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Family Ties Online Therapy

Supporting Parents and Families in Conflict

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Executive Summary

Parental conflict can have devastating and long-term consequences for children. The Covid-19 pandemic has magnified the difficulties that parents struggling with parental conflict experience and the impact on their children. In response, the Family Ties Project developed an online intervention aimed at supporting co-parenting couples (separated or together) to reduce the impact of parental conflict on their children. Family Ties Online, built on a mentalization framework, helps parents understand their children's experience of conflict and work on their co-parenting, through a variety of therapeutic and psychoeducational tools.

Family Ties Online is a 10 session structured and manualised programme and is delivered online with the co-parenting couple in a combination of both joint and individual meetings. The social network around the family is included in the programme, and children are invited to sessions at the beginning and end of the programme so they can witness their parents working together in this way.

The Family Ties Project was funded by the Department for Work and Pension Reducing Parental Conflict Challenge Fund and was evaluated in collaboration with the Child Attachment and Psychological Therapies Research (ChAPTRe).

Project Aims

The aim of the Family Ties Project was to develop, implement and evaluate the Family Ties Online Therapy, an intervention developed at the Centre for families experiencing parental conflict across three locations: The Anna Freud Centre, Hackney Child and Adolescent Mental Health Service and Ealing Parenting Service.

Method

Practitioners across the three sites were trained in the delivery of the Family Ties Online model and provided with the manual and online resources. Families were recruited through a variety of pathways to fit the service context, including through statutory pathways and through self-referral.

Standardised outcome measures were administered with children and parents at the start and at the end of the intervention. Parents were also invited to take part in semi-structured interviews. Practitioners were invited to take part in a focus group discussion at the end of delivery.

A total of 9 families participated in the programme across the three sites. (Parents completed questionnaires regarding their current conflict with their co-parent, their own psychological wellbeing, and their children's emotional and behavioural wellbeing. Children completed measures relating to their general wellbeing and trauma symptoms in relation to their parents' conflict.

Summary of Findings

Both parents and children in the Programme had positive outcomes over the intervention period. Qualitatively, parents told us they found the intervention helpful in both understanding and managing their conflict better and in communicating and working with their co-parent, and showed improvement in quantitative measures as well. Although the sample of participating family was small, families showcased significant improvements across their participation.

For those families who completed the programme:

– Parents reported significant improvements on measures of parental conflict

– Children reported improved satisfaction with their family life

– Children also reported a significant reduction in trauma symptoms post intervention

– Parents reported improved mental health

– Parents reported the inclusion of the social network as a particularly useful tool

Key Implications

Initial findings show that Family Ties Online Therapy can be delivered successfully in a variety of service contexts, with some overarching themes:

- The impact of parental conflict on children's mental health may go 'under the radar': Children were showing surprisingly high levels of trauma in relation to their parents' conflict, but not in their general wellbeing.
- Involvement of professional networkand involvement of the parents' social support are important factors in engagement and powerful agents of change.
- The use of psychoeducational tools is helpful in providing parents and their social support to work tangibly together
- Building flexibility into the model to fit the needs of families improves uptake and engagement.

In summary, Family Ties Online Therapy appears to be an effective brief intervention for families experiencing parental conflict. The online delivery and structured format make the intervention one that can be easily scaled up to be delivered on a wide scale. Although this was a small-scale initial development and evaluation, the results were encouraging. The programme will continue to be delivered and evaluated so that a stronger evidence-base can be established.

Acknowledgements

Many people worked hard to make this project possible.

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We thank Justine vanLawick and Margreet Visser for sharing their 'No Kids in the Middle' (NKM) model with our team. We have integrated some of the ideas and principles from their multi-family group work with FT Online, including terminology around destructive patterns of communication and vulnerability cycles, and thank them for their support in the development of this work.

We would also like to thank the Department for Work and Pensions for funding this pilot which made the project possible and to Ecorys for supporting our learning and evaluation.

Background

Aims and Objectives

The Family Ties Project, funded by the Department of Work and Pensions Reducing Parental Conflict Challenge Fund, aims to support parents experiencing parental conflict by reducing the impact of the conflict on children. Our previous service evaluation outlined the body of evidence that demonstrates the impact of ongoing and poorly resolved parental conflict This second phase of delivery and evaluation of the Family Ties project aimed to build on findings from the first phase, with a particular focus on adaptations and learnings to support families in an online delivery format. The evaluation of this programme focuses on the implementation of the programme across three distinct services, with an understanding of the facilitators and barriers of delivering online support to parents in conflict.

Adaptations in light of Covid-19

With the national Covid-19 lockdown being announced and enforced in March 2020, we worked quickly to ensure that phase 2 of the Family Ties Project, due to be delivered between July 2020 and January 2021, could continue to run. We adapted our approach to working with families experiencing parental conflict to an online delivery format and acted in response to increasing levels of parental conflict as a result of the lockdown.

The pandemic has substantially impacted families struggling with parental conflict, while also exacerbating/re-igniting former conflict due to the stress created as a result of the economic downturn, as well as the lockdown restrictions themselves. Conflict is likely to have intensified, having an extremely negative effect on children whose exposure to conflict will increase with no escape of school or visiting friends' homes. Home-schooling is a significant challenge for all, especially where there may be more than one child in the home. Families are also now facing unemployment and/or a significantly reduced income, drastically increasing chances of conflict. For separated parents, there is an additional increased risk at this time. Due to the need to maintain contact and therefore mix households, there is an increased risk of Covid-19 transmission, which could, in turn, lead to increase chances for conflict. Parents will be struggling to balance child-care responsibilities and conversations around how to manage these arrangements are likely to be fraught with tension and aggression.

While this intervention is not designed for families currently experiencing domestic violence, this might have occurred in the past or it may be a risk identified by social care. Given the higher need and blocks to engagement associated with the pandemic, we were faced with the need to develop a more-wide reaching, easily accessible intervention.

In light of this, as we were adapting the programme to an online delivery format, we made the decision to change our target group from the first phase of delivery, where we had a very specific target group. First, by providing the programme online, we were able to extend our reach beyond typical geographical constraints. We also included parental couples that were together or separated, and children of all ages. This differed from the first phase, where we required parents to have been separated for a minimum of six months, and children of ages 4-13.

Family Ties Online Therapy

Who is it for?

