

Parenting Under Pressure

Tavistock Relationships & Harrow Children's Services

April 2019 – March 2020

Clinical Evaluation Report



Contents

Executive Summary

1. Introduction to the Project
2. Quantitative evaluation
3. Parents' Feedback after therapy
4. Harrow Managers' role
5. Therapists' views
6. Social Workers' & referrers' feedback
7. Tavistock Relationships Project & Clinical Management Team's views
8. Conclusion

Authors

Dr David Hewison

Dr Xinmiao Zhong

Executive summary

This was a 12-month Innovation Grant funded project commissioned by the Department for Works and Pensions as part of a programme to discover what works to help reduce parental conflict and so improve outcomes for children.

It was a partnership between Tavistock Relationships and the London Borough of Harrow to test whether a Mentalization-based approach would be of benefit to Black and Minority Ethnic parents in conflict who also experienced mental health problems and/or learning difficulties.

Severe mental illness and uncontrolled drug or alcohol use, and current domestic violence or a history of coercive control were exclusion criteria.

Forty parental couples (80 participants) were accepted into the programme for individual and joint assessments for suitability and up to ten sessions of Mentalization-based therapy.

Complete pre- and post-therapy measures were obtained from 17 participants and they showed statistically-significant improvements on self-report measures of personal well-being, risk and functioning, as well as a reduction in arguments. There was no statistical change in relationship quality.

Interviews with parents, referrers, therapists and managers showed that the intervention was welcomed and felt to help parents and their children.

Learning from the project indicates that this was a very challenging project with a very tight timeline for set-up and delivery. It is clear that partnership projects need a number of things that the Challenge Fund time constraints mitigated against:

- a) Scoping of need and identification of target client group and referral pathways prior to setting up the project
- b) Development of new relationships between Harrow Children's Services and Tavistock Relationships, especially where the existing relationships were based on personal contacts rather than roles
- c) Time to source appropriate referrals that met the criteria for the Project

In addition, this and any future project needs:

- d) Clear champions within Harrow (or any other Borough) who could be the face of the project to local staff and a consistent source of liaison between the two organisations
- e) Clarity of definition of client group and the Exclusion and Inclusion criteria for entry into the project

- f) Well-functioning Safeguarding and Steering Groups that could share the burden of the work in assessing risk and suitability, and helping the project's management team with administrative, organisational and professional problems as they arose
- g) Well trained and experienced clinical staff, who can work with local staff to embed the intervention in the local area, with sufficient time and supervision resources to allow legacy staff to remain confident in continuing the work

1.1 Introduction to the Project

The **Parenting Under Pressure Project** was funded by the Department for Work and Pension's Challenge Fund. The key objective of the Challenge Fund is to build a broader evidence base of what works in reducing parental conflict. Evidence is then due to be used to inform future policy and practice and help local areas support a greater number of disadvantaged families at risk of parental conflict. Tavistock Relationships and Harrow Children's Services have a long-standing partnership in working together on Mentalization-based interventions for families in difficulty.

Aims of the Project

There were four aims to the Project:

1. To test the Mentalization Based approach (MBa) with a new group of parents (those with learning difficulties and/or mental health difficulties from the large BAME community living in Harrow) where there is little or no evidence about what works to reduce parental conflict;
2. To have 40 parental couples to participate in MBa services to better understand themselves and recognize the impact of their conflict on their children, as well as learning new techniques to resolve their conflict;
3. To train 80 practitioners in MBa tools and techniques, including 20 from local Child and Adolescent Mental Health Services (CAMHS) and in other community based therapy agencies that work with BAME parents and parents with mental health and learning difficulties;
4. To contribute to the evidence base of what works in reducing parental conflict, particularly enabling users to better regulate their emotional state and develop their skills to be more sympathetic.

This Evaluation reports on the experiences and outcomes of parents who undertook Mentalization Based Therapy, so fulfilling aim 4. It does not report on the Training element of the project.

1.2 The therapy

The therapy is a Mentalization Based approach (MBa) for parents in conflict with a range of disadvantages: specifically work with parents with learning difficulties and/or poor mental health within the London Borough of Harrow. Mentalization Based treatment is an integrative form of psychotherapy, bringing together aspects of psychodynamic, cognitive-behavioural, systemic and ecological approaches. The initiative hopes to contribute to the evidence base learning on the effectiveness of using this approach to reducing parental conflict in disadvantaged families.

Couples were due to be engaged by local referrers in Harrow – both Children’s Services Social Workers and Early Support Staff – and referred into the Project if this was felt to be a good fit for the couples’ needs and capacities. Forty couples (80 parents) were to be given both single and joint assessments – the former also to directly assess risk - before a decision to begin therapy was made jointly by the assessing therapists and the couple in conjunction with the supervisory team. The therapy was envisaged as being between six-ten sessions.

An Advisory Board was envisaged to enable a national conversation about parenting with Learning Difficulties and Mental Health and what works as well as robust academic research papers produced to inform policy and practice more broadly.

1.3 The Clinicians

There were three groups of clinician: the largest group were seven Tavistock Relationships graduates who were all experienced in working with couples; there was a smaller group of four therapists from the Asian Family Counselling Service; and one Harrow member of staff from the Early Support Service. All had advanced training and supervision in clinical practice in the Mentalization-based model, including taking part in a weekly supervision workshop where the clinical experience of the model was explored and fidelity worked-on.

1.4 Data Protection

Couples were free to choose whether they join the project or not and they were asked for informed consent for material about them to be shared between the two agencies. Data protection principles were adhered to and a clear Information Sharing Protocol was agreed. Not all participants gave consent for their outcome information to be used in the research evaluation. This report is based on this level of consent.

1.5 Assessment and selection for the Project

Harrow Children’s Services identified suitable couples and Tavistock Relationships provided experienced clinicians to deliver the Mentalization-based couple intervention at Harrow Civic Centre and at the local Relate Centre. Clinical and administrative management was held at Tavistock Relationships for these cases. In some cases, Harrow Children’s Services staff remained closely involved with the couples and their children.

Couples were identified as potentially suitable by their social workers or Early Support case managers. As the project developed, referrals were also received from Harrow CAMHS and from Shaftesbury School (a specialist educational facility for children with learning difficulties). All referrals were then reviewed by the Head of Service for initial suitability. If they passed this, they were then reviewed by the Project’s Screening Panel which included the Clinical Lead from Tavistock Relationships to ensure proper scrutiny of the risks of referral into the project.

The inclusion and exclusion criteria for couples being put forward for the intervention were:

Inclusion:

- Couples with children
- Mild-moderate inter-parental conflict
- Mental health and/or
- Learning difficulties
- From a Black or Minority Ethnic group (this criterion was expanded at Harrow's request to include other groups in the borough's diverse community)

Exclusion:

- On-going domestic violence or coercive controlling behaviour
- Severe mental health problems
- Current unmanaged drug or alcohol misuse

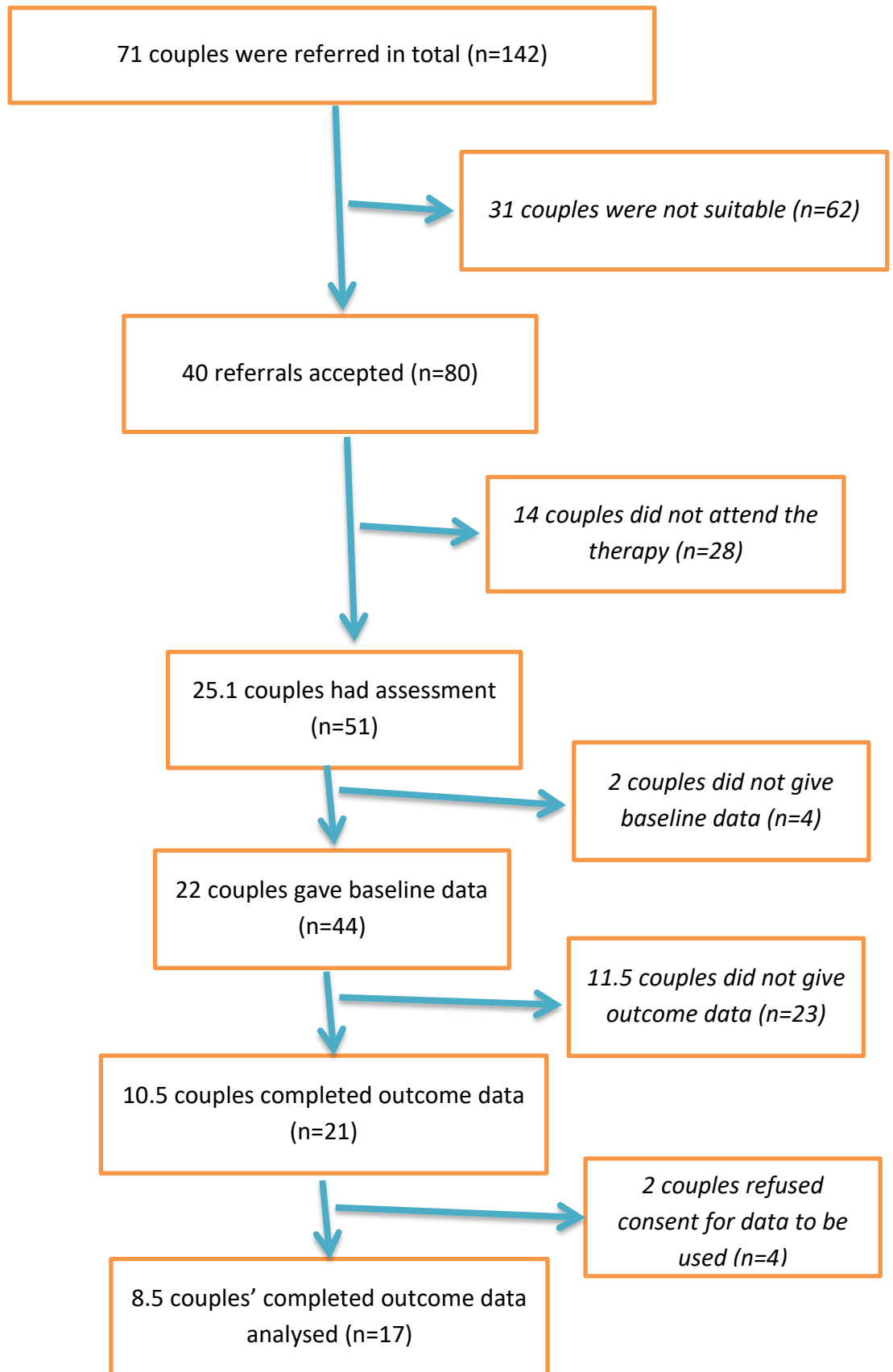
2.1 Quantitative evaluation

Seventy-one couples were referred into the programme (see flow diagram, below). Thirty-one couples were not suitable as they met the Exclusion criteria. Forty couples (80 parents) were offered the intervention but not all accepted. Fifty-one parents had at least an individual assessment and forty-six parents entered the intervention, the remainder having been excluded because of risk or choosing not to begin. Forty-four of the parents who entered completed a useable intake questionnaire, which included demographic questions and psychometric measures, at the assessment point before the therapy began. The number of therapy sessions for the forty-four parents who completed the intake questionnaire ranged from 1 to 12 with an average of 6.05 (SD=3.56) including assessment sessions, and ranged from 1 to 10 with an average of 4.07 (SD=3.53) excluding assessment sessions.

Twenty-one parents completed a post-therapy questionnaire, which included psychometric measures and service satisfaction questions, after their therapy finished (at whatever number of sessions). The number of therapy sessions for the twenty-one parents who completed the post-therapy questionnaire ranged from 3 to 12 with an average of 8.24 (SD=3.67). Four of these parents refused consent for their questionnaire data to be analysed.

Of the seventeen parents who completed pre- and post-therapy questionnaires and gave permission for their questionnaire data to be used, nine had the programme's target number of 6-10 sessions post-assessment (one parent left the therapy before the 6th session to travel abroad and their partner continued for a while due to clinical need).

