EARLY INTERVENTION FOUNDATION

What Works for Children's Social Care

Supporting healthy relationships among new parents

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CONTENTS

Beta version for testing and feedback

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

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

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 who reported relationship distress. When parental conflict is frequent, intense and poorly resolved, it can detrimentally affect the long-term health and development of children.[1, S1] However, there is currently limited data available on experiences of parental conflict among new parents and carers in the United Kingdom.
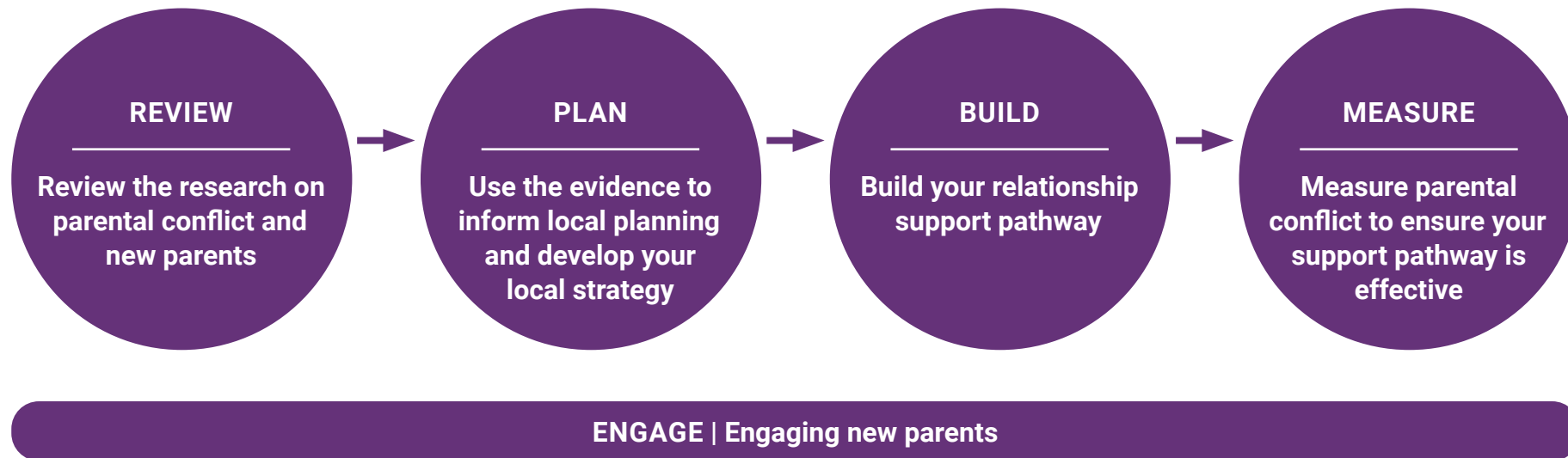
Estimates from birth data indicate that there were at least 3.2 million families with children below the age of five in England and Wales as of 2021.[S2] In 2020, almost half (44%) of live births were first births, with this trend remaining fairly consistent since 2017.[S2] Although widely regarded as a rewarding and fulfilling experience, new parenthood is also fraught with significant psychological, social and relational changes to the lives of the couple.[S3, S4] Stress due to the anticipation and demand of their new roles and responsibilities may place added strains on the couple's relationship and wider family dynamics. Evidence from international studies, for instance, suggests that parenting stress during the prenatal period and the first few years after birth predicts depression and declining marriage satisfaction, which in turn were associated with increased parental conflict and lower coparenting cooperation.[S5, S9] Further to this, evidence from UK and international studies found that parental conflict among new parents can influence parental mental health, which in turn influences child outcomes, both in the short and long term.[S7, S8, S9]

With that in mind, this guide has been developed for local leads, commissioners and practitioners to provide:

- an overview of the research evidence on the factors that can increase the risk of parental conflict among new parents, 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 new parents
- a summary of evidence-based healthy relationship and parenting interventions that can be used to support new parents

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1   Throughout the text, studies referenced in this review are denoted by **S1–S34**, which correspond to the **full reference list** at the end of this document.

Figure 1: Components in this practical guide

REVIEW

Review the research on parental conflict and new parents

PLAN

Use the evidence to inform local planning and develop your local strategy

BUILD

Build your relationship support pathway

MEASURE

Measure parental conflict to ensure your support pathway is effective

ENGAGE | Engaging new parents

- a summary of measurement tools that can be used to measure parental conflict in new parents and the impact on children with new parents.

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 with an interest in reducing parental conflict and improving their understanding, local offer and evaluation in relation to new parents. The focus of this guide is parental conflict and not domestic abuse. Where there is domestic abuse there will be an imbalance of power and one parent may be fearful of the other.

Definitions

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 that 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.

New parents

We define 'new parents or carers' as parents or carers, biological or fostering, in the first five years of a child's life. This includes first-time parents or carers, as well as parents or carers who already have a child or children. This definition is in consideration of the marked development children undergo during the first few years of life, as well as the impact parents or carers have on children's developmental trajectory during this period.