This intervention is for families where the child is being adversely affected by their parents' high-conflict relationship. Parental conflict may be pre-existing or may be a result of/ exacerbated by the coronavirus pandemic, associated stressors and lockdown conditions. The parents may be together, living under the same roof or they may be separated. This intervention focuses on the child's experience and supports children, through lockdown and beyond, by working with their parents, and their parents support network, to:

- Minimise the negative impact of conflict on their child(ren)
- Gain further understanding of their conflict and stressors (including understanding and managing different cultural expectations) in order to find more effective ways to co-parent
- Build coping strategies in order to help them manage the stress associated with conflict, further reducing the impact of conflict on the child
- Reduce anxiety and loyalty conflicts for the child
- Protect the child against the possibility of their relationships with one parent breaking down as a result of parental conflict.

How does the intervention work?

Family Ties Online Therapy is a semi-structured online therapy service that uses a mentalization framework, developed at the Anna Freud Centre, to help parents focus on their child(ren)'s experience of the parental conflict .

The therapeutic approach includes aspects of the multi-family intervention delivered in the first phase of the Family Ties Programme, but the intervention is more structured and used in one-to-one sessions with the family.

Parents are taught to understand better their child's thoughts and feelings in relation to the child's involvement in parental conflict, and the arising loyalty issues. They are also helped to understand themselves and their partner's / ex-partner's needs, wishes, thoughts and feelings in relation to their child(ren) better. The intervention combines psychoeducation, systemically informed Mentalization Based Therapy, skills and support building and intersession tasks. Clinicians help parents apply key concepts to their own circumstances in a combination of one-to-one sessions and sessions with their wider social network. Improved mentalizing creates an awareness that can be translated into behaviours which protect the child from the adverse impact of the inter-parental conflict.

There are 11-14 remote sessions overall per family, delivered weekly by the same clinician, and including the following components:

- Session 1 is a screening assessment with each parent individually. In Session 2, clinicians meet with parents and child together. The child receives an information pack telling them about the help their parents are getting and why, with the opportunity to ask questions.
- 9 semi-structured sessions with parents follow, involving a combination of individual and couple sessions, as well as sessions involving the social network.
- Parents are asked to view online materials between sessions. Key concepts in the material are discussed in their sessions.
- Parents are supported to build coping strategies, helping them manage the stress associated with conflict to reduce the impact of conflict on the child, as well as supported to develop a parenting agreement with their co-parent
- Towards the end of the programme, a session will take place with the child and parents together, where parents feed back to the child what they have learnt through the intervention and changes they have/ will make, giving children the opportunity to share thoughts.

Pilot Site Context

The programme was delivered in three sites: Hackney, Ealing, and the Anna Freud Centre.

Hackney

Hackney is a borough of East London. In Hackney, the project was situated in the Child and Adolescent Mental Health Service (CAMHS) but was facilitated across two services: CAMHS and Social Care.

Ealing

Ealing Local Authority's Tier Two service: 'Supportive Action for Families in Ealing' (SAFE). SAFE is an area-based, multi-disciplinary service bringing together professionals from social work, domestic violence, education, parenting and mental health backgrounds. The service offers a range of preventative interventions to ensure better long-term outcomes for families.

Anna Freud Centre

The project was based in the Contact and Residence Disputes (CRD) Team at the AFC. The CRD Team is a multidisciplinary team within the AFC, with professional expertise including family therapy, social work, child and adult psychiatry and clinical psychology. The team has developed a therapeutic assessment model that aims to support families where there are disagreements or concerns about contact, or where there are significant concerns about the impact of ongoing parental acrimony or legal proceedings on children. The CRD team works with the Family Courts and with parents or children's services to make recommendations about contact and residence, and to provide therapeutic care to reduce the negative impact of separation and ongoing parental disputes on children.

Inclusion Criteria

In order to take part in the programme, families must meet the following criteria:

- There is a need for support to reduce the impact of parental conflict on child(ren) (children can be of any age)
- There are no ongoing domestic abuse or parental substance abuse or child protection concerns/investigations (this is because we are unable to provide sufficient safeguarding monitoring in such situations via remote intervention). Appropriate referrals on will made if this is identified over the course of the intervention.
- There are no ongoing proceedings in the family courts (families in ongoing proceedings usually require a more intensive intervention). Families can be in court to address financial issues.
- If it is the case that the parents are separated, both parents have contact with the child(ren) (where contact with one parent has broken down completely a more intensive intervention is usually required)
- Parents accessing the programme can be together or separated/divorced.

Methodology

The implementation and outcome evaluation used a mixed-method design, combining quantitative and qualitative data in order to evaluate both the process of adapting and delivering this new service, as well as the outcomes for children and families who receive the intervention.

Implementation Evaluation

The goal of the implementation evaluation was to capture learning about the process of implementing the Family Ties Online programme across the three pilot sites. The questions addressed by the implementation project were:

1. What are the barriers and facilitators to implementing Family Ties Online across Primary Care, CAMHS, Local Authority and specialist service settings, and what are the implications for sustainable practice?
2. What adaptations need to be made to the model to further support for families?

We used qualitative research methods to answer the above questions, employing an ongoing iterative process.

Data collection occurred in a number of ways:

- Feedback forms after training, to gather information from clinicians about their experience of the training and suggestions for improvement
- Meetings with delivery teams at strategic points, to facilitate sharing knowledge across the sites.
- A learning log to collect feedback from supervision of frontline practitioners
- Focus group with all practitioners at the end of delivery, which was transcribed and analysed.

Outcomes Evaluation Overview

The questions addressed by the evaluation of outcomes for families and children were:

1. What were parents' and children's experiences of the intervention?
2. Were there changes in the following domains from pre- to post-intervention?
    a) Parental psychological wellbeing
    b) The level of parental conflict between participating parents
    c) The children's behavioural and emotional well-being
    d) The children's experience of trauma in relation to parental conflict

Quantitative and qualitative data were collected to address these questions.

Quantitative Data

Standardised questionnaires were completed by service users at different time points, in order to measure change across the course of the intervention. Baseline data was collected during intake and session one, and follow-up data in session eight.

Measures

Demographic Information

Relevant demographic information was collected from parents at the beginning of the programme, including child age, length of time separated, parent work status and occupation, and resident parent.

Clinical Outcomes in Routine Evaluation (CORE-10)

The CORE outcome measures (CORE-10) is a brief screening measures of psychological distress. It has 10 items covering anxiety, depression, trauma, physical problems, functioning and risk to self. The measure was used as a self-report indicator of parental wellbeing.