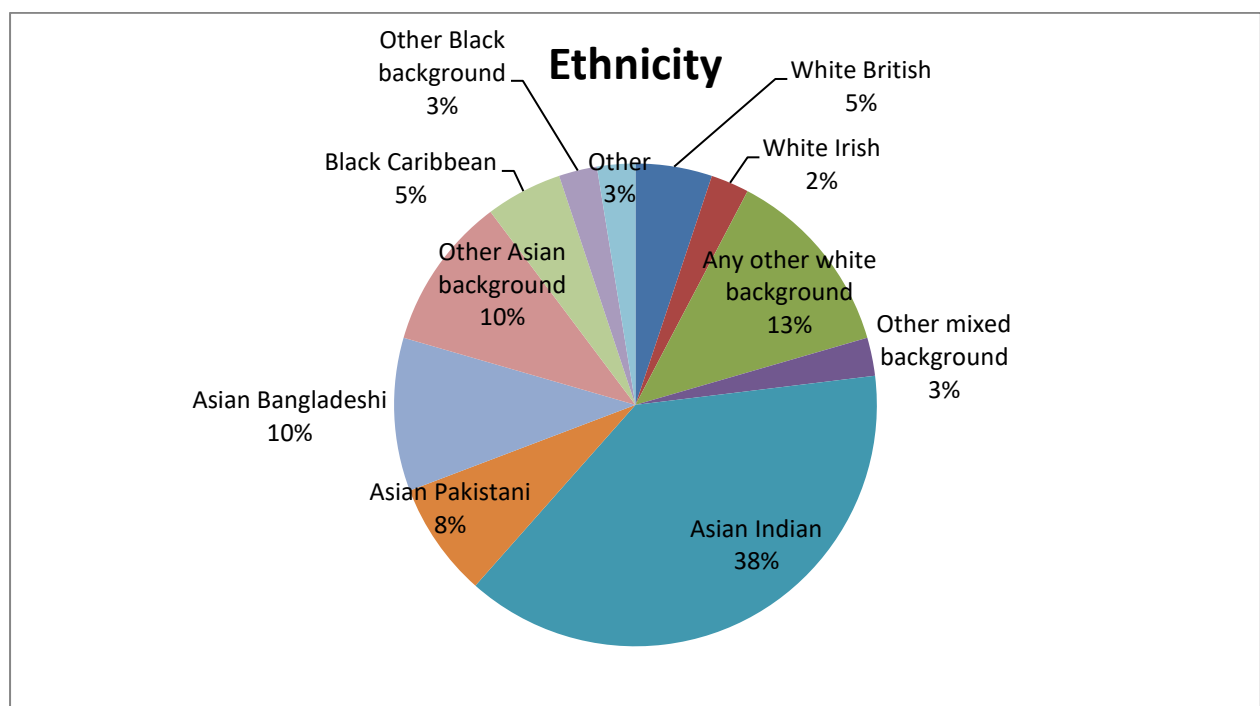
Programme Quantitative Data Flowchart

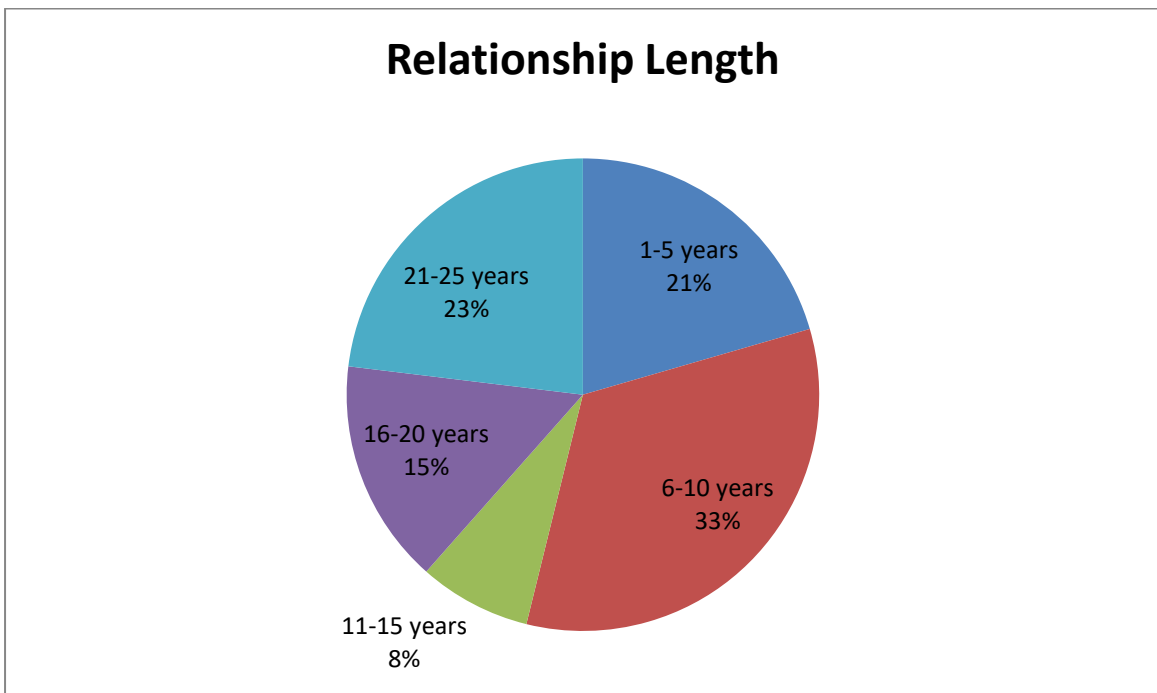
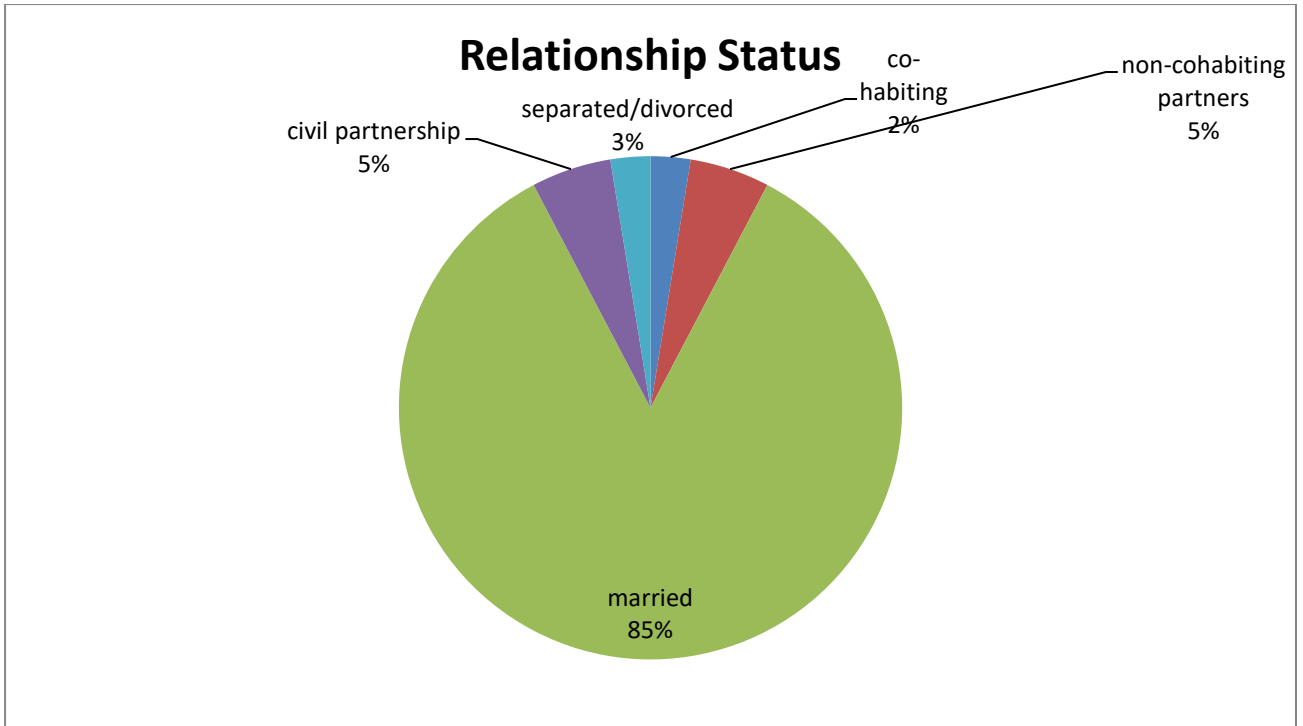


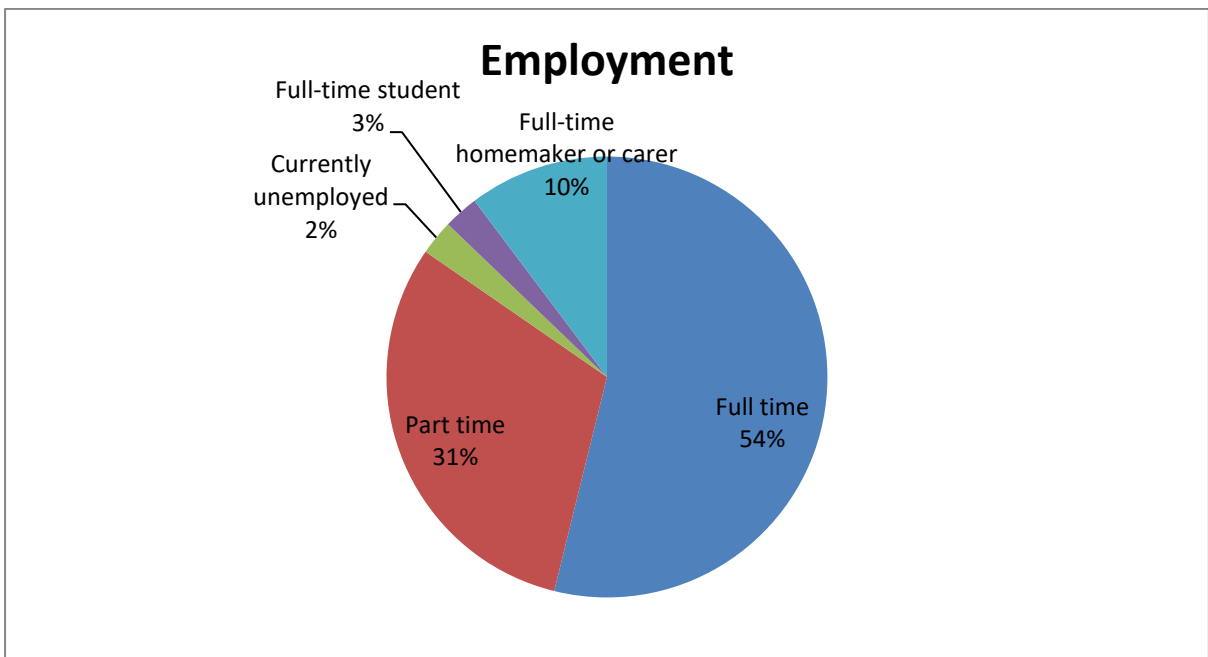
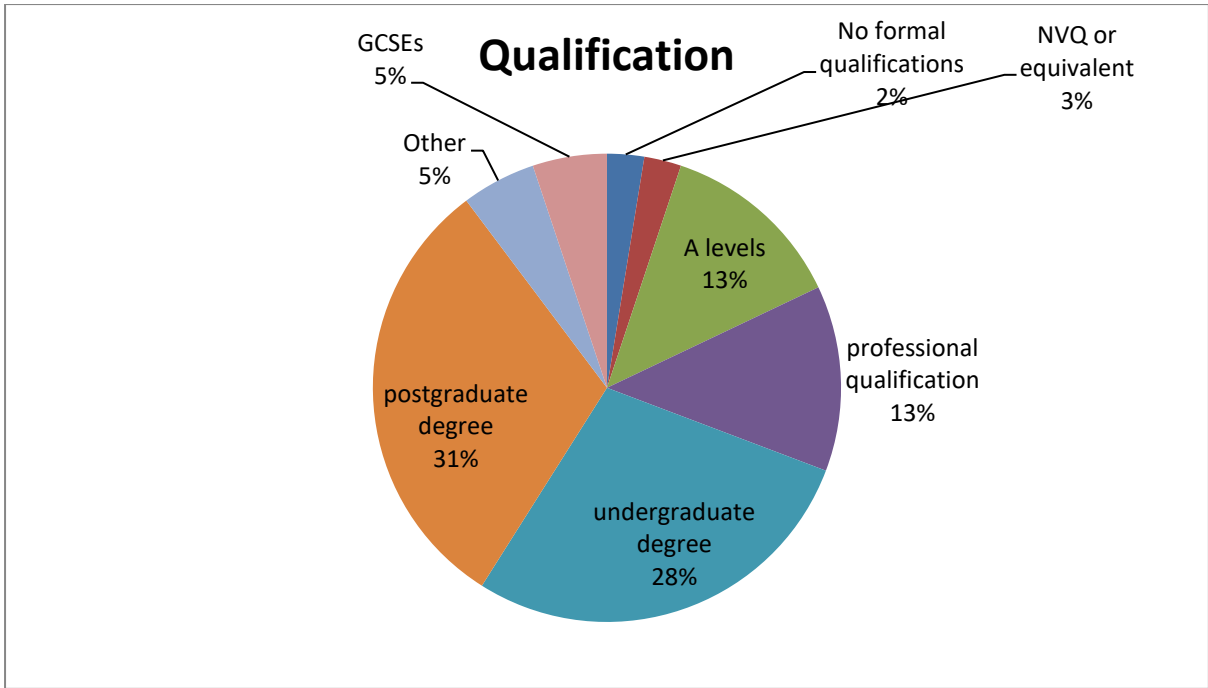
2.2 Demographic information at intake