REVIEW

An overview of the research

> **i** This section explains what research evidence can tell us about the risk of parental conflict among new parents, risk factors associated with parental conflict and the impact on parents and children.

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

There is limited UK research on how parental conflict can affect outcomes for new parents. This overview includes the best available UK and international research evidence. We were not able to find evidence on new parents with protected characteristics or for some community groups. More information on the studies can be found in the appendix.

This overview 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.

The impact of becoming a new parent on parental relationships

- Evidence from both UK and international-based studies suggests that the transition to parenthood can negatively impact the parental relationship. New parents show increased conflict levels[S7], decreased relationship satisfaction,[S32, S10, S11] decreased quality of interactions[S12] and issues relating to sexual intimacy.[S13]

- As with the birth of a first child, the arrival of a second baby is also a period of transition for parental relationships.[S14] Evidence suggests that among these couples, marital interaction, destructive communication, social support and combined predisposing vulnerabilities of parents, such as depression, influenced the patterns of marital change.[S14]

- A UK-based study found mothers and fathers both experienced a similar decline in relationship satisfaction across the transition to parenthood.[S10]

- There is mixed evidence on the timing of when mothers and fathers experience changes to their relationship after becoming a new parent. One study found that both mothers and fathers experience a period of adjustment in the month after birth, and that they adapted by four months, with reports of marital quality returned to pre-birth levels.[S14] However, a US-based study found that married mothers experienced a decline in romantic satisfaction from pre-pregnancy to transition to parenthood, and married fathers from transition to three years after the child's birth.[S15]

- However, it is worth noting that further evidence suggests that general marital functioning and relationship quality decline over time for both parent and non-parent couples.[S15] This suggests it is the passing of time within a relationship, rather than the arrival of a new baby, which contributes to a decline in relationship quality among new parents.

The factors that impact new parents' relationships

- A range of factors have consistently been linked with declines in relationship quality and satisfaction during the prenatal, postnatal and early parenting years. Factors include:
    - » financial stress[S16]
    - » parenting stress[S9]
    - » parental depression[S17, S16]
    - » anxious adult attachment (characterised by uncertainty and insecurity) or avoidant adult attachment style (characterised by difficulty with trust and intimacy) of at least one parent[S18, S19]
    - » shorter infant sleep duration and negative toddler emotionality[S16]
    - » reduced time spent with partner[S11, S10]
    - » low social support[S26, S16]
    - » low father engagement[S26, S16]
    - » increase in housework and childcare[S11]
    - » impacts on family functioning.[S12]
- There are some factors that may act as a buffer during the transition period. These include positive emotions and empathy towards the partner. International studies report that these factors are related to enhanced relationship adjustment and satisfaction during the prenatal period and one year post-partum.[S3, S20]

The links between new parents' mental health and parental conflict

- There are a range of post-partum mental health issues experienced by new parents. Postnatal depression is common, with estimates that one in 10 women experience postnatal depression; it can also affect fathers and partners.[S21]

Evidence suggests a two-way relationship between postnatal depression and parental mental health.

- A systematic review of 17 studies suggests that parental conflict during pregnancy is linked to a higher risk of both the mother and father developing postnatal depression.[S22] Where there is reduced parental conflict, a context of support between parents is created, which is in turn associated with fewer depressive symptoms.[S22]

- Further evidence shows the onset of postnatal depression is linked to a negative impact on relationship satisfaction, which can ultimately lead to divorce or separation.[S23] Postnatal depression has been linked to a breakdown of interpersonal relationships characterised by emotions such as anger, mistrust, emotional detachment, reduced nurturance and intimate partner violence.[S23] The breakdown of interpersonal relationships can further entrench negative emotions triggered by postnatal depression.

Key definition

Post-natal depression is characterised by symptoms of depressive mood, lack of energy, issues with maintaining concentration, insomnia and a lack of enjoyment in interests and the wider world, according to the NHS. In the UK, post-natal depression symptoms are considered to occur within one year of giving birth.[S21]

The impact of parental conflict and low relationship satisfaction on new parents

International research shows that parental conflict or negative couple interactions at the prenatal stage or over the transition to parenthood are associated with parenting behaviours. This includes:

- decreased parental efficacy[S24]
- low breastfeeding self-efficacy among new mothers[S25]
- greater emotionally withdrawn behaviour in parent–infant interactions[S6]
- father's lowered cooperative coparenting (the extent to which parents respect and support each other's parenting efforts)
- mother's lowered support for father's parenting[S5]
- higher competitive coparenting[S5]
- lower father involvement in parenting.[S5]

The birth of a second child also influences parenting behaviours. Natal parental conflict predicts a decrease in both mothers' and fathers' parental efficacy (parent's belief in their ability to parent their child successfully)[S24] after the birth of a second child.

Key definitions

Relationship satisfaction is the subjective experience or opinion about how satisfied someone is in their relationship. Members of the same couple may differ in how satisfied they are in their relationship. Relationship satisfaction is not the same as parental conflict, although some research does point to a high association between relationship satisfaction and conflict in romantic couples.[S27]

Parental efficacy is the parent's belief in their ability to parent their child successfully.