Parental conflict: DWP Parental Conflict Questionnaire for Separated Parents

This is a 27-item questionnaire designed to measure parental conflict among separated parents. It compromises three separate measures:

1. 'Discuss & Share Decision Making' (Ahrons, 1981), a measure of co-parent interactions and communication. Four items assess inter-parental conflict, with lower scores (range: 4-20) indicating more conflictual relations. Six items assess co-parent support, with higher scores (6-30) indicating higher perceptions of support from ex-partner.
2. 'Co-parenting communication' (Kramer & Washow, 1993), to assess communication quality and satisfaction with custody arrangements – higher scores indicate better levels of communication (3-15) and satisfaction (5-25).
3. 'Frequency and Breadth of Conflict Scale' (Morrison & Coiro, 1999) – higher scores (0-27) indicate more conflict.

Child Wellbeing (parent-report): Strength and Difficulties Questionnaires (SDQ - Parent version).

The SDQ is a widely used emotional and behavioural screening questionnaire for children and young people (Goodman, 2001). It is a 25-item scale, compromising five sub-scales: emotional symptoms, conduct problems, hyperactivity, peer relationships and prosocial behaviour. A total difficulties score (0-40) is calculated by adding the sub-scale (0-10) scores together, except for prosocial behaviour. Higher scores indicate higher levels of difficulty. For families with multiple children, parents were asked to complete the SDQ for the child they were most concerned about or who they believe is most impacted by the conflict. Standardised questionnaires were completed by service users at different time points, in order to measure change across the course of the intervention. Baseline data was collected during intake and session one, and follow-up data in session eight.

Child Wellbeing (child-report): Child Outcome Rating Scale (CORS)

The CORS is a simple, four-item measure designed to assess areas of life functioning known to be influenced by therapeutic intervention: 'me', 'family', 'school' and 'everything' (Duncan et al., 2003). It has been developed for children aged 6-12. The child rates how happy they are with each area of life on a 10cm line, with a frowning face at one end and a smiley face at the other. Higher scores (0-40) indicate higher wellbeing.

Child Wellbeing (child-report): Me and My Feelings Questionnaire

This is a 16-item child self-report measure of mental health, covering two domains: emotional and behavioural difficulties. Items are rated on a 3-point scale. Higher scores indicate more difficulties. The first 10 items comprise the Emotional subscale and the next 6 items comprise the Behavioural subscale. These can be combined into a total score with a potential range of 0-32. The following recommended cut-offs were used for interpretation: for the Emotional Difficulties Subscale, scores between 0 and 9 are considered expected, and scores equal between 0 and 5 are considered expected, and scores equal or above 6 are considered elevated.

Child trauma : Child Revised Impact of Events Scale (CRIES-8)

CRIES-8 is a brief 8-item, child-friendly measure designed to screen children at risk of Post-Traumatic Stress Disorder (PTSD). It is designed for use with children aged 8 and above, consisting of four items measuring intrusion and four measuring avoidance. Higher scores indicate higher levels of intrusion and avoidance. It was used here to assess if children (aged 8+) had experienced trauma as a result of parental conflict.

"I would say things are a lot better...people are saying what they feel now, and it's not like we have this passive aggressive stuff around all the time"

A child tells a Family Ties Therapist how they've experienced their parents participation in the programme

Qualitative Data

We used semi-structured interviews to assess families' experiences of the programme. Upon completing the programme, parents were invited to attend a short interview with a member of the research team, to enable us to gain a richer understanding of parents' experiences of participating in Family Ties Online, and provide any feedback they thought might help future families participating in the programme. This is an important way of engaging with service-users and taking seriously their experiences and perspectives, as well as triangulating the data to better inform our findings.

One member of the research team conducted interviews with 5 parents, at the time of writing, each lasting for between 10 and 40 minutes. Interviews continue for contribution to further evaluation of the programme.

Participants

In total, 9 families participated in the evaluation of Family Ties Online: 18 parents and 18 children. Two families did not complete the programme, and therefore, did not complete evaluation. One further family received an adapted and shortened version of the programme.

Data is available for 9 families (9 mother-father dyads and 18 children). There is incomplete follow up data, as two families dropped out of the intervention, two families were still participating in the programme at the time of analysis, and a further family did not complete follow-up information, despite completing the programme.

Table 1. Participant demographics

	Mothers	Fathers	Children
Age: mean (sd)	44 (4.9)	48 (5.7)	10 (3.5)
range	39-54	41-56	5-17
Ethnicity: n (%)			
White	8 (89%)	8 (89%)	15 (83%)
Asian	1 (11%)	1 (11%)	3 (17%)
Parent Work status: n (%)			
Full-time	4 (44%)	9 (100%)	
Part-time	2 (22%)	0	
Not in work	2 (22%)	0	
Father contact with children: n (%)			
100% (cohabiting)		2 (22%)	
45-55% (about half the week)		3 (33%)	
20-45% (2-3 days per week)		3 (33%)	
10-20% (once or twice a month)		1 (11%)	
Child Gender: n (%)			
Male			10 (56%)
Female			8 (44%)

Most of the couples (n=7, 78%) were separated and living apart from each other. One couple were still in a relationship and living together, while one couple were separated but still living together. For the separated couples, the length of time since they separated was an average of 40 months (range 2 months to 8 years).

All children had some contact with both parents. The children in five families were living primarily with their mothers, children in two of the families were still living with both parents, while the parents in the remaining two families had equal custody arrangements. No children were living primarily with their fathers.

The amount of contact that the children had with their fathers varied from daily contact (n = 2 families) to one family where contact was only every second weekend. Most children spent 2-3 nights a week with their fathers.

Implementation Evaluation Results

Findings from the implementation evaluation follow the process of planning and delivery the Family Ties Online Programme across the delivery sites. Key themes from the training, recruitment, and delivery aspects of the programme emerged from the data, which are outlined here. Findings also included suggestions for adaptations to the programme to make it more impactful for families moving forward.

Training Frontline Practitioners

Practitioners from the delivery sites found the training, held online, to be a useful introduction to the programme, as well as a good refresher of the core principles of the therapeutic approach. They felt it increased their confidence in supporting high conflict families through the programme, and felt that it created a supportive forum. They also found it helpful to have it recorded, so they could return to it in preparation for each session. Having delivered the programme, practitioners told us that they would like additional focus on how take a 'non-expert' approach in an online format, which seemed harder than when the programme was delivered in group format. This helpful feedback was taken up in the ongoing supervision groups via role play with ongoing cases and will be incorporated into future trainings.

Recruiting and Preparing Families

Referral pathways have to be adapted to the service and context of families

The delivery sites took different approaches to referral pathways and recruitment into the Family Ties programme, as a result of their different service contexts and varying levels of complexities of the families in their care. In Ealing, as the programme exists within the parenting service, they had already identified a number of families within their services whose needs fit the programme inclusion criteria. Hackney ran the programme across Tier 3 CAMHS and Social Services.

