

Parents in Dispute Putting Children First

Summary report of a programme delivered by Tavistock Relationships in partnership with Cafcass, and funded by the DWP



Executive Summary

What is Parents in Dispute?

Parents in Dispute (PiD) is a programme delivered between 2014 and 2015 by Tavistock Relationships (TR) in partnership with Cafcass, and funded by the Department for Work and Pensions (DWP) as part of the 'Help and Support for Separated Families Fund'.

The programme worked with a difficult-to-engage population – namely separated parents who were in entrenched conflict, for whom repeated court intervention had been unsuccessful in resolving conflict or improving their capacity to co-parent effectively.



Why is this programme necessary?

Research conclusively demonstrates the negative impact which interparental conflict – whether overt or non-acrimonious – can have on children's

mental health; this project therefore represents a key opportunity to make a positive impact on the outcomes of children caught up in these kinds of circumstances. While most parents who separate come to mutually satisfactory arrangements about the care of their children without recourse to the court system, some do not. A minority of these become involved in protracted disputes played out in the family court system, which is very often damaging to the children involved, as well as hugely costly to the taxpayer.

What we achieved

In the majority of cases referred to the programme we were successful not only in engaging both co-parents but in enabling them to attend sessions together. In the process, we tested the feasibility of TR's specialist intervention model for such parents, for whom working together therapeutically is frequently found to be highly challenging (both for the parents and the professionals working with them).

What we found

We found that parents who attended joint sessions together showed significant improvements in their capacity to co-parent effectively, as measured on the Parenting Alliance Measure (PAM). Furthermore, many parents told us they found the programme extremely helpful and that, prior to embarking on



it, they would not have believed it was possible to engage in joint therapeutic work to make positive changes for their children. Mothers also reported a significant reduction in terms of global psychological distress as measured by the CORE Outcome Measure, which is another important factor for children's wellbeing.

Why is this important?

This project demonstrates that with TR's specialist approach, which aims to treat both parents together rather than separately, it is possible to make significant improvements in co-parenting and reduce levels of parental conflict over children.

What are the implications?

This innovative approach means that parents and children could be spared repeated lengthy battles in the family courts. Furthermore, TR provides an

opportunity for professionals to further enhance and develop their skills by being trained in aspects of the approach, thereby developing staff who work with this population.

What needs to happen next?

Further work with this population of parents is urgently needed. This is the time to capitalise on the success of this project, not to lose momentum, and to ensure that families can find ways to manage the break-up of the couple relationship. TR's methodology offers a unique chance to work with both parents together, to mitigate potential harm to children and curtail the potential lifelong effects of entrenched parental conflict. It is crucial that we continue our work to find ever more effective ways to help these troubled families and their children, and the professionals who work with them.

"It has been very helpful in a way that no other service has been – it has provided not just insights, but practical ways of dealing with a very difficult situation and making it less stressful for everyone."

Mother

The Parents in Dispute Project

The rationale and need for the programme

Evidence conclusively shows the negative impact of interparental conflict on children. Children between the ages of 6 and 17 years show signs of emotional and behavioural distress when exposed to ongoing, acrimonious exchanges between parents¹.

Additional research indicates that exposure to this form of discord can manifest itself in a number of ways including increased anxiety, depression, aggression, hostility, anti-social behaviour and criminality as well as deficits in academic attainment.²



Research conducted in recent decades has highlighted the fact that it is not only exposure to overt, openly acrimonious or hostile conflict that is harmful to children. Indeed, children's exposure to discordant, but non-violent, conflict between parents also exerts negative effects on child development.^{3, 4}

Protracted court-related battles between parents who cannot agree on arrangements over the parenting of their children can therefore have profound implications for the mental health of the children caught up in such proceedings. For while around 90% of parents who separate do not need, or make use of, any statutory services when formulating arrangements about parenting their children, a minority of the remaining 10% are responsible for using substantial amounts of court time as they engage in protracted disputes through the family court service.