Cooperative coparenting is the extent to which parents respect and support each other's parenting efforts.

Competitive coparenting is defined as efforts to intrude on or undermine the other parent's interactions with the child – for example, competing when giving instructions or criticising the other parent in the presence of the child.[S28]

The impact of parental conflict between new parents on child outcomes

- There is evidence that parental conflict between new parents, during the prenatal and postnatal phases, can impact on a wide range of child outcomes.[S6, S7, S8, S28, S29]

The impact of prenatal parental conflict

- Prenatal parental conflict has been linked with conduct and emotional problems, which remain apparent after birth.[S7] In a large UK-based longitudinal study, prenatal parental conflict was also associated with conduct and emotional outcomes at 42 months, and also predicted later conduct difficulties. The association still remains after the impacts of postnatal stresses are taken into account.[S7]

- In support of the findings on conduct problems, a study found that prenatal conflict helps to explain the relationship between fathers' mental distress and hitting behaviour when the child is 5 years of age.[S29]

The impact of postnatal parental conflict

- UK research shows that parental conflict between new parents can increase the risk of child emotional and conduct problems[S7].

- UK and international studies show that parental conflict can negatively impact adaptive emotion regulation[S6] and internalising problems[S8] in children from the age of 2 years old.

- A US study found that competitive coparenting at age 2 predicted male children's symptoms of ADHD and ODD (oppositional defiant disorder) at age 7.[S28]

- UK research shows that parental conflict between new parents can influence parental postnatal depression, which in turn influences child outcomes.[S7]

Key definitions

Adaptive emotion regulation refers to one's ability to influence emotions during situations that may be emotionally challenging.

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

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

The impact of mothers' and fathers' experiences of parental conflict

- Mothers' and fathers' experiences of parental conflict may have different outcomes on children.[S28, S24]

- The association between prenatal relationship negativity and reduced adaptive emotion regulation in toddlers is partially explained by father–infant emotional withdrawal, but not by mother–infant withdrawal.[S6]

- Evidence from a US-based longitudinal study shows that fathers' competitive parenting during toddlerhood predicts children's psychological symptoms. However, the same association was not found for mothers.[S28]

- After the birth of a second child, a decrease in a father's parental efficacy (parent's belief in their ability to parent their child successfully) is associated with increased punitive discipline towards the older sibling.[S24] The same association is not found for mothers.

The impact of parental conflict between new parents on the older sibling after the birth of a second child

- A reduction in parental efficacy is associated with increased punitive discipline towards the older sibling for fathers but not mothers.[S24]

- The birth of a second child is associated with an increase in externalising behaviours and lower levels of cooperation in the older sibling.[S30] There is evidence that coparenting behaviours can influence outcomes in older siblings.[S30, S31]

- Evidence suggests that children who are more readily distressed and more difficult to soothe before the birth of the second child are more likely to experience increases in internalising and externalising behaviour when the second child has been born. These children also display lower levels of cooperation when parents' coparenting interactions before birth exhibit coldness, displeasure and competitiveness, but not when parents exhibit supportive coparenting.[S30, S31]

PLAN

Using research evidence and data to inform your strategy

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

The research findings can be used to:

- support population needs assessment[2] by identifying relevant data you might need to collect or informing your Joint Strategic Needs Assessment

- inform local planning to support healthy parental relationships

- identify links with other strategies such as local mental health strategies and those on early help, domestic abuse and supporting families

- identify workforce training and development needs

- guide a focus on reducing parental conflict as part of the development of Family Hubs in your local area.

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2   See: 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 the research evidence with the Early Help Board and with those responsible for new parent support services
- ask your local services that support new parents how many families they are supporting and what relationship support they offer to families.

Research evidence and data	Strategic questions	Questions informing data collection
The transition to parenthood can negatively impact the parental relationship, with new parents showing increased conflict, decreased relationship satisfaction, decreased couple functioning and some distress associated with a range of issues related to post-partum sexuality	How well is the risk of parental conflict among new or soon-to-be parents understood across services? How well is the need for relationship support identified among new parents? How effective is relationship support for new parents? What do we know about new parents' experiences of relationship support?	What is the prevalence of parents with children under 5 years? What are their demographic characteristics? For instance, in terms of geographic location, family income, age and ethnicity. What is the prevalence of new parents experiencing relationship conflict? If this is unknown, what data across the partnership should you be collecting at a local level to understand or better understand this? How many new parents are reached with information and advice about relationships, risk of conflict and support? At what timepoints are they reached with information or support? How many new parents undergoing conflict are offered and accessing parenting support? What proportion of early years practitioners have received reducing parental conflict training?