Social services advertised the programme in their Early Help services, and CAMHS received referrals through their Tier 2 services. The Anna Freud Centre advertised the programme both internally across the clinical team, through their professional networks and on social media, and accepted self-referrals for the programme.

Barriers and Enablers of Recruitment

For Local Authority sites in particular, a key enabler of successful recruitment of families was engaging with professionals using a systemic approach. By speaking to teams across their services, and continually reinforcing the availability of the programme, practitioners not only increased knowledge of the programme by word of mouth, but made it more likely that practitioners would refer families to the programme and support them to engage.

A barrier to recruitment in all sites was the tight timescale required to recruit families and get them started on the programme in order to complete the intervention by the deadline provided, as there was not enough time to fully embed the programme within the wider services. Practitioners also told us that if they were to continue the programme recruitment would become easier, as word of mouth continued to grow. As one practitioner said: "it takes time for an idea to embed itself in an organisation".

There were concerns about resources in statutory services, and the families' ability to be accessing more than one service at a time. However, practitioners largely felt that Family Ties could fit in well, either after a family completed or paused other therapies, or, in the case of CAMHS services, while a child is having support.

Families require varying levels of support ahead of participation

Practitioners spent a varying amount of time working with families to prepare them for participation in Family Ties Online. Particularly in Ealing and Hackney, there was a significant amount of work required in preparing the families, meeting with parents separately, and moving them to a place where they are ready to participate in the programme. Practitioners felt that this was due, in part, to the fact that in statutory services, families are referred by professionals and not self-referred. As a result, practitioners felt that there was significantly more time required to build a trusting relationship with the family.

Because the reality is, we are working with families that probably don't want to work with us. And it's almost like trying to build, you know, you spend a lot of time trying to do the joining, you know, kind of build our relationship with family and a trusting relationship.

At the Anna Freud Centre, practitioners did relatively little to prepare families for engaging in the programme. This could be due to the fact that families receiving the programme at the Centre self-referred, and so were already motivated to participate in the programme.

Practitioners also highlighted the importance of continuing to work to engage families over time. They told us that it sometimes took many months until the family was able to build trust with the practitioner, and both parents were in a place where they wanted to engage.

Never give up on family because ... [they] will be ready when they are ready…It is time consuming, but the outcomes are good.

Involving a professional system around the family leads to positive results

In Ealing and Hackney, practitioners found it useful to engage closely with the professional network already working with the families, both during recruitment and at the start of the programme.
During recruitment and screening, by working with the professional network, Family Ties practitioners could understand the needs of the family, and identify whether or not the family would benefit from the programme.

As the families started the programme, Family Ties therapists continued working with the multi-disciplinary network of professionals around the families. This helped them to embed the fundamentals of the programme and keep the principles in mind.

If we are not there, the workers are still talking about Family Ties. And talking about the impact of the parental conflict on the children. And that's still on board all the time.

This feedback about the importance of a systemic approach has made the development team consider the possibility of widening this aspect of the programme, perhaps through the inclusion of the professional network around the family as part of the social network component of the programme.

Delivering Familes Ties

Overall, practitioners told us that they found delivering the Family Ties Online Therapy to be a positive experience. They enjoyed the manualised approach to delivery and structured intersession tasks to frame their work in each session.

Allocating two practitioners to each family is beneficial

Practitioners told us that it was helpful to have two practitioners assigned to work with each family, as it helped them to both frame the sessions, and use one another to reflect and enable a conversation to take place. Practitioners felt this to be particularly useful in the transition from group delivery to individual sessions.

If you have only one practitioner it is quite difficult…if you have the other practitioner, you can reflect back to the other practitioner and then the other practitioner can reflect back to you, so that [the parents] listen and you aren't directly talking to them. Playing the non-expert, you know, I think is extremely useful. But the reflective approach with your co-practitioner definitely worked well on that. And then [the family] felt less defensive.

While having two practitioners working with a family is resource intensive, and may not be feasible in all service contexts, practitioners from Ealing and Hackney overwhelmingly felt that it saved time in the long run, helping them in their practice, and enabling the parents to have a less polarising conversation than they typically would. This is particularly important at the screening stage, where, in deciding whether or not a family is going to be appropriate and be able to use the Family Ties model, having two perspectives is very helpful. It was felt that two practitioners throughout the programme made the sessions more efficient and productive. Anna Freud clinicians felt that that two practitioners were only necessary for more complex co-parenting sessions. This is likely to be because this team has more experience in working with high conflict parents and because the families referred to the Anna Freud Centre were less complex.

A healthy, engaged network is a powerful tool for change

Including the social network around the family is a fundamental of the Family Ties programme, and practitioners had a variety of experiences. Overall, practitioners told us that where it was possible to establish a healthy network, it was a powerful mechanism of change.

Once you do get a healthy network involved, both in correcting the problems and supporting the parents to manage their stress, it really is kind of a game changer.

It was also important to ensure that the network included people who were able to challenge the parents and be involved in the discussions. Practitioners felt it was easier when networks were able to get involved in a practical sense, for example, by supporting the parent with their parenting agreement. This laid the groundwork for the network to provide practical support, both during and after the intervention.

However, practitioners also faced challenges, where one parent was unable to identify a person in their network, or the chosen person was a source of discord in the family. Practitioners found it was important to have already established a therapeutic alliance with the family before bringing in the network, to ensure that parents were comfortable in the intervention.

If you don't have the therapeutic alliance and one of the parents is kind of fearful, then the network is going to mess it up even further. In some families, some networks actually contribute to the triangulation of the child.

Despite this, in some cases, practitioners felt it would be helpful to have an option for the network to be included even earlier on in the intervention, so it 'cemented the role of the network'. A balance is needed in establishing trust between parents and therapist before bringing in the network, but having the network early enough to get a full understanding of the intervention.

Building on this feedback, the project team will develop an additional resource to explain the role and the importance of the network that will be available to parents before starting the programme, in the hopes that this will support them to choose a network that will take up the role in an appropriate way. They will also be able to share the resource that parents could share with a potential member of their network, to explain more about what is expected from the social network. The team will also consider adaptations to the intervention for the network can be brought in at an early stage, with the caveat that this might not be appropriate for all families.

Delivering the Programme Content

Practitioners largely they felt delivering the programme content went well. They did find the need to be flexible to fit the needs of the families, for example, by adapting the times of the sessions, adding some personalised content to help engagement, or focussing on specific aspects of the programme. They provided some suggestions on how to rearrange or include certain components of the programme.

For example, practitioners found that one of the psychoeducation components on letting go of anger and destructive patterns to allow for the children's needs to take priority would set up the parents well, giving them coping mechanisms and making the rest of the sessions more productive. This was helpful feedback that the project team will take on board, and adapt to the manual for this session to be held earlier on in the programme.