Given TR's past experience in working with parents in conflict and its commitment to continuing to develop ways to help long term separated families involved in entrenched conflict which involved the family courts, TR submitted a proposal in partnership with the Children and Family Court Advisory and Support Service (Cafcass) which would offer a unique opportunity to further the work, strengthened by partnership working.

1 Harold, G. T., Pryor, J., & Reynolds, J. (2001). *Not in front of the children? How conflict between parents affects children*. One-Plus-One Marriage and Partnership Research: London.

2 Harold, G. T., Aitken, J. J. and Shelton, K. H. (2007), *Inter-parental conflict and children's academic attainment: a longitudinal analysis*. *Journal of Child Psychology and Psychiatry*, 48.

3 Cummings, E., & Davies, P. T. (2010). *Marital conflict and children: An emotional security perspective*. New York: Guilford.

4 Rhoades, K. A. (2008). *Children's responses to interparental conflict: A meta-analysis of their associations with child adjustment*. *Child Development*, 79, 1942–1956.

The aims of the programme

The aims of the Parents in Dispute programme were as follows:

- To reduce conflict and improve the parenting alliance
- To increase parental sensitivity to their children's needs
- To improve the mental health and wellbeing of parents in entrenched conflict
- To divert parents from using the court system to resolve disputes.

The programme's model

The programme was designed to build on TR's experience in using a manualised intervention model it has developed specifically for parents in conflict. Mentalization Based Therapy for Parental Conflict – Parenting Together or MBT-PT is an approach that brings together TR's psychoanalytic understanding of the adult couple relationship with a mentalization-based approach, thereby enabling participants to:

- Focus on and think about mental states – the feelings and emotions of both self and others
- To appreciate that another's thoughts and feelings may be different, and that they may have a different perspective
- To be curious about possible differences between self and others, especially the reasons why people may do as they do
- To consider each person's involvement in/ contribution to the problems of the co-parenting relationship
- To promote awareness of one's own and others' mental states with a view to making choices that are in the best interests of children
- To practice skills of mentalizing, communication and problem solving, particularly in relation to parenting.

The aim of the intervention with highly conflicted parents is to help them to:

- Make a shift from conflictual and non-mentalizing interactions to more collaborative discussions enabling them to hold their children's experiences more in their minds
- Separate out their feelings about each other from the actual feelings of their child
- Move on from past hurts and misunderstandings and focus on their children's wellbeing and development
- Establish a more positive parenting alliance where both parents support the other in the parenting of their children and the child's relationship with the other parent.



Parents were offered between 6–12 sessions of joint therapy or, where they were unwilling to work together in joint therapy, or for other reasons this was not possible, they were offered up to 6 individual sessions of therapy. These were undertaken, following a detailed assessment of their psychological wellbeing, to explore the nature of their difficulties, and to assess any risks to either themselves or anyone else by taking part in the project.

Delivering the programme

Following the recruitment of key staff and the training of a small team of skilled clinicians in Mentalization Based Therapy for Parenting Together (MBT-PT), the programme was launched in February 2014. A specific project worker funded by the programme was seconded within Cafcass on a part-time basis in order to maintain collaborative partnership working.

The project was designed to engage 100 parents, and committed to offering an intervention to 65 parents between April 2014 and March 2015. This was extended for 6 months to 30th October 2015 with a view to targeting a further 33 parents. The project aimed to work with parents in the Greater London Area.

Staffing and governance of the project

The project was managed by a senior manager at TR, and run by a programme head at TR. TR supplied a clinical lead and liaison worker, while Cafcass supplied a liaison worker. Nine therapists were employed on the project, with supervision being provided by a TR clinician.

A Programme Board met monthly with the DWP to review the progress of the project, examine regularly collected data and project milestones, and to discuss issues regarding the future development of the project; while an advisory group, chaired by District Judge Aitken, performed the role of a critical friend to the programme, giving a wider contextual understanding from the members' various viewpoints, advising both agencies on what might be done in the future, how the work is being received currently and on possible opportunities for developing and appropriately disseminating the work.