Research evidence and data	Strategic questions	Questions informing data collection
Parental depression, financial stress and an anxious (characterised by uncertainty and insecurity) or avoidant (characterised by difficulty with trust and intimacy) adult attachment style in at least one parent have consistently been linked with declines in relationship quality from conception through the early parenting years.	How involved are adult mental health services in local work on reducing parental conflict and relationship support? How aware are adult mental health practitioners of parental conflict and the impact on children, as well as the risk of parental conflict among new parents? How effective is information sharing between adult mental health services and children's services? How well are the mental health needs of soon-to-be or new parents identified? How well does the local support offer respond to financial stress for new parents?	What local data is collected by adult mental health services, or children's early help and social work services, on: • the number of new parents with depression • new parents with depression who are experiencing relationship conflict? What proportion of adult mental health practitioners have received reducing parental conflict training? What impact does the local offer have on new parents' depression levels? What proportion of new parents are experiencing financial pressure? How many of these parents are offered and accessing relationship support?
As with the birth of a first child, the arrival of a second baby is also a period of transition for parent relationships. This period of transition is associated with declines in marital quality, characterised by marital interaction and destructive communication. The transition also predisposes vulnerabilities of parents, such as depression.	How well is the need for relationship support among second-time parents identified? How effective is relationship support for second-time parents? What do you know about second-time parents' experiences of relationship support?	What is the prevalence of second-time new parents experiencing relationship conflict? How many second-time new parents are reached with information and advice about relationships, risk of conflict and support? At what timepoints are they reached with information or support?

Research evidence and data	Strategic questions	Questions informing data collection
Evidence also suggests that an increase in parental conflict is associated with fathers' lowered cooperative coparenting and mothers' lowered support for father's parenting.

Child outcomes may be differentially impacted by mothers' and fathers' experiences of parental conflict. | How well are parents-to-be or new parents experiencing conflict supported to coparent?

Are both new mothers and new fathers effectively targeted to receive relationship and parenting support?

How many new fathers receive relationship and parenting support? | What impact does the local offer have on both the maternal and paternal coparenting?

How many new fathers receive relationship and parenting support? |
| The birth of a second child is associated with an increase in externalising behaviours and lower levels of cooperation in the older sibling, and there is evidence that coparenting behaviours that are influenced by conflict can influence these outcomes. | How well are second-time new parents-to-be or new parents supported to coparent?

How aware are mental health practitioners of the risk of externalising behaviours among older siblings after the birth of a second child? | What impact does the local offer have on both the maternal and paternal coparenting for second-time parents?

What proportion of children exhibiting mental health needs have a new sibling? |
| Negative couple interactions at the prenatal stage or over the transition to parenthood may be associated with negative parenting behaviours among new parents, such as decreased parental efficacy and greater emotionally withdrawn behaviour in parent–infant interactions. | How involved are maternity and early years services in local work on reducing parental conflict?

How well is parental conflict identified at the prenatal stage? | What proportion of the antenatal workforce, such as midwives, have received reducing parental conflict training?

How many parents undergoing conflict during pregnancy are offered and accessing parenting support? |

ENGAGE

Engaging new parents

> ℹ️ This section covers recommendations on how to engage new parents, which have been developed from research evidence produced as part of previous EIF evidence reviews[S33, S34] and professional experience from a diverse group of experts.

Supporting new parents 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 informs local planning and delivery.

Below we discuss some of the key challenges and barriers faced in engaging new parents (which may also extend to all parents), recommend strategies for communicating with parents and consider some key facilitators to engagement. This section combines research evidence produced as part of previous EIF evidence reviews[S33, S34] and a summary of professional experience from a diverse group of experts.

To help formulate the recommendations outlined below, EIF engaged with a group of 11 experts from nine local areas in an online focus group. All participants were currently working in local areas across England to support different groups of families with parental conflict, including new parents. Participants' job titles were varied and included: family support workers or coordinators, parenting practitioners, implementation advisers, project officers and team managers.

What are the key challenges and barriers in engaging new parents?

Research suggests that there are some common issues in engaging parents in interventions to reduce parental conflict, which may apply to new parents.[S34] These include:

- **awareness barriers**, which include not recognising the need for support

- **accessibility barriers**, which include cost and location of interventions, as well as timing (at what time the intervention is delivered and 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 to engagement of new parents in relationship support services: what local experts say

1. **Professionals may lack the confidence and knowledge to have conversations with parents about their relationship difficulties.**

Parental conflict is a sensitive and stigmatised topic. Discussions with parents about relationship difficulties can therefore pose complex challenges for practitioners, especially when ensuring the language used with parents is attuned to their needs. For example, some parents do not identify as being in 'conflict' and may therefore be reluctant to engage with practitioners who describe their relationship using this terminology. Considering these challenges, some practitioners may feel they lack the additional training, support and experience needed to best navigate discussions with parents about their relationship conflict.

'[There is] some stigma attached to admitting that there's conflict or having someone else ask questions or approach that. […] Some of our family workers find that quite a daunting prospect.' **Under fives team manager, voluntary sector**

'The barrier we've found so far has been sometimes the language that's used with the word "conflict". I think jumping in with that [mention of conflict] has put some barriers up for some.' **Parenting support coordinator, East Midlands**

2. **There may be a lack of public awareness around what parental conflict looks like.**

Parents may not only be hesitant to access support due to stigma but also be unable to identify when their conflict is destructive, when and how to get help for relationship difficulties and what type of support is available.