Benefit of using psychoeducational videos as therapeutic tools

Practitioners had varying approaches to using the intersessions tasks with parents. In one case, where a parent had not completed the intersession task (watching a video), the practitioner shared the video during the session, using it as a therapeutic tool, which they found to be helpful.

We watched the video together and instead of having the videos just run through without any comments, I would pause it every one or two or three minutes to get the parents to address them, and I think it may be quite a good technique. So, they were addressing particular issues that arose, and were then discussing it. So, we could spend a whole session just looking at and discussing what came out of the video example.

Although the preference is for parents to complete the tasks between sessions, to allow time for the therapeutic work. However, using the videos in session could be a useful tool where there is no alternative, and where the needs of the families require it.

Future development of the programme

We also asked practitioners about future development of the programme, specifically focussing on how we can expand the reach of the Family Ties project, and where it would fit best within a statutory service context.

What happens when only one parent will engage?

Practitioners highlighted that a key challenge for the programme is the need for both parents to be willing to participate. Practitioners faced several situations where one parent was engaged, and the other reluctant or actively not engaged. In some cases, practitioners were able to work through these issues, and eventually engage both parents. However, this takes time and resources, and is not suitable for time-limited programmes. In other cases, it was not possible to bring both parents on board, and in these cases, practitioners needed to manage the disappointment of the parent who had been ready to participate. They highlighted the importance of ensuring that the professional support around the family was utilised to ensure those parents felt supported and that their needs were addressed.

Potential of work with one parent

We also asked practitioners to consider the benefits and challenges of working with only one parent if it proves not possible to engage both parents in the programme. Practitioners told us that overall, the outcomes of the programme are more easily achieved when both parents are engaged, and that is by far the preferable option.

Mum was getting stressed all the time..I have noticed the difference, mum and dad have not done anything..like being rude for each other"

A child tells a Family Ties Therapist how they've experienced their parents participation in the programme

By having both parents involved, they can come together and have difficult conversations with the support of their Family Ties therapist, and it is those conversations that lead to change.

My thought is it is central to having both parents involved. And I say that because it's when the parents do their individual sessions and they come together. It's the coming together and the deconstruction of their narratives and meaning that emerges that really impacts them. And then they are more likely to go away and take a risk in trying something different …So I think it's the conversations that they have where meaning unfolds. They get a different view of the behaviour. If it's only one parent, you've only got one piece of the pie.

However, practitioners also felt that in some cases, there may be benefits of working with one parent, particularly if the children spend the majority of the time with that parent. They felt that working with one parent would instigate change in one part of the co-parenting system, which could lead to overall benefit, particularly for the child. However, practitioners told us that it was important to think very carefully about what criteria would be necessary for work with one parent on the Family Ties model to be helpful. In these cases, it would be very important to consider the impact of coercive control, to ensure that participation of only one parent doesn't exacerbate any underlying issues.

Finally, although there might be some potential benefits to working with one parent, practitioners felt it important to note that a fundamental aspect of the programme, that is, the child/ren seeing their parents work together, would not occur. This would impact on the ability to include the children in the intervention in any format. Building on this feedback, the project team will consider ways to engage with one parent, as there clearly is a need for this, possibly in the form of an additional module for the programme that could be worked through with one family. However, we are committed to engaging both parents in the programme wherever possible, as it is a fundamental to the therapeutic approach.

Consideration of service context

We also asked Practitioners to consider how best to embed Family Ties, considering the types of families that they see in their services and the types of families that are appropriate for Family Ties Online. Practitioners felt that for some families it might be helpful as a standalone intervention, and for others, using the intervention as an add-on for families already accessing services. For example, a child might be accessing support through CAMHS, and parental conflict may be identified as a concern which the Family Ties programme could address concurrently.

Outcome Evaluation

Questionnaire Results

This section summarises the results from the parent and child-completed questionnaires. All baseline and follow-up data are presented, as well as the results of the analyses of change over time for those participants who completed pre- and post-measures. It should be emphasised that the results presented here are preliminary and based on the very small numbers of participants who have completed the programme and measures to date. Statistical tests were conducted but the results should be interpreted with caution. The data reported here will contribute to more robust evaluation results as we continue this work and collect more data.

1. Parental wellbeing

Parents completed the CORE-10, a brief measure of psychological distress. At baseline, about a third of the parents reported feeling clinically significant levels of distress. At follow-up, no parents were reporting clinically significant levels of distress. There were 6 parents who completed the measures at both time points. Two of them moved from the clinical to non-clinical range and the other four were in the non-clinical range at both time points. The overall scores reduced significantly, and this change was statistically significant and showed a large effect size.

In summary, parents were reporting greatly improved psychological wellbeing over time (see Table 2).

Table 2. Results of CORE-10 scores for parents

		Baseline	Follow up	Pre-post		
					t-test	Effect size[a]
		N = 16	*N* = 6	*N* = 6	*t*	
		Mean (SD)	*Mean (SD)*	*Mean T1-Mean T2*	*p*	*d*
CORE-10 Total		9.8 (4.9)	5.5 (2.4)	3.8 (4.0)	t = 2.34 p = .064*	2.09
		N(%) above cut-off of 11	*N(%) above cut-off of 11*			
CORE-10 Caseness	**Clinical**	6 (38%)	0 (0%)	2 moved from clinical to non-clinical range, 4 unchanged		

* Statistically significant change from baseline to follow-up at p < .100 level

** Statistically significant change from baseline to follow-up at p < .050 level

a. Interpretation of effect size: *d* > 0.2 is a small effect; *d* > 0.5 is a medium effect, *d* > 0.8 is a large effect.

2. Parental Conflict

As almost all parents in the sample completed the DWP Parental Conflict measure for separated parents (only one couple were still together), this is the version presented here (Table 3). There are no standardised norms or clinical cut-offs for the Parental Conflict measures to compare with. However, it is clear that the parents in this sample were reporting relatively high levels of conflict and relational difficulties at the outset. There were 6 parents who completed the measure before and after the programme. These parents were reporting better outcomes on all subscales of the measure. The improvements in inter-parental conflict, communication and the frequency of conflict were all statistically significant and showed very large effect sizes.

The improvements on the Co-parenting support and Satisfaction with Custody Arrangements scales were not statistically significant, but still showed medium to large effect sizes.