Among all participants, there were 24 females (52%) and 22 males (48%). Twenty-five participants provided their age, which ranged from 20 to 55 years with a mean of 39.8 (SD=7.98). Thirty-nine participants provided their ethnicity, marital status, relationship length, qualification, and employment type. The majority (67%) of the participants were from an Asian background, which included Asian Indian (38%), Asian Pakistani (8%), Asian Bangladeshi (10%), and Other Asian background (10%); 21% were from a White background, which included White British (5%), White Irish (3%), and Any other white background (13%); 8% were from a Black background, which included Black Caribbean (5%) and Other Black background (3%); 3% Mixed background; and 3% Other background.

The majority (85%) were married, followed by non-cohabiting partners (5%), civil partnership (5%), co-habiting (3%), and separated/divorced (3%). About one third of the participants were in their relationship for 6-10 years (33%), 23% were in the relationship for 21-25 years, 21% were in the relationship for 1-5 years, 15% were 16-20 years, and 8% were 11-15 years. More than half (59%) of the participants were educated to undergraduate degrees or above (31% were educated to postgraduate degrees and 28% were educated to undergraduate degrees), 13% were educated to A-levels, 13% professional qualifications, 5% GCSEs, 3% NVQ or equivalent, 3% No formal qualifications, and 5% Other. More than half (54%) of the participants were working full-time, 31% were working part-time, 10% were Full-time homemakers or carers, one (3%) was unemployed, and one (3%) was a Full-time student. Please see figures below. Thirty-four participants provided their sexual orientation: the majority (94%) gave their sexual orientation as heterosexual and 6% preferred not to say.







2.3 Psychometric and Satisfaction Measures used

CORE-10

The 10-item version of Clinical Outcomes in Routine Evaluation (Barkham et al., 2012) was used to measure psychological distress before and after the therapy. The 10 items were taken from the original 34-item CORE-OM (Evans et al., 2002) with six items from problem subscale, three items from functioning subscale, and one from risk subscale. Each item was rated on a 5-point Likert scale ranging from 0 (Not at all) to 4 (Most or all of the time) and

higher scores indicated higher psychological distress. The cut-off score to distinguish clinically distressed and non-distressed for the CORE-10 is 11 (Barkham et al., 2012).

Additional Risk items

In order to measure risk, four additional items from the CORE-OM were added and were used before and after the therapy. The four items were: “I have thought it would be better if I were dead”, “I have thoughts of hurting myself”, “I have hurt myself physically or taken dangerous risks with my health”, and “I have been physically violent to others (e.g., my partner or children)”. Each item was rated on a 5-point Likert scale ranging from 0 (Not at all) to 4 (Most or all of the time). Altogether, five items measured risk (i.e. the four additional risk items plus one risk item from the CORE-10). Higher scores indicated higher levels of risk.

CSI-4

The 4-item version of Couple Satisfaction Index (Funk & Rogge, 2007) was used to measure relationship satisfaction before and after the therapy. The total score could range from 0 to 21 and higher scores demonstrated higher degrees of relationship satisfaction. Scores lower than 13.5 indicate relationship dissatisfaction (Funk & Rogge, 2007).

Argument

Three questions were used to measure argument before and after the therapy. The questions were “How often do you and your partner argue?”, “When you lose your temper, do you shout at your partner?”, and “When you lose your temper, do you push or slap or hit your partner?”. Each question was rated on a 4-point Likert scale ranging from 0 (Never) to 3 (Very often). Higher scores indicated higher degrees of argument.

Service satisfaction

Eleven questions on service evaluation were used after the therapy. Questions such as “I feel that the people who saw me listened to me”, “I was treated well by the people who saw me”, and “My views and worries were taken seriously” were asked. Each question was rated on 1 (Certainly true), 2 (Partly true) and 3 (Not true).

2.4 Quantitative outcomes

The following analysis was based on 38 participants pre-therapy and 17 participants post-therapy who gave consent for their data being used for research.

Psychological distress

The average score for the CORE-10 at intake was 14.21 (SD=7.21) and 63% of the participants were above the clinical cut-off, indicating high levels of distress in the sample at intake.

Table 1 shows the significant improvement in psychological distress after the therapy, $t(16)=2.80, p<.05$. The improvement was even more significant for those who were clinically

distressed at intake, $t(8)=3.6, p<.01$. The improvement was significant for men ($t(5)=3.05, p<.05$) but not for women ($t(9)=1.49, ns$). Among nine participants who provided data before and after the therapy and showed psychological distress at intake, five (56%) had a reduction in psychological distress sufficient to be considered reliable change (i.e. the CORE scores moved from above 11 to below 11 and reduced by six points or more beyond the measurement error of the measure). Note the number of therapy sessions that these five participants had were between 4 and 12 with an average of 7.2 (SD=3.96).

Table 1 below also shows the significant reduction of levels of risk after the therapy $t(16)=2.61, p<.05$.

Relationship satisfaction

The average score for the CSI-4 at intake was 9.21 (SD=5.37) and 79% of the participants were below 13.5, indicating high levels of relationship dissatisfaction in the sample at intake.

The average score of the CSI-4 had increased after the therapy, indicating an improvement of relationship satisfaction (see Table 1). However, this change was not statistically significant, $t(16)=-1.61, ns$.

Argument

The degree of argument has significantly reduced after the therapy, $t(16)=2.28, p<.05$ (see Table 1).

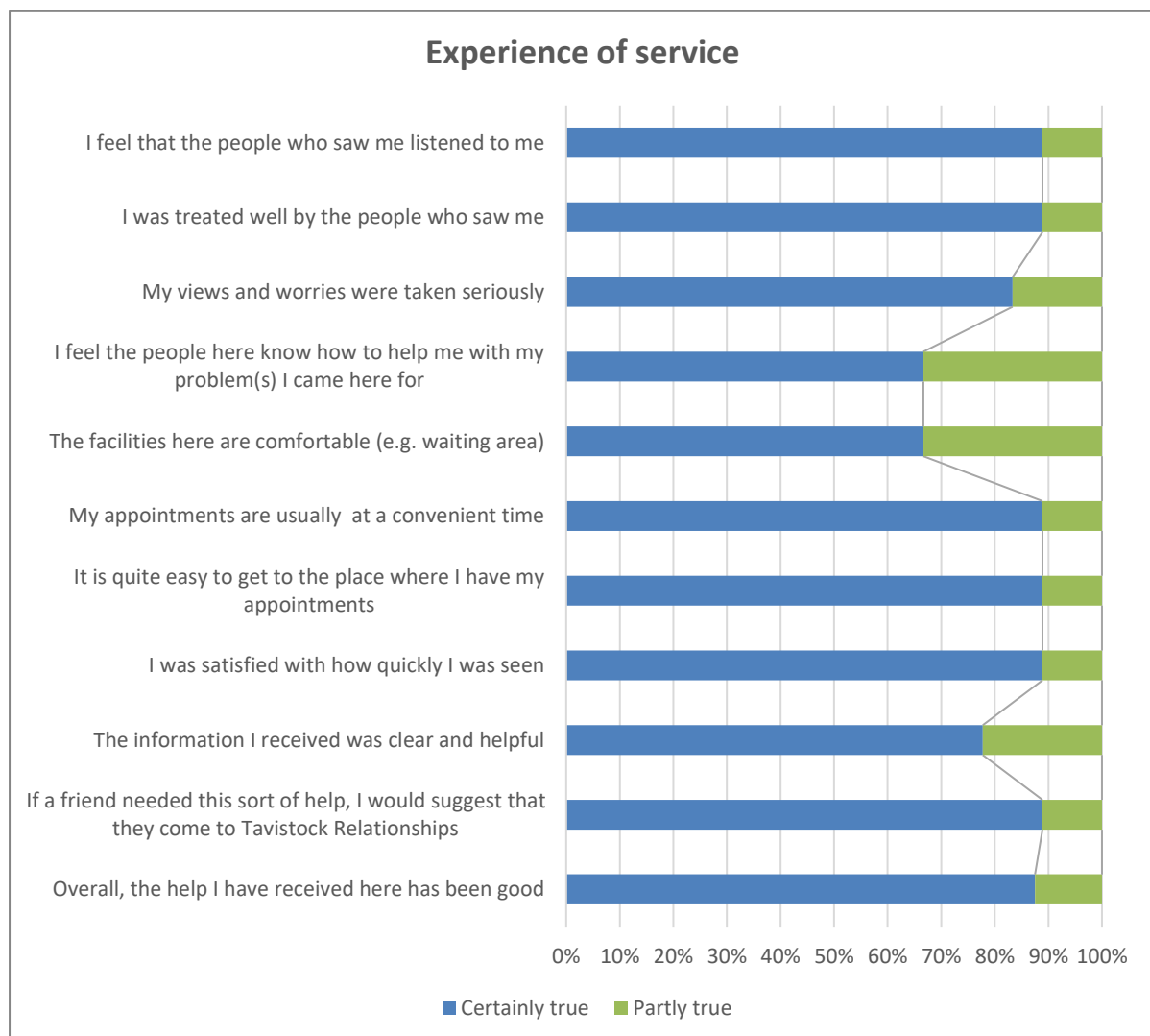
Measure	Pre-therapy	Post-therapy	Difference	t	p
CORE-10 (n=17)	14.18 (7.55)	9.82 (6.46)	4.35 (6.41)	2.80*	0.013
CORE-10 for clinically distressed at intake (n=9)	20 (5.24)	12.33 (7.45)	7.67 (6.38)	3.60**	0.007
CORE-10 for men (n=6)	13.17 (6.34)	6.33 (2.50)	6.83 (5.49)	3.05*	0.029
CORE-10 for women (n=10)	13.7 (8.07)	10.4 (5.85)	3.3 (6.99)	1.49	0.169
Risk (n=17)	3.18 (4.53)	0.94 (1.75)	2.24 (3.53)	2.61*	0.019
CSI-4 (n=17)	8.59 (6.14)	10.29 (6.36)	-1.71 (4.37)	-1.61	0.127
Argument (n=17)	0.86 (0.37)	0.65 (0.42)	0.22 (.39)	2.28*	0.037

* $p <.05$, ** $p <.01$ which means statistically significant difference

Table 1: Summary of scores pre- and post-therapy with standard deviations in the parentheses

Service satisfaction

Service satisfaction was collected from n=18 participants. Overall, the satisfaction was very high with over 60% participants expressing complete satisfaction for each aspect of the service and no participants indicating dissatisfaction with any aspect. The highest satisfaction was found in six items: two items about the high competency of therapists (i.e. “I was treated well by the people who saw me” and “The people who saw me listened to me”), plus satisfaction with how quickly they were seen, the time of the appointment, the convenience of the venue, and whether they would recommend it to a friend. These six items had 88.9% of the participants expressing their complete satisfaction. Please see the figure below.



References

Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J., Mellor-Clark, J., Richards, D., Unsworth, G. & Evans, C. (2012). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, 1–11. <http://doi.org/10.1080/14733145.2012.729069>.

- Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry* 180(1): 51-60.
- Funk, J.L., & Rogge, R.D. (2007). Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21, 572-583.

2.5 Commentary on demographics and clinical outcome

The parents who entered therapy were generally individually and relationally distressed and the therapy helped them with this. Interestingly, the short-form measures did not show statistically-significant improvements in relationship satisfaction, and seemed to show more improvement for men than for women. Whilst there isn't a direct relationship between individual and relational improvement (because someone can still see themselves as being in a difficult relationship yet feel better in themselves) it is clear from the qualitative interviews that participants could see improvements for themselves and for their children. It is also clear from the measure of arguing, as well as from their reports, that the amount and level of argument decreased in the parents, having positive knock-on effects on their children.

A larger sample of pre-and post-questionnaires would have more chance of getting more fine-tuned results.

One of the surprising results from the intake demographics was that 21% of the participants were from White backgrounds. Some of this was because couples were in mixed ethnicity relationships, but some stemmed from the widening of criteria towards the end of the project.

3.1 Parents' feedback after therapy

Interviews were conducted with parents to get their experience of the Parenting under Pressure programme. Eleven parents (seven mothers and four fathers, from eight families) consented to a telephone interview and to be recorded. In three couples, both parents participated. Recordings were transcribed verbatim after the interview with minor edits for meaning. The interview asked about any changes the participants had seen in themselves and in their children after the therapy; about helpful and unhelpful aspects of the therapy; and the advice they would give to a distressed couple in a vignette. All interviews were conducted in English. One participant (Couple 8 father) was not able to speak English, so the interview was interpreted by his partner. Themes from the interviews are presented below.

3.2 Living arrangements stayed the same or changed in a positive way

Participants who lived together at the beginning of therapy continued to do so after the therapy; parents who were living apart continued to do so, likewise. One participant mentioned a positive change in his living arrangements after the therapy:

"We have always lived together, with my wife and children. We used to sleep in separate rooms but now we sleep in the same room. Our romantic relationship has started again after three years. We are sleeping together, living as husband and wife. I feel more confident. I can say things. I really like living in the house." (Couple 2 father)

3.3 The Parenting under Pressure programme improved understanding of oneself and their partner/co-parent

All eleven participants said they had improved their understanding of themselves as well as their partner/co-parent after undertaking the programme. One mother started to understand how her partner's upbringing had an effect in their relationship:

"It's helped me to have different perspective in terms of the way he was brought up. He didn't have a better bonding with his mother. This could be the reason why he is taking this relationship for granted. When you don't have a parent to guide you and make you understand relationships you might take things for granted, I think this is what is happening with my husband." (Couple 3 mother)

Another mother had more understanding of herself and her partner:

"Maybe improved my understanding of myself. I mean this is going on for years. It's uprooted a lot of buried issues in myself. Buried because they are too painful to have on the surface. So yes, it's helped me to understand what I've done in this situation. It has helped understanding of partner. That he thinks and believes he is on his own." (Couple 4 mother)

One mother realised that their family of origin had an impact on her relationship with her husband:

“yes... it’s improved our understanding ... but unfortunately, my husband comes from the orthodox family, who think that women have to be lower than them and all these things... my parents used to share everything with each other. I grew up like that, live like a friend and share everything. We’re a totally contrast ...Yeah, yeah, yeah, it’s really very helpful to understand that not only that he is my family and husband, but it also means I have my own life and I have to look into it, I should be happy.” (Couple 5 mother)

One father pointed out the importance of understanding each other even though they were thinking differently:

“The therapy helped me a lot and I understand more about myself and us. The lady, the therapist was really helpful and she helped me understand things in different ways...Because we are two different people, and we are thinking in different ways, the fact that we have different circumstances and to see what each other’s views are, and put ourselves in each other’s [shoes] ...and understand a bit better, that really helped... We think differently but I understand her better.” (Couple 8 father)

The therapy helped one mother not only understand more about her partner but also understand what she wanted in a relationship, and if her needs could not be met, she would be ready to leave the relationship once the children were old enough:

“My therapist did help me to understand him... When my therapist was talking to me, it made me think that this is something I haven’t thought about before, it’s something to think about and dwell on. I’ve had a change of thought, in the future I need to do something about this relationship for example taking step forward and saying enough is enough, then I might just do that. ... Waiting for children to grow up, once they have, I think I will have a better support from them. I’m waiting for my daughter to turn 18, if at that point I can’t continue with relationship, I might just break away.” (Couple 3 mother)

3.4 The Parenting under Pressure programme enabled positive change in various aspects of the relationship: self-expression, arguments, self-confidence, and communication

a) Self-expression

Some participants mentioned that the programme had enabled their or their partner/co-parent’s self-expression. For example: *“I can now speak up... I have learned to express myself.” (Couple 2 father).*

"I can now speak what's on my mind...Sometimes I cry. I can't tell my family, they live in India, my mother and father-in-law in India. Here is only me and my wife. I want to tell someone. I tell everything in therapy...Before I didn't tell everything to my wife, problems etc, now I tell everything." (Couple 6 father)

The uniqueness of the experience for some partners was clear: *"I think it was useful for my partner/ex-husband, to express what he wouldn't express. He doesn't have any other place to do that."* (Couple 1 mother)

b) Arguments

The programme reduced arguments in general but particularly arguing in front of the children:

"To be absolutely honest, we have not argued as much. We fought a lot about a lot of things that we did not understand about each other. [The therapy] was quite helpful. We understand each other better, we are getting along much better. [My partner] has calmed down, he understands more. He doesn't quickly jump into arguments and we try to understand a bit more... If I have a problem I talk to him first, I say how it is so it would make sense to him where I am coming from. Instead of blowing up out of the blue. That is one of the changes I made. I talk to him first. We go over things and work things out instead of the arguments. He doesn't blow up as he used to and we talk." (Couple 8 mother)

"The thing is only now we are doing less arguing in front of the kids. But I can say the one change I can see in my husband. [Before we had] the argument in front of children, but now after the sessions the one change come is we try to avoid the argument in front of children and do arguments when my children are sleeping or, you know, playing somewhere. That is the one change with this." (Couple 5 mother)

Looking back, one father said: *"Before, we would argue about everything. I think she's changed a lot."* (Couple 6 father)

c) Self-confidence

Some participants expressed that the programme improved their self-confidence:

"I would say it maybe gave me more confidence after having a session on my own with therapist because he didn't turn up. I felt more able to stand up to him when he wasn't being nice. Accept that it's his problem and not my problem when he was nasty." (Couple 1 mother)

"I feel more confident. I can say things" (Couple 2 father), and

“Confidence and also take the blame [of myself] away and just, definitely, kinda give me some reassurance and ...it definitely helps, yeah definitely helps.” (Couple 7 mother)

d) Communication

The programme improved the amount and the quality of communication and problem solving between parents. For example,

“People were very helpful. Keep telling us how to resolve issues and speak up about tensions and work on it...She [my partner] is listening to me” (Couple 2 father)

“We didn’t talk much before, but now we talk.” (Couple 6 mother), and

“We don’t talk over each other, I stop when something is going over board, I just stop and listen, and she does the same. It’s much better now, since we have the understanding about each other. She [the therapist] taught us how to let each other talk, and don’t over talk each other.” (Couple 8 father)

3.5 Parents who had more than four sessions had changes noticed by their family and friends

Couples who had four or fewer sessions didn’t report family and friends noticing changes in them. This contrasted with parents who had more than four sessions, who felt that noticeable changes were felt by their family and friends. Four of the participants interviewed had more than four therapy sessions. One father who had six therapy sessions said, *“My sister is happy to see we are back to normal now.” (Couple 2 father)*

One mother who had nine therapy sessions said,

“When we argue I always call my friends and we talk to get some support. So I haven’t been doing that lately. So they like ‘Oh you guys are getting along.’ So yeah we actually are.” (Couple 8 mother)

Another father who had seven therapy sessions said,

“Family and friends know that we are getting on better. Before, I used to talk to them privately and my partner was never present...now we talk to them together, everything is much better.” (Couple 8 father)

Another mother (Couple 7 mother) had nine therapy sessions, but because her partner went abroad half way through their therapy and she did the remaining sessions by herself, the changes were not easy to be seen by family and friends. However, they had told her *“oh you guys are ... it’s good you are really trying”*.

One exception to the pattern was that one father (Couple 6 father) who only had two therapy sessions said his neighbour noticed that he seemed much happier.

3.6 The Parenting under Pressure programme improved the relationship between parents

Most parents reported that their relationship had improved after the therapy, even for those who had a small number of sessions. For example:

“We are closer to each other. Changed way we behave to each other. More calm and more approachable instead of lashing out. We sit down and try to come to conclusion on disagreements, and whatever is better then we stick to that.” (Couple 3 father)

“There isn’t much wrong with relationship now, not tense anymore, it’s calm. If we have to say something to each other, we can speak up now. We can say if something isn’t appropriate. We are changing as the time passes by. If we change too quickly it won’t last forever. We are going with the flow and things are getting better. Just because of the therapy, yes.” (Couple 2 father)

“We are more happy. Planning future now, more balanced. Good changes, doing more things together, for example, watching movies. Little arguments, we do sometimes. Not getting angry at each other.” (Couple 6 father)

One woman described very clearly the way in which she and her partner have changed:

“I think we’re a bit humble. And we’re not arguing with each other. And we’re not doing any wrong thing like arguing in front of the kids. Everyone is calmer now. I think there is a huge improvement. Obviously he understands my side and why I was upset, why I was feeling in certain way, so I think that made a big impact on where we are now. Obviously before I didn’t understand why he was in certain way. I am more calmer... I listen what he has to say and ignore certain things that are not necessary to go over. [When] he talks, he is a bit more understanding. Obviously when we disagree about something before we used to argue, don’t talk. Now we talk and let it go and go back to normal.” (Couple 8 mother)

Only two participants did not think the programme improved their relationship. For one participant it was because she had too few sessions for unexpected health reasons. She said,

“To get the best out of these sessions, we would need continuous therapy sessions. That really wasn’t the case. Had a total of 3 or 4 sessions, then it all ended because him being hospitalized for stroke, and then COVID happened. I’m not able to fully say whether the sessions have helped or not... Therapy didn’t really change our behaviours. If we had full 10 sessions there might have been an improvement. The situation didn’t allow us to fully finish the sessions.” (Couple 3 mother)

For the other participant (Couple 1 mother), although changes in relationship did not happen immediately after the therapy, they did happen when a potential life-threatening illness was encountered. She wasn't sure if this was the result of the programme, though it had improved her confidence in the relationship, as reported above. She said,

“Um, not in the short term, strangely more recently he had the coronavirus but he didn't have it too badly, he recovered after a few days. I'm not sure whether it's since then, he's been a bit more pleasant to deal with, slightly more than before. Maybe it gave him time to reflect on things, I'm not sure. Maybe it puts things into perspective for him or gave him time to think about things.” (Couple 1 mother)

3.7 Children became much happier as parents argued less after the programme

Participants were asked about changes in their children after undertaking the programme. Parents who had reduced their arguments following therapy expressed significant change in their children. For example:

“Children are happy now. Before, whenever the arguments happened my elder one always become scared and cry, as she don't understand what is going on and why. But she can obviously see the expressions on our faces, she can recognise by that. Now the thing is, in front of them, no arguments start, we stopped same time quickly, so she don't get so upset, and now more happy than before... Before, when my husband and me start arguing ...my kids become a bit sad, you know, to the environment. That environment now we are trying to neglect totally. Even if my husband starts argument, I do not reply to him at all. Within 5 minutes he stops himself because he comes to know I'm not replying to him, so he understands and after he stops. So it doesn't go further.” (Couple 5 mother)

“We have 4 months old and 5 year old and a 9 year old. They are much happier. They feel better. They used to say 'mummy, stop arguing, why you guys always argue?' Now we don't do it anymore and they are much happier. The environment is much better for them and they just understand that mummy and daddy and all the family are all together. They are much calmer. They stay at home doing their work, playing around. Obviously children will always be children messing things, but they are more calmer... They are less aggressive [when the children play together]. They play together. Of course they fight because they are boys. Apart from that they have been doing good.” (Couple 8 mother)