3. **Support may not always address diverse family experiences of parental conflict.**

Some support provided to parents to address parental conflict does not include content that reflects diverse family dynamics and experiences. For example, different cultures may have different understandings and ways of addressing parental conflict, and support offered may not incorporate this. Some parents therefore disengage when receiving support or are unable to use the support they receive to adequately navigate their conflict.

'It's really important [for some families] to show that their relationships are intact and that they are doing everything they can do and I have particularly found that really hard to unpick.' Family support worker, voluntary sector

'Some parents don't see themselves in the tools that we already have. So, it's quite difficult for them to continue with you and engage fully with the process.'
Practice development team manager, South East England

4. New fathers may feel 'left out' from support services.

During and after pregnancy, support may be centred on mothers' experiences, with less emphasis on how fathers might be coping with the transition to parenthood and any associated relationship difficulties. Additionally, fathers may lack opportunities to engage with male staff, who they might feel understand their perspective. As a result, fathers sometimes do not find support relatable, and quickly disengage from support or avoid seeking support altogether.

'It's a common theme when I'm talking with parents and carers that fathers often don't feel included, through the language used and even I guess just the focus of who's being looked at.'
Regional implementation adviser, voluntary sector

5. Parents may not be able to access technology-based support.

Some tools to assist new parents with the transition to parenthood require the use of technology, such as parenting apps, online groups or e-documents. For parents who do not have regular access to computers, smart phones or mobile data, accessing and engaging in these support services is difficult and alternative ways of accessing information are not always proposed to families.

Strategies to recruit and retain new parents in relationship support services: what local experts say

1. Support practitioners to build confidence in establishing rapport and navigating conversations about relationship difficulties with parents.

The conversations practitioners have with parents play an essential role in engaging them in relationship support services. Practitioners should be supported to effectively build rapport with families, to understand and address parents' conflict effectively. Similarly, practitioners could be trained to sensitively introduce the topic of relationship difficulties, and use language appropriately in conversations across different families.

'It's the more skilled family workers, who've had more breadth of training across the board, that I think are able to confidently pitch an appropriate time in the relationship to bring that [conflict] out, address it and support them [parents].'
Under 5s team manager, voluntary sector

'Rephrasing, building the rapport with the family initially, building on things that they've been sharing has had a bit of a more positive and open kind of outcome.' Parenting support coordinator, East Midlands

2. Collaborate with professionals who have already built rapport.

Given the stigma surrounding discussing parental conflict, professionals who have a strong pre-existing relationship with families, such as GPs and midwives, may be best placed to help recruit new parents into relationship support services. Conversations with a familiar professional can not only help to de-stigmatise future discussions but also allow other practitioners to build rapport before having to discuss parental conflict. Practitioners can also take time to explain their role to parents, parents' ability to make decisions and how any information collected will be used.

'If you've got that relationship built [with families], I think it's a lot easier to bring in other support services and support materials and tools that's benefiting them. You know, you've kind of got to know the family, they've shared information with you and perhaps you're able to share your observations, thoughts and feelings.' Parenting support coordinator, East Midlands

3. **Consider initiatives to raise public awareness about parental conflict and the support available.**

Local areas have reported preliminary steps to recruit more parents into relationship support services through conducting public health campaigns, forming a group of 'champion parents' and collaborating with GPs or schools (for example, to receive referrals or to use the school setting to have regular, short conversations with parents about conflict and use relevant tools). Such initiatives are meant to normalise the occurrence of parental conflict, as well as educate families about the support they can receive for their relationship difficulties. Awareness campaigns might also target practitioners, to further draw attention to the need to address conflict to avoid negative impacts on children and families, and to embed parental conflict support into services.

4. **Tailor delivery arrangements to accommodate the needs of new parents**

Given that new parents have very high demands on their time, it is important to ensure that times and delivery methods of support sessions are flexible or adaptable to their potentially changing schedule and needs. In the case of sessions with in-person attendance, it is recommended that childcare is provided. Similarly, for parents with a new-born, it can be difficult to leave the house to seek support, and support may therefore need to take the form of a home service. Every new parent will face a unique set of constraints, and practitioners will need to check in with new parents to understand what delivery arrangements are best for them.

> *'It really does take parents speaking to you individually, to highlight the support that they individually need, as well as the support they need together, and for their children.'*
> *Family support worker, voluntary sector*

5. **Offer parents a wide variety of communication channels and delivery formats.**

To best cater to different families' needs, communication and support for parents should be offered in various formats, including virtual/digital and in-person formats. For example, while some parents best engage with apps and social media, others best engage with in-person meetings due to their comfort levels with technology and accessibility needs. Parents should be asked from the outset what communication and delivery methods best suit them, and any other accommodations they might need to best engage in support. It is especially important to consider accessibility for parents with disabilities.