Table 3. Results of Parental Conflict Measures for Separated parents

	Baseline	**Follow up**	**Pre-post**		
	N = 16	*N = 6*	*N = 6*	t-test	Effect size[a]
	Mean (SD)	*Mean (SD)*	*Mean T1-Mean T2*	*t* *p*	*d*
Discuss & Share Decision Making Scale:					
Inter-parental conflict (high scores = less conflict; range 4-20)	8.7 (3.3)	13.5 (2.4)	-3.3 (3.1)	t=-2.6 p = .048**	2.33
Co-parent support (high scores = more supportive; range 6-30)	18.8 (4.6)	23.0 (3.0)	-1.3 (4.4)	t=-0.8 p = .488	0.72
Co-parenting communication Scale:					
Communication (high scores = better communication; range 3-15)	7.8 (2.9)	12.0 (1.5)	-3.8 (3.4)	t=-2.9 p = .039**	2.59
Satisfaction with custody arrangements (high scores = more satisfaction; range 5-25)	16.1 (5.1)	21.0 (2.5)	-4.0 (5.7)	t=-1.7 p = .148	1.52
Frequency & Breadth of Conflict Scale:					
Frequency of conflict (high scores, more frequent conflict; range 0-27)	9.8 (4.2)	8.2 (5.0)	2.8 (1.6)	t=4.3 p = .007**	3.85

* Statistically significant change from baseline to follow-up at p < .100 level

3. Child wellbeing (parent-report)

Parents were asked to think about the child they were most concerned about and to complete the Strengths and Difficulties Questionnaire (SDQ) in relation to this child. The results are presented in Table 4.
As there were only 3 mothers and 4 fathers who reported SDQ data at both time points, it was not possible to conduct statistical analyses of change. However, the average follow-up scores indicated improvements on internalizing, externalizing and total difficulties over time. More SDQ data is needed before any conclusions can be drawn.

Table 4. Results of SDQ ratings

	Baseline *Mean (SD)*	**Follow up** *Mean (SD)*	**Pre-post**
SDQ Mother-report	*N* = 9	*N* = 3	
Internalizing	7.2 (5.0)	3.0 (2.0)	1 child moved from high to average
Externalizing	8.9 (4.0)	6.3 (0.6)	2 children remained in average range
Total Difficulties	16.1 (5.5)	9.3 (1.5)	
SDQ Father-report	*N* = 7	*N* = 4	
Internalizing	4.3 (6.3)	3.0 (3.2)	3 children remained in average range
Externalizing	6.0 (5.4)	4.5 (2.9)	1 child remained in high range
Total Difficulties	10.3 (11.4)	7.5 (5.0)	

* Statistically significant change from baseline to follow-up at $p < .100$ level

** Statistically significant change from baseline to follow-up at $p < .050$ level

a. Interpretation of effect size: $d > 0.2$ is a small effect; $d > 0.5$ is a medium effect, $d > 0.8$ is a large effect.

3. Child wellbeing (child-report)

Three measures were used with the children to assess their subjective wellbeing, the Child Outcome Rating Scale (CORS), the Me and My Feelings Questionnaire, and the Child Revised Impact of Events Scale (CRIES). The CORS was given to all children older than 6, and the latter two measures were for children aged 8 or older.

CORS

The CORS (Table 5) requires children to report on a visual analogue scale how they have been feeling in four domains: Me, Family, School and Everything. Each can be rated from 1 (worst) to 10 (best) and a total score is derived from the sum.

A baseline, a third of the children were reporting clinically significant levels of distress. This was mostly in the domain of Family functioning. There were 7 children who reported pre- and post-intervention outcomes on the CORS and for this group there were statistically significant improvements in the family functioning and total scores. The effect sizes were very large. Although not statistically significant, there were also improvements on the other subscales that showed medium to large effect sizes.

Table 5. Results of Child CORS ratings

	Baseline	Follow-up	Pre-post		
	N = 17	*N = 7*	*N = 7*	t-test	Effect size
	Mean (SD)	*Mean (SD)*	*Mean T1-Mean T2*	*t* *p*	*d*[a]
CORS me	7.5 (1.8)	6.5 (3.4)	-0.4 (1.3)	t=-0.9 p =.407	0.73
CORS family	6.5 (2.1)	8.6 (2.0)	-2.1 (2.0)	t=-2.8 p =.032**	2.27
CORS school	8.1 (2.1)	8.0 (3.1)	-1.1 (2.0)	t=-1.5 p =.188	1.21
CORS everything	7.2 (2.4)	8.0 (2.5)	-1.1 (1.8)	t=-1.7 p =.139	1.39
CORS Total (high scores = better functioning)	29.2 (6.8)	31.0 (6.2)	-4.9 (4.5)	t=-2.9 p =.028**	2.36
	N(%) below cut-off of 32	*N(%) below cut-off of 32*			
CORS clinical cut-off scores	5 (29%)	2 (33%)	2/6 moved from clinical to non-clinical (4 unchanged)		

* Statistically significant change from baseline to follow-up at p < .100 level

** Statistically significant change from baseline to follow-up at p < .050 level

a. Interpretation of effect size: *d* > 0.2 is a small effect; *d* > 0.5 is a medium effect, *d* > 0.8 is a large effect.

Me and My Feelings

The Me and My Feelings questionnaire (Table 6) is a brief measure of children's self-reported emotional and behavioural problems. Only a very small number of children were reporting clinically significant levels of emotional (n=3) or behavioural (n=1) problems. For the 6 children who completed this questionnaire pre- and post-intervention, there were no statistically significant improvements in the subscales or total scores. Effect sizes of the changes were small. The lack of significant change is likely due to a floor effect with low levels of difficulties reported at baseline.

Table 6. Results of Me and My Feelings ratings (child-report)

	Baseline	Follow up	Pre-post		
	N = 15	*N = 6*	*N = 6*	t-test	Effect size
	Mean (SD)	*Mean (SD)*	*Mean T1-Mean T2*	*t* *p*	*d*[a]
Emotional difficulties	6.7 (3.1)	5.5 (3.6)	0.5 (1.9)	*t=0.7* *p=.542*	0.6
Behavioural difficulties	3.5 (1.9)	2.3 (1.5)	- 0.2 (1.0)	*t=-0.4* *p=.695*	0.4
Total difficulties	10.2 (4.4)	7.8 (4.2)	0.3 (2.0)	*t=0.4* *p=.695*	0.4
	N(%) below cut-off	*N(%) below cut-off*			
Emotional difficulties clinical cut-off scores	3 (20%)	0 (0%)	1 moved from clinical to non-clinical; 5 unchanged		
Behavioural difficulties clinical cut-off scores	1 (7%)	0 (0%)	6 unchanged		