“The kids are happier, they notice we don't argue as much, we are more together...we are sharing things and being together as a family. It's much better now...[the children] are much happier now and comfortable, they are not scared that we're going to argue or anything. They feel much better, because we're not arguing, so they feel happier.” (Couple 8 father)

“Children are more confident and more happy. They can see change in the family. We are more of a couple.” (Couple 2 father)

Despite saying that his children remained the same and nothing was getting worse, one father also added

“They still stick to their mum. They come to me but more to their mother. I would say they feel normal now. I’d say they do approach me now, before everything was mum. I’d say they are still the same. I am trying to change relationship with my children, I try to speak to them as much as I can. Due to lockdown having more conversations, trying to get closer now. Lockdown getting boring, trying to look for a new job. Speaking to children more now, didn’t have time before as I was working six days a week. With lockdown have more time.” (Couple 3 father)

3.8 The therapy supported communication

The question “what did you find helpful in the therapy” was asked and responses from the participants focused around improvements in the skills of communicating with another person and of expressing oneself, and/or the therapists provided a good therapeutic environment for them to talk. Below are examples:

“It was a place for him [the co-parent] to talk... Because he needed a place to do that, I knew he wouldn't do that anywhere else. So I thought it was important he has a place to express his feelings.” (Couple 1 mother)

“Encouraging us to speak up... If we have anything to say which bothers us we will speak to each other... Teaching us how to communicate. Main issue was communication. We were not used to this if we had anything to discuss. If you have any issue we should speak to each other.” (Couple 2 father)

Both partners in couple 3 felt more able to speak:

“Opening up with the family rather than keeping myself isolated.” (Couple 3 father)

“She [the therapist] let me express myself, which I never had opportunity to do.” (Couple 3 mother)

“I became more able to express myself without being shut down or not heard.” (Couple 4 mother)

“In the therapy, to be honest, the major change I’ve got is at least my husband stopped argument. That is the best thing for me and my kids. So after argument obviously you get uh.. frustrated become you know... or sometime angry, and that anger goes on somewhere else. This thing is the best I’ve found they make him

understand that his argument and the way he is behaving is affecting me as well as the kids. So that's what I can say for improvement." (Couple 5 mother)

One couple said:

"I feel we are talking more. Which is very good, very helpful. I feel so many things I learned." (Couple 6 father)

"That is helpful for us, because we don't have family here. So if we feel low we can't discuss. So we can speak with you guys for support." (Couple 6 mother)

Another couple commented on how the therapist helped both of them:

"I think the fact that we didn't let each other talk. If I disagree I don't listen. The therapy helped, me especially, 'cause I don't know his views on it. When we talk, I'll be quiet and listen what he has to say. Because the therapist stopped us, we talked in turns. So that was the main thing. Obviously I am... in the situation and you only see what is in front of you. That helped, 'cause obviously when he is talking I let him talk and I try to see things the way he is seeing it even though I don't agree with it. It's not always gonna be like we agree, but I try to see where he is coming from. Why is he thinking that way and what leads him to think that way? So that is something I never used to do. I used to storm out and everything had to be my way... We just felt comfortable talking and getting everything out was very beneficial thing. It was hard time and we had somebody to talk to, someone who was not going to judge us or whatever. I think it was the most helpful thing." (Couple 8 mother)

"The fact that [the therapist] was that mediator when I raising the voice a little bit and talking a little bit too much. But she said calm down, it's not your turn, so the fact that she was there mediating... She speaks [my language], so I didn't need a translator. I could freely talk to her, she could understand me and make me understand things when I need it." (Couple 8 father)

3.9 Parents were happy with the Parenting under Pressure programme

The question "was there anything you would advise us to improve in the therapy, for example, things you didn't like and things we can improve?" was asked and majority of participants expressed their favour of the programme, and nothing had to be changed. For example:

"I don't think there was anything I can say to improve it. It really gave me that comfort zone, honestly, you know, knowing that especially I can't speak for my therapist, but it was the way she listened. I could see on her face, I can't speak for my husband, but for me, she was really listening to me especially when I told her that I've been in this situation for 25 years now, she just, her expression, she said wow, you know you are some strong woman to keep battling this for 25 years. I've never come across anyone like you before. So for someone actually say that to me, it's a very big

thing, as I've not always had people saying something like this to me. So it's very strong for me to hold this in myself." (Couple 3 mother)

"No to be honest. The 2 ladies were very nice, they make us understand very well about each other and emotion and how we should behave with the kids and all these things. I was totally happy with them." (Couple 5 mother)

For one participant, her first experience of therapy had been very helpful and she could think of nothing that needed changing:

"To be honest with you, I never been to this couple therapy before and I never has a psychotherapist before, and from my experience, I have been...so lucky with these 2 ladies [...]. I have been really lucky and personally I would say not to change anything. I was really happy with everything and for me really helped so much because... you know, the situation which I was going through so I was kind of on the rock bottom, so for me it was such a help, and like I said reassurance and the boosting and the positivity and the advice... I would say that's just perfect. For me, perfect. I would say don't change anything, I mean... I don't know, from other people's point of view I don't know, but I'm just happy with how everything it went, because for me, just... such a big help. I haven't been to other therapies, I don't know what to say, but all I can say at the moment, hand on my heart, I'm just extremely happy." (Couple 7 mother)

The question of accessibility was raised:

"Everything was pretty good. The therapy should be accessible for more people, because it really helped me to see things differently, so probably other couples would benefit from it. It would be a nice thing." (Couple 8 father)

Two participants had specific suggestions for improved in the programme, one of which was about knowledge:

"Yeah, I had asked initially how much the experience the therapist have dealing with people who are neuro-diverse, people on the autistic spectrum etc. I don't know if they were or not, I didn't get the impression that they were particularly aware of relationships where one person, my husband isn't diagnosed with autism, but it's clear to me he is. I know from my own research it has a particular effect on relationship and on the partner which is often the woman. And I think it would be helpful if the therapists were acutely aware of these things. I suspect a lot of relationship problems stem from this. As the couple they might not know they are on the spectrum. It can create a lot of relationship problems...Maybe as well, like if they give me information for going for mediation as a next step but I think I would seem to know what to by myself as supposed to within a couple. What other counselling or therapy I should look at for myself." (Couple 1 mother)

Another participant who said she found the therapy useful and would like to recommend it to a friend, spoke about provision:

“Personally I found it very painful because of the situation I’m in and the emotions I absorbed. I would come back from sessions and cry in the car, because I think of the way my situation is, when I have to think about them they are painful. I wasn’t expecting that. Maybe some support around how you might feel after the sessions, expect to feel bad rather than not expecting to feel bad. I was nervous because first session, didn’t sleep well night before, not because I was scared about therapist, I was uncomfortable of potential conversations I thought could happen and emotions that could arise.” (Couple 4 mother)

The responses from three participants, who would like some minor changes, reflected their personal wishes. One spoke about the gender of the therapists,

“I would say it would be useful to have one man and one women therapist, rather than two women. If they didn’t hear you properly, if they are on one side or on the other side. Female understands more than a male, but for confidence of the person sitting in the room, he should know that one man is there, because women think differently.” (Couple 2 father)

Another participant acknowledged the programme was good as it was but would like longer sessions:

“To be honest I think it was quite nice. I think it could have been a bit longer than an hour. Because when you put an end you still have quite a lot to say and have to come back to it is a bit hard. But obviously they can’t do it forever. I think it could be a bit longer than an hour. That would help a bit more. I would say.” (Couple 8 mother)

One participant would like the therapist to be an authority figure who intervened against her partner:

“I think um, with my husband, I felt like he questioned me, and I didn’t feel like anyone stopped him from being rude or nasty. I think that was quite difficult. It felt like it was an opportunity once a week to have a go at me, which is why I dreaded going. He also came over as rude to the therapist as well. So I think with the situation with us, it might have been helpful for the therapy to put more boundaries in place like please don't be rude to me or to her. That would have been useful.” (Couple 1 mother)

3.10 Nothing has become worse after the therapy

All eleven respondents said that nothing had become worse in themselves or their relationship after the therapy. For some, things became better; for others, things stayed the same.

“No, nothing. Everything got better after therapy 100%.” (Couple 8 father)

“I don’t think anything got worse, I would say just things kind of got better. [For the relationship] I would say no because things have pretty been the same ...nothing worse ... [for myself] I would say better, like, you know, like trying to get more positive, more open minded, like, the therapist was telling me just look more after yourself and just.. definitely getting that uhhh telling me that ‘oh stop feeling guilty because you don’t have to’....it was definitely better” (Couple 7 mother), and

“No not really, nothing got worse. Nothing has been better. We are still at same junction as before.” (Couple 3 mother)

3.11 The Parenting under Pressure programme would be recommended to a friend

All eleven respondents would recommend the programme to a friend and some already had:

“Yes, we’ve already recommended it to people, it was so good...our religion is Islam, some families have some issues, they go to their priest. These guys can help you better than any priest or family member.” (Couple 2 father)

“I think I would, in the Asian society I’m sure they are saying to women like me, I can’t speak for anyone, neither do I have any friends who might or are or have been in the same situation as me, but of course if there is anybody that I know or who comes and talks to me, I really think they should be put in touch with someone, then I would of course recommend Tavistock Relationships. I’d tell my friend and I’d say look, I went to see them, I didn’t have as many sessions with them due to circumstances but I think you should approach them and see what help they can give you.” (Couple 3 mother)

“I’d recommend it to everyone. I’ve recommended to a friend at work who had issues as well. I’d definitely recommend it to people.” (Couple 8 father)

One participant would recommend the programme to friends despite the fact that she found the therapy emotionally challenging:

“Absolutely yes. You can’t feel something or get a result unless you go through the work. Not that the therapy is painful but the feelings that come out of that when you are thinking about it. It’s not wrong, it’s just what it is.” (Couple 4 mother)

3.12 The programme was in line with social worker's plan if a social worker was involved

Not all participants were referred by or were working with a social worker; some were referred by family advisors or CAMHS. However, for those who were working with a social worker, the programme was in line with the social work plan.

For example, one participant (Couple 7 mother) was referred by a social worker because her partner tried to harm himself, and the therapy helped him want to seek help from a GP. She said,

"it did help him as well in one way like give him that boost if I can say, to go to GP finally, although I was nagging him all the time to go...It did help him, yes it did help him to kind of... influence him in uh good way? And just decide yes, let's go and do it. But after we sought out therapy, we just went to GP straight away and just say like, 'oh you know, I wanna make an appointment, because yes I want, I need to get help'. Yes it did, in a way it did kind of help".

When she was asked if her partner tried to harm himself again since the therapy started, she said,

"Well not as long as he was here, no. What he's doing while he's abroad, I have no idea. But as long as he was here, No. So once he decided to just step ahead and go and take the medicine and things like that...obviously it would take a while for the medicine to kick in, but it did help him." (Couple 7 mother)

Another participant (Couple 6 father) said,

"We have a social worker. Yes therapy is in line with plan, it helped social work plan, 4 month straight away. Therapy was similar to what social worker had planned for us."

