents who are in a relationship or are separated	Intact couples and separated parents with children	✓	✓	?	?	✓	✓	✗	✓	✓
Co-parenting	**Parent Problem Checklist (PPC)** This measure assesses the extent of agreement or disagreement between the parents over child-rearing issues.	Parents who are in a relationship or are separated	Intact couples and separated parents with children	✓	N/A	?	?	✓	✓	✓	✓	✓
Co-parenting	**Quality of Co-parental Communication Scale (QCCS)** This measure assesses the extent of mutual support and hostility over child-rearing issues with the former spouse.	Parents who are separated	Separated parents with children	✓	✓	?	✓	?	✓	✓	✓	?

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