* Statistically significant change from baseline to follow-up at p < .100 level

** Statistically significant change from baseline to follow-up at p < .050 level

a. Interpretation of effect size: *d* > 0.2 is a small effect; *d* > 0.5 is a medium effect, *d* > 0.8 is a large effec

“Dad comes into the house now, he came into my room [at mums]”

Child Revised Impact of Events (CRIES)

The CRIES is a screening tool for potential post-traumatic stress disorder in children following traumatic events (Table 7). It was used in this evaluation to assess the impact of parental conflict on the children. Therefore, the children were asked to think about a time recently that their parents were not getting on well and to answer the questions in relation to this. More than two-thirds of the children were reporting clinically significant levels of trauma symptomology at baseline. This highlights the deleterious impact of parental conflict on the children.
There were 6 children who completed pre- and post-intervention CRIES questionnaires. They showed drastic improvements in the intrusiveness of the thoughts about the event, avoidance of thinking about it and overall PTSD indicators. Four of the six children moved from clinically significant to non-clinical levels of trauma. The changes in all scales were statistically significant and showed very large effect sizes.

Table 7. Results of CRIES ratings (child-report)

	Baseline	**Follow up**	**Pre-post**		
	N = 13	*N = 6*	*N = 6*	t-test	Effect size
	Mean (SD)	*Mean (SD)*	*Mean T1-Mean T2*	*t* *p*	*d*[a]
Intrusion	7.3 (6.0)	4.3 (5.2)	3.0 (1.3)	*t=5.8* *p=.002***	5.2
Avoidance	14.5 (4.6)	7.5 (4.9)	7.0 (5.1)	*t=3.4* *p=.019***	3.0
Cries Total	21.8 (10.0)	11.8 (9.8)	10.0 (5.8)	*t=4.3* *p=.008***	3.8
	N (%) below cut-off of 17	*N(%) below cut-off of 17*			
CRIES clinical cut-off scores	9 (69%)	1 (17%)	4/6 moved from clinical to non-clinical; 2 unchanged		

* Statistically significant change from baseline to follow-up at $p < .100$ level

** Statistically significant change from baseline to follow-up at $p < .050$ level

a. Interpretation of effect size: $d > 0.2$ is a small effect; $d > 0.5$ is a medium effect, $d > 0.8$ is a large effect.

Summary of Quantitative Findings

This small-scale evaluation suggests some interesting and potentially important findings. The results showed that parents going through the Family Ties programme reported less psychological distress and less conflict with their co-parent at the end of the intervention than before. These effects were very large. The findings for the children also suggest improvements for them in some domains. Although most children did not seem to show elevated levels of general distress at the outset, they were reporting fairly low levels of satisfaction with their family life and surprisingly high levels of trauma symptomology related to their parents' conflict. At the end of the intervention period, the children were reporting increased general wellbeing, mostly due to improved family satisfaction. They were also reporting vast improvements in the conflict-related trauma symptoms.

As previously mentioned, the small number of families who have completed the programme to date limits the validity of the findings. It is, however, encouraging that the effect sizes were so large, despite the small sample size. This possibly suggests very encouraging treatment effects for improving family wellbeing. In the absence of a comparison group, we are not able to definitively attribute the changes we did see to the intervention, however, the stark changes that were apparent were found in the areas that the intervention focuses on, i.e. improving co-parenting relationship and reducing the impact of parental conflict on children.It is, therefore, plausible that the intervention can indeed achieve these goals.

We will build upon these early evaluation findings as we continue with further rollouts of the intervention. We have a well-defined study protocol and will retain the same measures so that we can build upon this initial promising evidence base.

Qualitative Evaluation Results: Themes from Interviews

Positive experience of the programme

We spoke to parents across all delivery sites, all of whom reported a positive experience of the programme. They felt it had helped them to focus on their co-parenting relationship, and keeping the focus on their child or children. They also felt that it helped them to better understand their conflict, and therefore, were able to reduce the impact of the conflict on their children.

I thought it was very good and it was extremely helpful to focus our interest on the children, which is what it's all about. And to understand the issues that they were going through and to alleviate as much as possible the conflict that [co-parent] and I have and still have… but minimize the impact on our children.

Parents told us that the psychoeducation components of the programme were particularly powerful, as it enabled them to reflect on their own experiences, and use that to consider the impact of their co-parenting relationship on their children.

Trust and confidence in the therapist

Parents highlighted that a key aspect of a successful programme delivery was a good and trusting relationship with their assigned therapist. Where they felt that their Family Ties therapist had a good grasp of the family's situation, and was sympathetic and warm, they felt motivated to continue the programme:

[Therapist's] warmth and humanity during it all was really important to me. If I felt that was lacking, I probably would have been really reluctant, you need that sense of humanity and warmth which came through really well.

Parents also found that the way therapists modelled conversations between the two co-parents was a helpful way to have their thoughts translated into a format that could be received by their co-parent, and therefore lead to more productive communication.

What I thought was very good was the way that [Family Ties therapists] would have a conversation with the other about what they were hearing and translate it. My view is in this sort of…when you're in conflict, you've got the two sides and they're not listening to each other. It's a wall of noise. 'You did this'. But when you've got somebody else saying 'this is the crux of the matter for this person' and translating…the other side can hear a translated version… I'm sure there's a psychological term for it, but you're more likely, you're less likely to have a red rag, or be annoyed it. It helps you think about it more, and be receptive to it. It's a better way to understand it.

Use of the network was a helpful tool

Parents told us that they found the social network component of the programme to be particularly powerful. Although many of the parents found it quite difficult at first, and in some cases, had feelings of shame or guilt, when they included their network, they found it to be a very powerful tool. They appreciated the importance of having not just a supportive friend and advocate, but also someone who can challenge their perspective. In some cases, parents felt it helpful to have a person who was familiar with their co-parent as well, to provide a balanced view.

Interestingly, probably the most helpful bit for me, and therefore I think for the children, was the network idea. Because although I don't really like things like that, it made me talk to a close friend about the challenges that we were going through, and therefore getting them to watch the video. So, the fact that I got my friend engaged with this, and he was part of the session. Because he was an advocate for me, but he was also able to take himself out of the situation, and sort of say 'yeah X, I've never seen you do that, but it doesn't mean you do, or it doesn't mean you don't'. And because he's a good friend of [co-parent] as well, he was able to offer that…. he was able to advocate for me, but also give balance, and I thought that was a really lovely thing. Actually, it really resonated with me, and it's something we've kept going…we've got a common shared language.

In some cases, parents did tell us that inclusion of the network was an intimidating prospect, and they felt as though they would be required to have a large network to attend the programme, and did not feel comfortable opening up. One parent also suggested that the terminology 'network' was daunting, and it would be better clarified as a 'critical friend and advocate'.