3.13 Participants anticipated a better future for themselves

In answer to the question "how do you see yourself in a year's time" some participants thought positively about themselves in the future. For example:

"For me it's been, I'm a lot less stressed by just talking to him on the phone and the children talking to him on the phone. In a year's time he may be abroad, and I just think it would be good to hopefully the children will have more support by then maybe with school and money. And maybe I will be able to, if the children are supported, I can go back to doing a job. Yeah hopefully moving on...Um, I hope for them really that they [children] don't move country and that he will stay in touch with them. Hope it all gets a bit easier in terms of communicating and him spending time with children." (Couple 1 mother)

“Spending more time with the family, trying to get things sorted out. As long as I stick to what I’m doing I should be doing. As long as I think through what I’ve been doing, talking and getting things sorted out. I’m hoping the relationship will get better.”
(Couple 3 father)

“After therapy, to be honest, I am a bit confident about myself as well as the system, that if I say something here that I will get the better help for me as well as my kids, survive if I have to leave the house or leaving him and all these things. And uh... quite confident about myself to be honest... I am quite confident about the situation.”
(Couple 5 mother)

“At the moment I like to go out, now we are watching movies, I’m cooking sometimes. It will be the same in a year’s time. We will be doing more together. Our relationship will be even better in a year’s time. I will work then come home and spend more time with kid.” (Couple 6 father)

“If we survive the coronavirus, we’ll going to be much better in a year’s time. The relationship will be better and better.” (Couple 8 father)

For those who did not have a clear idea of their future, they still expressed their wish of a better future for themselves and that they would keep working on problems. For example, *“Oh I don’t know, like the therapist was telling me just look after yourself, and definitely work on myself ... oh if I can, say,...work on the things which I wanted to do. Before, because, like, you know I was always so worried that, you know, in case he was gonna try to harm himself again, so, obviously he was priority, he and my son and I was always the last one, so ...I never really managed to do the things which I wanted...obviously, I kind of had to forget about these things. But now, just try to work on my son, the things which I want to, like, my dreams, goals, whatever that it, and I just... this what I’m trying to do at the moment. So this is something which I took from, from the therapy and when they were telling me ‘ok you really have focus on yourself and your on and your life. Do the things which you want to do, just get that extra help if feel like it, and do that if you feel like it’. So, just... I can’t really say where do I see myself, but I would definitely be myself.”* (Couple 7 mother)

“If we get out of lockdown and get some sessions, as painful as they are... to get to a position where it’s understood that I have my life and he has his, we have this family we need to bring up, there’s cultural issues around that as well...Be able to hear where he wants to go with this and where I want to go... They told us we should continue with therapy. They gave us some contacts of people to talk to but we haven't got there yet because of lockdown. Be in therapy in a year’s time and sorting through things.” (Couple 4 mother)

Only one participant could not see what her future would be like as she was currently taken up with raising her 8-month old child:

“very fast life, so I do not have time to think about whatever happened... My baby is growing very fast, he is very active... so I do not have that time to think about [what will happen in the future].” (Couple 6 mother),

3.14 Participants would continue providing care to their children and anticipated a better future for them

The question “how do you see your children in a year’s time” was asked and participants were thinking positively about their children in a year’s time. For example:

“The children are good, they are happy now, and... to be honest with their age, they don’t much understand that they are involved, as a parent we are involved with them very much to do activities and all these things and try not to... build any impact of our conflict to our kids...I’m thinking for that maybe they will be more happier if we continue, like, we understand and go on and don’t do these kind of, you know, arguments... which affects them, so I think that it will be happy for them.” (Couple 5 mother)

“Much better and bigger every day. Much, much, happier in a year’s time.” (Couple 8 father)

“Well hopefully a bit happier, less stressed out with school. They fight a lot the two of them so hopefully maybe not fighting so much.” (Couple 1 mother)

“My daughter likes drawing or sketching, or whatever she wants to do, we can prepare for this and for anything, professionalism or educational. As a couple we are much stronger. We do anything for the children, giving money for them, having therapy for them. They will get 100% out of us now.” (Couple 2 father)

“With my older one, she is going to university. It will be my son. Do the best I can for him. Difficulty thinking into the future but I will do my best where I can. I will make the effort.” (Couple 3 father)

One participant expressed earlier that she wanted to leave the relationship but was hesitating due to the uncertainties of life as a single mum:

“I think I’m just scared how I will support myself and children, living as a single mum. I’m not worried about the children, they will support the decision I make, but how will I support them and myself.”

When she was talking about how her children will be like in a year's time, although she said they would be more mature, her focus was on how the children would be able to support her to leave the relationship:

“One year is a long time for them to grow up. They are already very mature. I'm not taking advantage on this, that they are mature, let them continue to mature. But 1 year is a long time, who knows they themselves might pull me out of here. Daughter will be 18, hold her hand and say ‘Mum, enough is enough. I'm now 18, and today as your daughter you need to move on’. I'm waiting for someone to give me this support, from my daughter. I think my daughter will be ready for this in a years' time. She said she will go to university and said you can come with me. It will be 3 of us. I have full confidence in my daughter. [My son said] He is going to look for a job and go to college. I'm going to start earning some money, it won't be much but it would be a start. Said he will save the money. He said he will hold my hand. Don't often hear children talking to parents in that way. Anything can happen.” (Couple 3 mother)

3.15 Parents' response to a distressed couple in a vignette

The following vignette was read to the parents in the interview:

“Ali and Maryam have been married for 6 years. They have two kids. Recently Ali lost his job and their life became more stressful than usual. The couple quarrels frequently about money and other every-day matters. When they quarrel, they lost control of themselves: they slam the kitchen door, or throw things at each other, or shout at each other. During their last quarrel, they shouted so loudly, that their neighbours called the police.”

Parents were asked to give advice for Ali and Maryam based on what they had learnt from the therapy.

The majority of the participants advised Ali and Maryam to calm down and talk to each other rather than have arguments. Some suggested them to seek therapy/help and not let their arguments affect their children.

“Calm down. Get some help from the right people. Try to sort yourselves out. It's a difficult situation when you lose a job, financial difficulties, but there is always help available. They should get in touch with right people and get the help they can. Think about the effect it could have on the children. Discuss issue between themselves and don't get children involved.” (Couple 3 father)

“They need to look at having some conversations instead of arguments. Looking at where other person is finding it painful. It's not that he isn't looking for work or a job, Ali needs to understand the situation is the situation that they need or discuss. It's

not anyone's fault. Talk about the solutions rather than the problems. Finding ways to get a job or cutting costs. Look at shopping or bills see what you can reduce. See what you need and what you can buy and what you can cut. Acknowledge these are hard times, until something else comes along. She can go out to work and do something. There are solutions, things will be hard for a time until there will need to be solutions rather than arguments. Don't argue in front of the kids, could have conversations rather than arguing about situation.” (Couple 4 mother)

“I think first understanding, what are you thinking. Say what you are thinking, you want to talk. More powerful if you talk to each other. Otherwise go to therapy. What happened yesterday don't open again, look into the present and future.” (Couple 6 father)

“I would advise them to stay calm and talk to each other. ‘Cause obviously money can have a big [impact] on everyone's relationship, but I think to stay calm and support each other. Because shouting and fighting is a wrong thing to be honest. When you are frustrated just get away from the situation, calm down and when go back to it. That's what I would do now. I would just remove myself from a situation, calm down and when start again...probably seek some therapy. Try work things out. For relationships to work you have to try everything you can to make it work. Not to give up on it. So definitely I would say to seek for therapy and work things out. For children especially. That's my advice.” (Couple 8 mother)

“They shouldn't argue because of the loss of job. When you lose your job, you need some support...They should control, they should stay calm, because one of the cause of people break up and divorce is, 90% of it, is money. They shouldn't argue about that. I recommend them to get help for dealing with this situation.” (Couple 8 father)

Two participants suggested that Ali and Maryam could redirect the anger to something else. For example:

“Yeah, the advice I learned is I can say not to lose your mind or anger rather than direct their anger in the activities whichever you are interested in the most. Some people are interested in music. So I do.... Cover the interest as well as look after the kids, try to play with them, which I think that the therapy, from the therapy I learned the things, rather than doing the anger and do the things worse To make it divert somewhere else... whether they can even sit together and try to resolve the problem. The husband lost a job, then after this conflict happens, wife can support him not to worry about anything and try to find out other options earning as well.” (Couple 5 mother)

“They can be more with the children so the children may distract their mind.” (Couple 6 mother)

The responses to the vignette show the parents describing ways of managing the immediate situation and of finding ways to talk about the problems Ali and Maryam are faced with, in order to avoid arguing and to avoid detrimental impacts on their children. These responses are in line with what would be expected from a successful Mentalization-based therapy.

4.1 Harrow Managers’ role

At Harrow, the project had been held by Parmjit Chahal, Head of Children’s Services. Parmjit had been instrumental in the two previous joint projects between the two organisations, and was keen to find ways of continuing the collaboration. Initially, it was hoped that the Early Intervention Service would be the main point of contact at Harrow and would take over the coordination as the project developed. Unfortunately, organisational priorities meant that this couldn’t happen in the way envisaged, though some Early Intervention Staff were trained in the intervention and one was a therapist in the project.

For a substantial period in the middle and towards the end of the project, Lauren Stephenson, was given time to be involved at Harrow, prior to changing roles, and proved to be invaluable. At the time a deputy manager in the Duty and Assessment Service at Harrow, her role in the project was to help generate appropriate referrals, and to manage the contact between TR and Harrow. She helped publicise the project amongst social work staff and educated them about the difference between this intervention project and the two previous ones that had had a focus on domestic violence. She assessed referrals for appropriateness and coordinated closely through the Screening Panel with TR’s project management about couples’ suitability. She also spent time meeting with couples and helping them decide if the project was a suitable one for them. This engagement and brokering role was very important in raising the amount of referrals. She also attended some of the Expert Advisory Group meetings, giving a valuable perspective on the progress of the project.

It was clear that TR’s previous involvement in Harrow’s Children’s Services had led to an expectation that this current project would be aimed at parents who needed the same level of social work intervention as previously. Part of the work that had to go on was to help Harrow staff, and managers, adjust referrals to the entry criteria for the project. As Lauren put it, talking about the Duty and Assessment Social Work team:

“the threshold of the referrals that we were trying to get was below what we would normally manage, in terms of other services. The emphasis was on a level of conflict

between parents that was less than the coercive control or domestic violence that we would normally deal with. I had to get my head around that difference.”

Social workers were generally keen to refer to the project but were at times frustrated by what they saw as the narrowness of the criteria for entry, though they were appreciative of the fact that it was a research intervention and not just a new service. Lauren helped manage expectations and was an active partner in the process.

Cases were not accepted because:

- the level of trauma in the family background was too great
- there was domestic violence or coercive control
- partners’ mental health issues were too severe
- couples denied they had a problem that needed help

Approximately 70 cases were referred and 46 accepted.

4.2 On communication between TR and Harrow Children’s Services

Not every couple retained the allocation of a social worker or Early Support Worker, but where they did, there was some feedback between Harrow staff and the project’s therapists, as agreed in the data sharing protocol between the two organisations and the parents.

4.3 Her overall view of the project:

“I think what we were trying to achieve was really positive. I think the whole thing with training people up and trying to leave a legacy of people who could offer the therapy, was really positive. It wasn’t just like this is a project that will come in and then come out, it felt like there was some attempt at longevity. That was really positive. And it felt like the people involved were very skilled and we were offering something really valuable to people who wouldn’t normally be able to access something like that. And I think that was really positive, and that was something I really liked about it.”

Lauren suggested that the project might have been better housed in the Early Intervention Service, as had been originally intended, as this would have led to a greater number of suitable referrals:

“Coming back to what I said before about threshold, if I had been an early support practitioner, I could’ve found lots of couples that met that criteria, it was just obviously that with a lot of couples we work with [in the Assessment Team], there is that element of coercive control.”

4.4 Future developments

Lauren emphasised the need for continuity of projects, so that the work can develop beyond a pilot. She would also like an intervention that focused on the needs of individual parents, especially those that are not going to remain in a couple relationship, and whose difficulties are more chronic or severe. Help for families with complex problems is welcome.

5.1 Therapists' views

Ten therapists of the Parenting Under Pressure programme responded to a questionnaire about their experience of the programme. Ten therapists responded to the first two questions and eight therapists responded to the remaining twelve questions. Their responses for each question are presented below.

Where did you hear about it?

The majority (80%) of the therapists heard about the programme through Tavistock Relationships, and two (20%) through Asian Family Counselling Service.

How were you prepared for it?

Half (50%) of the therapists prepared for the project by attending the 4-day training delivered by Tavistock Relationships, and the others had previously trained in Mentalization-Based Therapy.

Do you feel you had appropriate referrals?

The majority (75%) of the therapists felt that they had appropriate referrals most of the time. For example,

“Yes except one but it was mutually decided after the assessment that this was not right for them. They also said it was beneficial to go through the assessment process to know they were actually OK as a couple.” (T9),

“Most of the couples were appropriate and the ones that we felt were not were referred on to other more suitable agencies” (T8), and

“All the people referred were in need of a couple intervention to help the couple and their children. Some were very high risk cases and these, perhaps, were not appropriate for such a short intervention.” (T3)

However, one therapist (T5) felt that the referrals were not appropriate, and one therapist (T10) felt that only half of the referrals were appropriate.

Did you feel the couples understood what the intervention was?