'It's about making it available in lots of different formats. The formats that I might access might not be the same as what a family in their early 20s might access, you know? So, I think it's being mindful about our generational and cultural needs.' Senior project officer, East Midlands

'We need to also be mindful of need and parents' needs, whether they have a disability, whether they have Dyslexia or Irlen Syndrome, and really thinking about how we can give that information in a variety of ways, whether it be word of mouth or visual or, you know, via email, and just ask the question – just ask what they need.' Family support worker, voluntary sector

'I don't think that there is one method of delivery that can actually meet the needs of every person.' Practice development team manager, South East England

6. **Engage new fathers at the earliest opportunity.**

Engaging new fathers at the earliest opportunity may prove most effective, given that new fathers are prone to feeling 'left out' during and after pregnancy. Local areas have seen success by starting initiatives to specifically engage fathers – this might include a dad-run community group, offering services in the evening to ensure working fathers can attend or working with local sport teams to promote services to dads.

> *'We're not just promoting... where mums would go, but where dads would go as well and that's across the board.' Senior project officer, East Midlands*

7. **Seek the input of different groups of families to tailor healthy relationship support provision.**

Tailoring the language and content of relationship support services to reflect diverse experiences is likely to engage a larger number of parents, from different groups. When their input is sought, parents from different groups of families, who may benefit from support or have previously benefited from support, can directly shape services and incorporate their experiences and perspectives into their content. For example, when working with families individually, you might encourage their input by agreeing terms to comfortably speak about their relationship difficulties, asking open-ended questions about their experiences of conflict, and regularly checking in to ensure content is clear.

> *'It might be that you want to put a glossary of terms together just for the specific work that you're doing around relationships. [...] you rehearse them, you go over them again with the group at the start of a group or with an individual before they start the group, just to see if that's a term they would like to use or it's a term they understand. Do they have a better term? Do they have a more familiar term?' Regional implementation adviser, voluntary sector*

BUILD

Building a relationship support pathway for new parents

This section identifies eight evidence-based healthy relationship and parenting interventions that may be helpful as part of local support pathways for new parents.

In every local area there are some services and interventions that can help new parents to build and maintain healthy relationships and family dynamics. This support might be universal, providing relationship support to all parents regardless of their parenting experience, or support might be more targeted, such as services that are intended to support vulnerable couples during their transition to parenthood. Family Hubs in particular have an important role in identifying the need for parental conflict support and either providing it directly or providing access to more targeted support where it is required.

An effective support pathway starts with the first services that new parents turn to when they are struggling with relationship issues and describes how wider support services fit together to address parental conflict and reduce the impact it has on children. A support pathway can include services and interventions that do not directly target parental relationships (for instance, midwifery, health visiting, local breastfeeding support services) but that can build a trusted relationship with families, identify parental conflict, provide information and self-help resources and refer people to targeted support.

The Early Intervention Foundation's support pathway model[3] 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 new parents, considering the recommendations below.

- **Consider existing local services and interventions across the continuum of need.**
  The transition to parenthood can be a challenging period. External factors such as mental health difficulties, parenting stress, high infant care demand and childcare responsibilities and low social support may place added pressures on the parental relationship, which may then lead to increased vulnerability 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.

- **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, as mentioned in the ENGAGE section, delivery arrangements should be tailored to parents' needs as they have high demands on their time. A tailored approach may be required to engage families, remembering that the content of interventions and means of engagement are key in helping such families feel embraced and supported for who they are. EIF's guide on conducting a population needs assessment[4] 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 reviewing and considering how to strengthen a local support pathway for new parents. Interventions that have been through a structured evaluation process are likely to be specific about their theory of change and implementation and delivery process. This means their learning about delivery and effectiveness can be helpful in a wider context, even if a local commissioner is looking to adapt a local approach rather than invest in a new intervention.

For the purposes of this guide, we have identified eight parenting and relationship interventions that may be helpful as part of local support pathways for new parents. We recommend that you consider data on local needs, existing interventions reach and gaps in provision to choose what intervention best suits your local area.

The eight interventions are:

1. Enhanced Triple P
2. Family Foundations
3. Family Check-up for Children
4. Schoolchildren and their Families
5. e-Family Foundations
6. Couple CARE for Parents
7. Mindful Transition to Parenthood Program
8. Bringing Baby Home Workshop.

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 understand how confident you can be that an intervention will work.

- **Training:** training required or recommended for those delivering the programme.

- **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 in the 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, to 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 have included the Guidebook rating that has been established reviewing all available evidence of impact.

Interventions for new parents with robust evidence of impact from the Guidebook

The first table includes five interventions for parents in the perinatal period or with children in their early years (up to 5 years old) 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.

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.

Evidence of impact

This is a rating for the strength of evidence that the programme has for child and parent outcomes. It is not a rating of the scale of impact but of the degree to which a programme has been shown to have a positive, causal impact on specific child outcomes.

Level 4 recognises programmes with evidence of a long-term positive impact through multiple rigorous evaluations. At least one of these studies must have evidence of improving a child outcome lasting a year or longer.

Level 3 recognises programmes with evidence of a short-term positive impact from at least one rigorous evaluation – that is, where a judgement about causality can be made.

Level 2+ indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard.