Fathers in particular appeared to struggle to open up to a social network. However, they reported that once they were able to, they found it to be a very helpful source of support.

Making and sustaining changes

Most parents reported to use that they felt participation in the programme had improved their communication with their co-parent. They felt they had more structure to their communication, and that their co-parent was more likely to communicate with them. They also felt as though they were better equipped to keep their communication focussed on the children.

I think now, we've got to a better way of just sort of, communicating positively, speaking opinions. We might say "there's this coming up at the weekend, let me know your thoughts" rather than "we're doing this!" It feels much easier. It's not to say that we won't have disagreements or differences of opinion, but it's just helpful to keep thinking about what is best for the kids.

~

It has improved things, and I remain optimistic that it will continue to. Case in point, this morning I had a call from [co-parent] saying there was a problem on getting online with a school thing. And I read an email that they hadn't, and I know what's going to happen. And we worked together on that, and in the past, I don't think they would have called me.

Some parents also realised changes within themselves, such as their need to take on more responsibility in the family, or need to manage their own behaviour around their co-parent more

I think it's, particularly for me, becoming more effective in terms of sharing roles, taking more responsibility for elements within the family, engaging a little bit more in… in some of the sort of wider activities of the family which again, although I have been involved in, I know I wasn't always taking a leading role. So, I think it's helped me think through those things a little more.

Parents did worry about sustaining that change at the end of the programme, and felt unsure about how to continue to move forward.

I gained again quite a bit from it and so it was a shame that it stopped because, you know, I am improving, I'm not finished so it was like, am I out on my own now and I've got to like keep up with the ideas that both [family ties therapists] put forward, so I'm sort of, it's taking the stabilizers off and going on your own, but you know, it seems to be working.

Conclusions and Future Directions

Family Ties Online appears to be effective for key outcomes

Parents participating in the Family Ties Online Therapy for parents in conflict had positive outcomes over the intervention period- as did their children. When interviewed parents told us that they found the intervention helpful in both understanding and managing their conflict better and keeping their child(ren)'s experience at the centre of communication with the other parent. Parents also reported significant improvements on measures of parental conflict and their own mental health post intervention. Similarly, children reported improved satisfaction with their family life and a significant reduction in trauma symptoms post intervention. Though the sample size for quantitative analysis was small, the effect sizes were large and statistically significant improvements were found. This indicates that the changes were not likely down to chance. The domains of outcome that improved were related to the themes that emerged from the parents' interviews, and are also related to the clinical aims of the programme, suggesting it is likely the improvements were a result of the intervention.

The impact of parental conflict on children's mental health may go 'under the radar'

Of particular significance is the finding that, while children did not generally report significant difficulties in relation to anxiety, depression or behavioural problems at any stage of the evaluation, they did report surprisingly significant trauma symptoms in relation to their parents' conflict. These symptoms dramatically improved over time, with all children finishing the intervention in the non-clinical range. Thus, the impact of parental conflict on children's mental health may not be detected by routine screening measures of general wellbeing. Furthermore, assessing the general wellbeing of children may not be as sensitive to treatment effects as the assessment of the traumatic impact of parental conflict on children.

Certain actors are key to change

Practitioners and parents have indicated that certain components of the intervention are central to change. These include:

- Involvement of the professional network around the child
- Involvement of the parents' social support
- The use of psychoeducational material for parents to discuss with their social support.
- The presence of two practitioners in difficult co-parent sessions
- Psychoeducation and therapeutic work on self-regulation, stress management and letting go of conflict early in the programme in in order to help parents manage the sessions better.

Modifications have been made and are planned in light of the evaluation

Most parents reported to use that they felt participation in the programme had improved their communication with their co-parent. They felt they had more structure to their communication, and that their co-parent was more likely to communicate with them. They also felt as though they were better equipped to keep their communication focussed on the children.

Training and supervision

- Following feedback, we have supported practitioners to take a non-expert position, which is key to the approach, in supervision using role play.
- We have built on the flexibility of the model and supported practitioners in decision making about the need to adapt the intervention to different family and service contexts. In particular, with regard to work on engagement, involvement of the professional network and use of a co-therapist.
- We have increased the focus on actively involving parents' social networks.
- Future training will focus more on these elements.

Organisational change

- Implementation of the intervention across three service contexts has allowed us to learn about various adaptations of the referral pathway. Of particular importance appears to be the link between universal and targeted services in helping the intervention become embedded and keeping the provision 'alive' across different levels of service delivery. We have heard clearly that new interventions take time to embed in the culture of an organisation and feel encouraged by practitioners' reports that they felt this process had begun across their settings.

- We have seen a difference in in the types of families who access the service through different referral routes. We plan to learn more about the impact of self-referral as an option for parents both in terms of outcomes and accessibility as we continue to deliver the intervention at the AFC

Intervention design

- We are changing the order of the sessions so that work with parents on self regulation, stress management and letting go of conflict comes earlier.

- A barrier to access has frequently been where one parent wanted to engage but the other didn't. Parents expressed frustration that they could therefore not access the support. We are designing a 'module' of the intervention that can be delivered to one parent only. This abbreviated version focuses only on key psychoeducational material and supporting the parent to manage the conflict better. In contrast to the current intervention there is no work around a co-parenting agreement and the child is not directly involved. While we do not expect this intervention to be as effective, we believe it will provide some positive impact on the child's exposure to parental conflict and may open the door for the other parent to become involved at a later point.

Intervention Delivery

- We are continuing to develop the social network components, and supporting practitioners to actively include networks in intervention delivery, as it is a key component for change. This includes developing a mentor/peer support network for parents to learn from past participants, supporting practitioners to continue incorporating and discussing networks, and making the role of the social network clearer. By doing so, we aim to enable the network to become engaged earlier on in the intervention, as well as making sure the role is clear. For example, it is essential that the chosen network of a parent is able to challenge as well as advocate for the parent.

- We are now using the term social support rather than social network, using feedback from parents to make it a less daunting concept.

- We are in the process of making a video clip that involves feedback from other parents to help potential referrals to the intervention understand the role and benefit of involving social support. This will also be a resource to help those people in the social network to understand what they are being asked and why.

Next Steps

We will continue delivering and evaluating the Family Ties Online Therapy at the Anna Freud Centre for the next 12 months. By doing so, we aim to support more families, further refine the programme, and build the evidence base for these families. We will also pursue additional pathways for expanding the reach of Family Ties, and hope to continue engaging with Local Authority and mental health colleagues to continue the roll-out of Family Ties Online in a statutory context.