The large majority (88%) of the therapists felt that the couples understood the intervention. For example,

“All the couples I worked with seemed to understand what they had been referred for a couple intervention and welcomed this opportunity” (T3) and

“Probably most of them didn't [understand the intervention] till they met with us for their first session and we explained the approach and the aim of the sessions. Most of them would said they needed help with conflict at home or with their relationship.” (T10)

One therapist felt that some couples did not understand about the intervention before coming to the therapy, but it was not clear whether these couples understood the intervention during the therapy and continued with the therapy:

“Sometimes I felt that social worker or other referrer didn't know what to do with the individual/couple and so referred them to Parenting under Pressure. I recall seeing a couple who couldn't see what the point was of having been referred as their major crisis (with their daughter's mental health) had been over a year ago.” (T5).

Did you have any concerns about the ability of the couples to engage safely in therapy?

A smaller majority (63%) of the therapists had no concerns about the safe engagement of the couples:

“Not with the couples I worked with. Supervision was always very helpful to think about those couples that wouldn't benefit from the intervention.” (T10),

“We filtered out the ones that we felt would have been unsafe” (T6), and

“I think I felt that the couples I saw could manage to engage safely (with a lot of containment) and I know that other clinicians did see some couples for assessment who could not continue because of this concern.” (T5)

Those who had concerns felt it was rare:

“Some couples found it difficult to use the intervention, but these couples, in my experience, were in the minority.” (T3);

They used supervision to contain:

“For the couples where there was a concern for safety - Supervision became a valuable tool - to be able to have many minds thinking with us as therapist, gave us the space to contemplate what could be experienced and how best to provide a safe

container for the couple. On occasion there was also communication with the outside referring agencies.” (T8); or they stopped the therapy:

“In one case there was coercive control/domestic violence between partners and we decided it was not safe to engage this couple safely in therapy. This case was referred back to Harrow social services.” (T7).

What was it like delivering the therapy?

a) as a co-therapist

All eight therapists expressed the value of having a co-therapist.

“Very useful having another mind in the room to support your own Mentalizing particularly when off -line.” (T10),

“This was my first experience as a co-therapist, which was daunting at first. However, to have another mind in the room able to think at times when it was difficult to understand what was taking place, is priceless. I also think the particular model of therapy was a good way for the couple to see us model other ways of communication between us and within towards them.” (T8), and

“I enjoyed and felt very support working with these couples alongside co-therapy colleagues. I think the opportunity to discuss these difficult cases with a co-therapist was invaluable.” (T3)

One therapist (T5) liked working with a co-therapist but pointed out the importance of the quality of co-therapist:

“I did enjoy working with other TR therapists but found it hard working with a person who wasn't a therapist”.

b) in the Harrow setting

Therapists had mixed feelings of the room setting for the therapy. Some felt it was good:

“Sessions at the Relate office were good. Well organised and comfortable setting” (T4)
and

“The administrators made the process very easy to work at Harrow, there were very few problems.” (T3).

Others expressed their dissatisfaction:

“The Harrow Setting was adequate - my only concern was that the security Team did were not always aware that we were working within the building and some clients were directed wrongly around the building.” (T8)

“At times challenging, especially when sessions were interrupted by other Harrow Council employees looking for a vacant room.” (T7)

“Rooms at Harrow Children's Services were not ideal. I also worked at Harrow Relate and that was much better.” (T6)

“This was challenging - a deprived setting where it was hard even to find enough chairs to put in the rooms on some evenings (don't know where they went...)” (T5)

c) with this cohort of clients

Therapists had a range of different responses. Some found working with this cohort of clients positive, if challenging at times:

“The cohort of clients felt OK to me, most my couple made good use of the session and were really committed to the sessions.” (T10), and “Challenging at times but rewarding” (T4), and “Interesting and worthwhile” (T9).

“The work was enjoyable at times, but at times I did feel that the couples needed more of a social work intervention (improved housing, child support) than we could offer” (T5),

“The work was challenging but in the main this cohort of clients made excellent use of the therapy and were committed to improving their relationships for themselves and their children.” (T3).

Some therapists found it more challenging:

“Quite a challenging group of clients, in terms of engagement, completing forms and outcomes.” (T6),

“Some couples presented with significant resistance due to the fact that they felt “forced” by social services to engage with us.” (T7), and

“Without the skills learned through training I think it may have been difficult to contain some of the clients. Being able to ‘pause’ the couple was a useful tool.”

What was supervision like?

All eight therapists expressed the excellence of the supervisors.

“Very containing and helpful to keep the work on track” (T10)

“Supervision was invaluable!! A space to think clearly about the clients and the work. The opportunity to have other minds thinking about my clients and offering a different perspective on the work was useful in so many ways. The facilitator

provided a wealth of advice and thought and reminded us of the skills we had in our toolbox to get the best out of the sessions.” (T8)

“Our Supervisor was excellent and she was able to hold all of our couples in mind, give useful and directional input to the cases and a great support for these couples and me as a therapist.” (T3)

What was the relationship with Children’s Services like?

Half (50%) of the therapists did not have much contact with Children’s Services.

“Very limited. Only one social worker requested feedback on attendance.” (T10) and “I did not have direct contact with Children’s Services.” (T8).

The other half expressed the good working relationship with Children’s Services, or at least at the beginning of the project:

“On the occasions I had to call to discuss a case, I found them to be ready to listen, understanding and willing to share.” (T3),

“Social workers and other referrers were responsive when we asked something of them (like arranging a babysitter for one couple)” (T5), and

“It was very good when Parmjit was in post and Lauren was our main link. However, after Parmjit left and Lauren moved to a new post, it was far from satisfactory, although we managed to have some of Lauren’s time and this enabled referrals to continue and for us to maintain the link. Unfortunately, Parmjit’s locum replacement was not really available!” (T6).

Did you have review meetings with Social Workers?

No therapists had a review meeting with Social Workers.

What change did you see in your couples?

All eight therapists noticed the positive changes in their couples. Some mentioned the ways in which couples started to understand each other better:

“More curious about each other and their children, more aware of the impact they have in each other, able to consider other perspectives.” (T10)

“The ability to really “hear” each other. The ability to consider their children and what they might be feeling. Acknowledgement and empathy in terms of what the other might be feeling.” (T8)

“Small steps. This is MBT work. Often their having a little more curiosity about what the other was thinking was enough to relieve some difficulties.” (T5)

“There was better communication between couples as sessions went on and seemed more understanding of each other’s feelings/behaviour” (T4)

“In the main, I saw improvements in all the couples I worked with. Many started the process of shifting their stance from confrontational to a more listening/empathetic stance with their partners.” (T3)

Some pointed out the couples were engaging with the therapy and made positive changes as a result:

“Amazing. The 2 couples we started with attended all the sessions and and I feel got a lot out of the work. I really enjoyed my work” (T9)

“The couples were able to engage in therapy process and think about their difficulties in a more reflective manner.” (T7)

Did you feel that the conflict reduced or became more manageable?

All eight therapists felt that the couples’ conflict has reduced or became more manageable:

“Conflict reduced a lot as they started to listen to the other and bare each other in mind.” (T9)

“For some of the couples it was reduced and for others they seemed to develop better ways of managing situations.” (T8)

“Became more manageable in the room when in the sessions with couples showing some capacity to slow things down and check out feelings and triggers.” (T10)

One therapist said that the change in conflict was related to the number of sessions the couple had:

“Definitely reduced conflict in some but not enough sessions because of COVID-19” (T4).

What change did you hear about in the couple’s children?

All eight therapists stated the positive change in the children.

“Children were less anxious, they started to get on with each other and started doing more art activities.” (T9)

“The parents were helped to keep their children in mind. The parents became more able to think about their children's needs.” (T7)

“Couples reported spending more quality time with their children” (T4)

One therapist said that the change in the children could not be noticed if the children were younger or if the couple was not engaging with the therapy:

“The children in one of the couples I saw did seem to benefit directly from the work. However, in regard to the others, the child in two separate cases was too young and the other one dropped out when we began to challenge the parents on how they were managing their son's non-school attendance and they stopped attending!” (T6)

Did all your couples complete the full intervention? If not, what caused this?

Some couples completed the full intervention, but others did not due to

- a) being referred close to the end of the project (38%),
- b) covid-19 outbreak (25%),
- c) other commitments (25%), and
- d) being ambivalent about the appropriateness of the therapy (16%).

Examples are presented below.

“Yes, apart from one couple that was referred late into the project and they only did 3 sessions in total because the project came to an end.” (T10)

“Some couples joined the programme at the end of February and in March and had a shorter, more goal-focused form of the intervention. Due to the coronavirus outbreak we had to cancel sessions during one week in March.” (T7)

“Not all couples completed the full intervention. Work commitments were the main reason many could not attend, but in the main most couples found a way to come for the therapy.” (T3)

“One couple was ambivalent from outset and felt they were wrongly referred, and as they had arrived at the tail-end of the project, only managed two sessions.” (T5)

If another borough wanted to run the programme, what would you advise them to do to make sure it worked well?

Some therapists suggested increasing the length of the project:

“More time to promote the intervention within other services in the borough” (T10)

“Run it over a longer period of time. The 12 months was not enough time to establish the necessary systems and overcome problems as they arose.” (T6)

Some pointed out the importance of the administration:

“To have an excellent administrator like Gemma. Communication is the key.” (T9)

“Impeccable communication between our Admin Team. We always knew who we were seeing, which room and at what time.” (T8)

Some mentioned the importance of collaborating with local authorities and other organisations:

“To enable close working relationship (multidisciplinary team work) between social services, therapists and other local charities, early support services and institutions providing psychological help in local community.” (T7)

“I think a key worker based at the borough to co-ordinate the programme and advocate for it is essential (we lost this person as she had another job offer and she wasn't replaced).” (T3)

“Clear expectations about the partnership between TR and the borough, clear roles and responsibilities for each party.” (T10)

Some stressed the importance of having clear criteria when selecting clients:

“Setting up a panel to consider referrals -Clear inclusion and exclusion criteria for the project” (T10)

“Clearer in terms of referral criteria, it is not an intervention that suits all, and it can't be a slush pool for cases that the authorities can't think of what to do with. Perhaps more work was needed in disseminating information on what the programme could offer. It isn't a panacea, and we have to resist it being thought of as such.” (T5)

One mentioned the importance of having experienced and empathic supervisors:

“Knowledgeable Supervisors - Our supervisor came with a wealth of knowledge and experience. She showed great empathy for us as the clinicians and for our clients.” (T8)

One talked about the children's safeguarding, room setting, information about the couple, and knowledge of other resources for supporting the couple:

“Ensure children's safeguarding in place to whom counsellors could contact readily. Ensure therapy rooms comfortable Ensure counsellors have history of couples contact with police. List of where else couple could get practical support” (T4)

What skills or knowledge would their therapists need to make it a success?

Therapists stressed the importance of

- a) MBT training and skills,
- b) couple therapy training and skills,
- c) supervision,

- d) co-therapist being experienced, and
- e) thinking about the children.

Examples are below.

"I think to work on this type of intervention, the therapist ideally needs to have a solid couple's based training. Also for this short term intervention, training in Mentalization is a must." (T3)

"I had excellent MBT training with Tavistock Relations and excellent Supervision. Also experienced therapist especially if they will be working with a co therapist. If they are experienced, then makes it easier to adapt as a co therapist" (T9)

"The course facilitators, the course itself and the course material were really informative. Being able to refer back to the manual in supervision was also useful. Being able to keep the theory in mind is important and necessary. Remember to keep the children in mind - this appeared to be difficult, initially, for some of the clients." (T8)

6.1 Social Workers' & referrers' feedback

An online questionnaire was circulated among social workers/referrers who referred parents to the Parenting under Pressure programme. Questions were focused on the changes that the parents had after undertaking the programme, things that had happened during the period of therapy, and whether the programme was helpful. Five completed questionnaires from social workers/referrers were collected and the results are presented below.

Changes in the couple

More than half (60%) of the referrers indicated that the parents had changed in the way they related to each other. Nearly half (40%) of the referrers indicated that the parents had changed in the way they related to their children. Examples of their comments:

"Mum and Dad felt they are able to listen to each other's views so each feels heard" (R5),

"It is difficult to elaborate as the case closed before they finished their sessions. However, it was clear they benefited from them as they requested to extend their number of sessions if possible." (R3), and

“Positive change in the way the couple communicate, they are now open and honest with one another - they are now managing differences constructively. Able to manage life stressors. Child is no longer being exposed to parental conflict. Mother stated therapy 'worked' and provided an opportunity for her husband to 'talk' in a relaxed environment” (R1).