Level 2 recognises programmes with preliminary evidence of improving a child outcome, but where an assumption of causal impact cannot be drawn.

> ⚠️ **Note:** evidence of impact on one group of new parents (for instance, with first-time parents) 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	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Enhanced Triple P (Level 5)	The intervention aims to: • increase parents' competence in managing common behaviour problems and developmental issues • reduce parents' use of coercive and punitive methods of disciplining children • improve parents' personal coping skills and reduce stress • improve parents' communication about parenting issues and help parents support one another in their parenting role • develop parents' independent problem-solving skills With regards to children, the intervention aims to: • reduce behavioural and emotional problems • reduce the intensity of disruptive child behaviour	Targeted selective	**Level 3 (robust) evidence of:** • Improved child behaviour	**Level 3 (robust) evidence of:** • Reduced use of dysfunctional parenting • Improved sense of parental competency in mothers	Practitioners have 25 hours of intervention training. Booster training of practitioners is not required	Medium to low	Delivered by one practitioner to individuals, couples or families in out-patient health settings, home, children's centre or early years	Three to 11 sessions of between 40 and 90 minutes' duration each

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Family Foundations	This is for couples expecting their first child and is delivered any time during the mother's pregnancy The intervention aims to teach parents skills to better cope with the transition to parenthood, improve their communication and to have better conflict resolution. Parents also learn strategies for responding to their child in a sensitive way Parents learn through a variety of group exercises, role play and group discussion	Universal	**Level 3 (robust) evidence of:** • Improved infant soothability • Improved self-soothing • Improved duration of orienting (attention to and/or interaction with a single object for a period of time) • Improved prosocial behaviour • Reduced internalising problems • Reduced externalising problems	**Level 3 (robust) evidence of:** • Improved coparental support • Improved mothers' depressive symptoms and anxiety • Improved fathers' parenting-based closeness and parent–child dysfunctional interaction	Practitioners have 24 hours of intervention training. Booster training of practitioners is not required	Low	Two facilitators deliver this intervention in out-patient health settings, community centres or sixth form/FE colleges The intervention is delivered in groups	Eight sessions of two hours' duration each

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Family Check-up for Children	A strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health and risk reduction for children between the ages of 1 and 3	Targeted selective	**Level 2+ (promising) evidence of:** • Reduced disruptive behaviour (boys only) • Improved behaviour • Decreased emotional and behaviour problems **Level 3 (robust) evidence of:** • Reduced externalising behaviours • Reduced problem behaviour • Reduced internalising behaviours • Reduced defiant behaviour	**Level 2+ (promising) evidence of:** • Increased maternal involvement **Level 3 (robust) evidence of:** • Reduced maternal depression	Practitioners (often a therapist or social worker) have 35 hours of training. Booster training of practitioners is recommended	Medium–low	This intervention is delivered to individual families in secondary schools, community centres, in-patient health settings and out-patient health settings	Nine sessions of 50–60 minutes

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Schoolchildren and their Families (also known as Parents as Partners programme)	The intervention is delivered to couples when their children are making the transition to preschool. Parents learn strategies for managing their child's behaviour and improving their coparenting practices through joint activities and group discussions involving the couples	Universal	**Level 3 (robust) evidence of:** • Improved academic achievement • Reduced externalising symptoms • Reduced internalising symptoms	**Level 3 (robust) evidence of:** • Reduced negative emotion • Reduced marital conflict • Reduced non-responsive parenting • Increased warmth and respect of child's autonomy • Increased structured parenting • Increased positive couple communication • Reduced negative couple communication • Increased marital adjustment and satisfaction	Practitioners have 24 hours of intervention training. Booster training of practitioners is recommended	Unknown	The intervention is delivered by two clinically trained male–female practitioners, to groups of six families in an out-patient health setting	16 weekly two-hour sessions

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
e-Family Foundations	An online coparenting intervention for couples expecting their first child. It is delivered to individual families from pregnancy up until the first year of the baby's life. The intervention is an online adaptation of the group-based face-to-face intervention	Universal	**Level 3 (robust) evidence of:** • Reduced infant sadness	**Level 3 (robust) evidence of:** • Reduced parental depression	The intervention does not involve any practitioner training because it is an online self-study programme for parents to complete at home	Low	Online self-study intervention for individual families	The intervention is delivered in eight sessions of one hour duration each, over a period of four to eight weeks

Interventions for new parents with provisional evidence of impact ratings

The second table includes three interventions for new parents for which we have conducted a light-touch assessment of the evidence. You can find more information on these interventions and the assessment process in the appendix.

⚠️ **Note:** EIF has not conducted a full assessment of the evidence, as would be undertaken when assessing a programme or intervention via the EIF Guidebook. Therefore, the ratings provided in the table below should not be taken to be authoritative in the same way as strength of evidence assessments published via the EIF Guidebook. For local areas considering using these interventions, we'd recommend including child outcome measures as included in the MEASURE section of this guide to measure key outcomes.