The reason for those referrers who did not indicate changes in the couple was either the couple did not attend the therapy or the referrer stopped working with the couple once the therapy started.

Changes in the children

One referrer indicated that the children had changed in the way they felt about themselves and the way they related to their parents:

“Mum and Dad seem able to hear each other again. Children able to share their concerns with other professionals and allow parent to be their parents a bit more” (R5).

One referrer did not indicate the changes but said

“Parents being provided with a forum to discuss their relationship has resulted in better parenting therefore a happier child” (R1).

The remaining referrers were not able to comment due to the following reasons: parents did not attend the therapy, the referrer did not work with the child, or the family was not involved with Children’s Services long enough.

Incidents of concern during the period of therapy

Nearly half (40%) of the referrers indicated that there was no incident of concern during the period of therapy. One referrer indicated an incident of concern due to external reasons during the period of therapy: *“father feeling very low. Lost his job. Financial issues” (R5).*

The remaining referrers could not comment because the parents did not start the therapy or the therapy was ended due to unsuitability:

“The couple had taken long breaks in between the therapy - for Christmas and later to travel to their native country. The therapists felt that this was having an impact on the effectiveness of the therapy and the therapists had to terminate the program” (R2).

Other things that happened during the period of therapy

One referrer indicated that the couple’s work situation had changed, two referrers indicated the Social Work Plan had changed, and two referrers indicated significant life events. For example,

“Both parents became unemployed. COVID-19 lock down. Early Intervention Service support put in place” (R5)

“They had a new baby born” (R3), and

“Change in dynamics between parents, less stress without the household. Therapy helped parents to examine their own behaviour and resulted in parents accessing additional support services. Care plan changed due to positive change which has been sustained” (R1).

Was the therapy helpful?

Most referrers (60%) felt that the therapy was helpful to the parents. For example,

“Parents report a positive change in their relationship No violence/abuse within relationship. Expectation as the man of the household he should be strong and not discuss feelings; however, father appears more comfortable and comfortable when engaging. Now discusses his worries.”(R1) and

“The therapy was very helpful for the parents to have some time to themselves and actually communicate with each other. It was clear that they did not get a lot of time together to be a couple as they lived in a very small house and had 3 young children.” (R3).

The remaining two referrers could not comment whether the therapy was helpful, as the parents did not attend the therapy or the therapy was terminated due to unsuitability.

Other comments

Three referrers have given their further comments:

“Not sure if its long enough for families to sustain the changes” (R5)

“The lady in the couple felt that the trainers were not able to understand their issues due to cultural differences. However from my work with the couple, I have felt that the lady's understanding of the services was significantly different from reality” (R2)

“The timing of the programme - if scheduled earlier enable parents to attend whilst child is in school/nursery. I managed to identify childcare however if family lack social support would be hard to access this programme” (R1)

7.1 Tavistock Relationships Project & Clinical Management

Team's views

Dr Damian McCann was given the role of Project Manager once the Project Bid had been accepted. He worked closely with Maria Francini, a Clinical Psychologist who was running a separate Reducing Parental Conflict using a similar Mentalization-based approach to work with parents. Both also became therapists in the project. They were joined as Clinical Supervisor by Krisztyna Glasius, a very experienced Couple Psychoanalytic Psychotherapist who has done a lot of work delivering Mentalization-based therapies to couples and parents. They were aided by Gemma van den Burg who has extensive project administration experience. The Team's first tasks were to develop swiftly the referral pathways and criteria for the client group and to build relationships with key stakeholders in Harrow, whilst educating Harrow as to the differences between this project and the two previous ones that had specifically focused on domestic violence. The very short timescale for the project made this a stressful time.

Further challenges arrived when the key link person at Harrow, Parmjit Chahal, left to take up a senior post in another Borough. The link with Early Intervention Services hadn't developed as hoped and it was only the attention given to the Project by Lauren Stephenson for 4 months or so that enabled things to continue. Unfortunately, she too was moved to another position and the Harrow side was held in a less formal way. There was a great deal of time spent negotiating around appropriate referrals and ensuring the safety of couples and therapists. As indicated earlier, nearly a half of the referrals received were not accepted. Some of those accepted into the Project were then discharged from the therapy when it was clear, either through the assessment process or in conversation and agreement with the couple, that the programme was not suitable for them.

Over time, current engagement in active court proceedings was added to the Exclusion Criteria as couples in these circumstances were found not to be able to engage in therapy. The Inclusion Criteria of Learning Difficulties was also clarified to mean the capacity to live independently, to be able to communicate and understand spoken language sufficiently to participate in therapy. Despite this, and attempts to liaise with the Learning Disabilities Teams in Harrow, no participants with Learning Difficulties entered treatment.

Towards the end of the Project, as time ran out, the Team were under pressure to increase participation in the Project. The strict exclusion of domestic violence was changed to no current domestic violence (but retaining the absence of coercive control), and the focus on the BAME community was changed to representing Harrow's 'diverse community' which allowed White Irish and White Other to be referred. One White British couple were accepted as was someone out of Harrow. The final push to get numbers into the project meant that some of these couples could only have a few sessions, regardless of need, and the COVID-19 lockdown two weeks before the end truncated even these very short therapies. Some final sessions were done online and the Team felt that, even then, parents had a valuable experience and felt listened to, properly.

The link with the Asian Family Counselling Service

The project built on existing links with the AFCS and four therapists, including very experienced and able staff, were recruited to the project. Not all felt comfortable with the model or the presentations that the parents came with but they were valued as part of the clinical team. Two of the therapists were not able to deliver the intervention for different reasons. Those that did valued it:

My reflections on this intervention has been that, despite the challenges these couples face and bring into the room (sometimes in a very volatile way!) it has brought changes into the way the couples communicate with each other. One couple has expressed that it has felt safe space for them to open up to each other and understand the other. I am amazed how their interactions are less heated, less one sided and appear more collaborative. The other couple, although there doesn't seem to be anything but hostility towards each other, are expressing how they now feel about the impact their behaviour is having on their children. Overall, I feel in the short time I have used this intervention with my couples, it has proved to have a positive influence. (AFCS therapist)

The importance of a skilled clinical and supervisory team.

This came out strongly in the interviews. It was clear that a lot of work was done thinking about the best interests of the parents referred into the project and the ways in which their difficulties played-out in the ongoing therapy. A difference became apparent between the more experienced couple therapists for whom MBT was an add-on to existing couple skills, and those for whom it was a more novel practice.

"it was very clear that it is a taxing projects for those who aren't so experienced. It's a real difference in capacity. What I think I want to be noted is that it is a very stirring and difficult experience to be with couples in distress. In any future projects we need to think about robustness and experience level of the therapist which I'm sure is attention because we need to keep costs down but we need to consider safety. I just want to speak to the importance of the emotional safety of the therapists. All the therapists were able to keep the physical boundaries of the session but the emotional boundaries are a different thing all together."

Liaison with Harrow - The Team's view of the success and challenges of the Project.

The Team were clear that:

"We like to think of this project as a partnership but maybe there was too much of a rush to get into it, the partnership. Sometimes we need to think, they should have a bit more time to deliver the message that there is a new programme coming and to have more meetings with referrers within Harrow. It felt like we were doing a lot but we needed more time to build up the project and for people to be more clear about it. You know there really was no time, so we jumped into delivering because we were really pressured with our time really early on... the partnership should be a bit more integrated."

With regard to the failure to engage couples with learning difficulties

“once I realised that learning difficulties per se are managed through the adult learning disabilities team and through adult mental health, I started to engage with them, but to no good effect. Because the feedback that came back was ‘Well if they’ve got a learning difficulty, you wouldn’t be seeing the couple, you’d just be supporting the individual’, and so it felt like a version of adult psychiatry where the patient is the individual with the problem. But through CAMHS and learning disability teams at CAMHS I managed to make contact with the schools, but these were for children with learning difficulties, and I think that if we had written the bid to allow us to support couples with children with learning disabilities, we might also have collected some parental learning difficulty, like, families where one of the partners or both partners had also some intellectual challenges. But it was tricky, that whole thing, and the one case that we thought that was definitely learning difficulty, that turned out not to be, so we didn’t get any.”

The importance of ongoing Social Care involvement with the parents and of having referrals that weren’t already stuck

“The other thing to say is that the referrals that came from outside social care were problematic. You need to figure out with these couples in conflict whether you need a key worker who is going to stay involved and hold the consistency of work between sessions and after therapy has ended. Someone who is actively thinking about where the couple have got to and what next as otherwise they get abandoned. Interestingly the ones from CAMHS felt less successful to me than the ones from Harrow because they had already been worked with and CAMHS had become stuck with them and then had referred them out because what they were doing hadn’t worked, but they couldn’t stop the work either, so they couldn’t do anything with the couples. One couple just stopped attending when we became more challenging of their system.”

Physical provision – rooms

On the whole this worked well, but there were some difficulties in ensuring clinical rooms were uninterrupted:

When I moved my practice from the Children’s Centre across to Relate, the whole sense of the work changed for me. So the setting is key in all this. The rooms we were given were appalling and the waiting room was hideous and we would be doing clinical work and in the middle of the session, the door opens and someone is outside with a new couple. We booked this room and you’ve got two couples who don’t know each other, and one wants the room that you’re in. We kept taking it up and saying we booked the room, and they would say we know you booked the rooms [yet it still happened].

Thoughts on how to do it in the future:

If we were to do it in another Borough we need to be clear on what the partnership looks like and what it’s going to look like, what the facilities are like, whether they can be protected enough to offer therapy in a safe and contained environment. Work is hard enough without having to deal with external interruptions and disturbances.

And I think we also need a tighter framework around the referrals, therapy, and outcomes and it might be we think a bit more about confidentiality. But we want to make sure that couples aren't left high and dry in the middle of a piece of work. Or if they come to a clear end and there is still some worry about how they will manage without it that you build in a review with their key worker that allows this to be flagged-up... but it was all on the back foot ultimately.

Ultimately it was worth doing:

I'm sitting here thinking we're able to identify all these challenges, and I think we might miss what good work was going on in this project because I know we were [stretched] to make the referrals and hit the targets, but I really enjoyed being part of this project, I want to mention that I thought it was a very good thing to do.

8.1 Conclusion

The feedback from all involved indicates that the project was difficult but very useful for parents in conflict and for their children. The intervention was reported as being acceptable in the telephone interviews with parents and in the social worker and Early Support staff surveys. Therapists and the management and supervisory team felt that the project was well worth doing, despite the high amount of risk assessment that had to go on both at the point of referral and during the treatment delivery. Parents had a lot to say about how they felt things had improved between them and with their children, and the responses given to the vignette of a couple in conflict show directly the impact of the intervention as the parents all stressed the need to calm, take time and to talk – behaviours that are direct targets of the intervention.

The quantitative evaluation is limited by the small sample size, pre and post intervention, but there were statistically-significant reductions in mental health distress, in arguments between the parents, and a rise in functioning. Parents rated the therapy as satisfactory or very satisfactory, showing its broad acceptability as an intervention.

This was a very challenging project with a very tight timeline for set-up and delivery. It is clear that partnership projects need a number of things that the Challenge Fund time constraints mitigated against:

- h) Scoping of need and identification of target client group and referral pathways prior to setting up the project
- i) Development of new relationships between Harrow Children's Services and Tavistock Relationships, especially where the existing relationships were based on personal contacts rather than roles
- j) Time to source appropriate referrals that met the criteria for the Project

In addition, this and any future project needs:

- k) Clear champions within Harrow (or any other Borough) who could be the face of the project to local staff and a consistent source of liaison between the two organisations
 - l) Clarity of definition of client group and the Exclusion and Inclusion criteria for entry into the project
 - m) Well-functioning Safeguarding and Steering Groups that could share the burden of the work in assessing risk and suitability, and helping the project's management team with administrative, organisational and professional problems as they arose
 - n) Well trained and experienced clinical staff, who can work with local staff to embed the intervention in the local area, with sufficient time and supervision resources to allow legacy staff to remain confident in continuing the work
-