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Couple CARE for Parents	Couple CARE for Parents aims to promote positive couple adjustment to parenthood via skills training in areas including couple communication, conflict management and partner support	Universal	No or limited evidence	**Preliminary evidence of:** • Reductions in negative couple communication • Reductions in deterioration of relationship satisfaction in women	Unknown	Unknown	It involves one face-to-face group workshop (couple activities, presentations, videos and group skills training) in an out-patient health setting; two home visits; and three self-directed sessions	The total time commitment from couples is about 17 hours, spread across approximately six months (from about week 32 of pregnancy to three months post-partum)
Mindful Transition to Parenthood	The Mindful Transition to Parenthood Program aims to apply mindfulness-based approaches to a relationship education context	Universal	No or limited evidence	**Preliminary evidence of:** • Improved relationship satisfaction and mindfulness (among men only) • Declines in negative affect (among men only)	Unknown	Unknown	Weekly mindfulness practices are delivered to groups of three to five couples in community settings, in-patient or out-patient settings. Audio CDs are provided for guided mindfulness practice at home	Four two-hour sessions plus 15-minute mindfulness practice six times a week, for four weeks

Intervention	Description & adaptations	Level of provision	Evidence of impact on children	Evidence of impact on parents	Training	Cost	Delivery and setting	Duration
Bringing Baby Home Workshop	The Bringing Baby Home psycho-educational workshop is focused on four main goals: (i) maintaining and strengthening couples' intimacy, (ii) changing conflict patterns so they become more constructive, (iii) facilitating father involvement in the family and (iv) promoting positive parenting and coparenting to facilitate optimal infant development	Universal	No or limited evidence	**Preliminary evidence of:** • Decreases in contempt in the context of conflict in the couples' communication (among men only) • Increases in positive communication (among men only)	Unknown	Unknown	Administered in one session (using a combination of lectures, exercises, videos and role-play exercises), either during pregnancy or shortly after birth, in an out-patient health setting	One weekend-long workshop

MEASURE

Measuring parental conflict in new parents and the impact on children

> ℹ️ This section outlines different types of measurement tools that can be used to measure parental and child outcomes in families with new parents.

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

- **evaluation purposes:** such as to determine whether families receiving support have better outcomes, and whether 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 which 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 13 tools that are particularly relevant to measure outcomes for new parents. For each tool we have set out the following:

- **parental measures – outcomes assessed:** this information can help you understand whether 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

- **respondent – who can complete the measure:** this information can be used to understand who will complete the measure and to decide whether the measure is appropriate given your population

- **target population:** the group or population this measure is designed to be used for

- **psychometric features:** how valid and reliable the measure is: this information can be used to assess how well the measure represents what it is designed to represent

- **implementation features:** how practical the measure is to access, use and interpret.

Common challenges when using measurement tools

'I want to use the Strengths and Difficulties Questionnaire (SDQ) but it is too long.'

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

'Some of the questions I would like to assess are not included in the measure.'

You can combine measures or subscales from different measures to tailor your tool. For instance, to assess the impact of the parental conflict interventions delivered as part of the national Reducing Parental Conflict Programme, the Department of Work & Pensions (DWP) developed a new measurement tool called the Referral Stage Questionnaire. This tool was, in fact, a sequence of validated measurement tools (including the O'Leary-Porter Scale) and specific subscales (such as the satisfaction subscale of the Dyadic Adjustment Scale) that measure relevant outcomes, such as agreement between parents on how to deal with conflict.

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

Parental outcomes measures

Parental outcomes 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)	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	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?
Marital satisfaction — **The Kansas Marital Satisfaction Scale** This measure is a three-item measure designed to quickly assess a person's satisfaction with their spouse, their marriage and their marital relationship.	Parents who are married.	Intact couples (married only)	✓	N/A	?	✓	✓	✓	✓	✓	?
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 who are separated	Intact couples and separated parents with children	✓	N/A	?	✓	✓	✓	✓	✓	✓

Parental outcomes 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)	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	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 **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	?	✓	?	✓	✓	✓	✓
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	✓	✓	✓	✓	?	✓	✓	✓	✓
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	?	✓	✓	✓	✓	✓	✓

Parental outcomes 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)	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	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 — **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	?	?	✓	✓	✓	✓	✓
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	?	✓	✓	✓	✓	✓	✓

Parental outcomes 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)**	**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	**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	?	?	✓	✓	✓	✓	✓

Parental outcomes 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)	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	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	✓	✓	?	?	✓	✓	✗	✓	✓
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	?	?	✓	✓	✓	✓	✓
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	✓	✓	?	✓	?	✓	✓	✓	?

Child outcome measures

The below table summarises features of a child outcome measure suitable for children aged 2–4 years old. Further information about this measure can be found in the 2–4 year old SDQ measurement review[5].

Child outcome 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)	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	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?
Behaviours, emotions and relationships The Strengths and Difficulties Questionnaire (SDQ) is a 25-item measure with five subscales that measure: conduct problems, emotional symptoms, hyperactivity, peer problems and prosocial behaviour	Parent or teacher report of child	2–4-year-olds	✓	?	?	✓	?	✓	✓	✓	✓

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