The group benefited from having among its members several colleagues from the judiciary, legal professionals, representation from colleagues in child health, academic experts in the field as well as other key stakeholders, including a service user involvement group of parent representatives.

The project plan

Referral, assessment and clinical work began as soon as the initial phase of the project, involving recruitment and induction of staff, training of clinical staff, and designing and compiling appropriate information materials for different stakeholders, had been completed.

A key part of the project involved liaison with the judiciary. HHR Altman and District Judge Aitken, as well as Family Court Advisers, were consulted at the outset of the project with regard to the interface between the judiciary and the therapeutic process, given that one of the aims of the project – to provide participants with an exit route from the court process – could only be achieved if such an exit were congruent with the legal framework and timescales for each case.

This liaison identified four possible exit points:

1. Exit from the First Hearing Dispute Resolution Appointment (FHDRA): The role of Cafcass before the FHDRA is to identify any safeguarding or serious welfare concerns affecting the child or vulnerable adult.
2. Exit during the compiling of a Section 7 report: This report provides a detailed analysis of the situation for the child and the parents, and makes recommendations to the court on child arrangement plans following meetings with both parents and children to ascertain their wishes and feelings.

3. Exit as a result of the completion and submission of the Section 7 report: Where the FCA identified the programme as a suitable service for the parents and recommended this in their Section 7 report, the parents would then exit the court process.
4. Exit as a planned intervention by a Guardian appointed under Rule 16.4: These cases typically involve children who have been subject to entrenched and emotionally harmful parental conflict. Cafcass staff aim to work actively, in a focused and targeted way, towards safe and positive outcomes for children in these circumstances. This includes lessening harmful delays, reducing the number of hearings, avoiding the excessive use of experts, and always remaining child- as opposed to adult-centred.

It was agreed that the last three options were appropriate as there would generally be insufficient information available to the court at the FHDRA stage (first stage), especially in relation to safeguarding issues. It was also recognised by all concerned that it was important for the pilot project to be flexible enough to accommodate different families' needs and exit points.



Engaging parents in the project

The Cafcass Project Worker disseminated information about the programme to Family Court Advisors (FCAs) and the Judiciary, enabling them to identify suitable parents. In addition, the information was disseminated to law firms and other appropriate health and welfare agencies. Some initial referrals were accepted from parents who came to TR for help with their entrenched conflict and a few parents found the project independently via TR's website or other publicity.

In total 147 parents registered, of whom 108 attended for an assessment; the majority of the referrals were from Cafcass.

The assessment process

Parents were initially offered individual assessment sessions with two different therapists, which they attended separately. At this point a number of assessment tools and self-report measures were used as outlined below, with the main focus being to establish a working alliance with each parent in order to promote trust and belief in the therapeutic offer. Therapists also gathered key information about the parent's state of mind, their capacity for reflecting on their situation and any risks, allowing for a discussion with each parent on how best to proceed and whether the PiD project was appropriate for them at this time.

As the assessment of risk was understood to be a crucial aspect of the project in order to be able to undertake therapeutic work with both parents together and to do so safely, the project utilised a specific risk assessment tool for separated parents: The Detection of Overall Risk Screen ('the DOORS'). Developed in Australia, the DOORS is designed to assist parents, family law and health and social care professionals to assess

the wellbeing and safety of family members after separation and identify and respond to risks. In contrast to specific domestic violence screens, it takes a broad definition of risk, covering adult, infant and child wellbeing, conflict and communication, parenting stress, and collateral stressors, encouraging the practitioner to evaluate the contribution of all these factors to imminent personal and interpersonal safety risks.



The tool requires the collection of information about the factual history of the separation and child arrangements, the parents' current mental health and wellbeing, past mental health problems, concerns about safety and risk, parenting and capacity to talk about their children in a developmentally appropriate, child-centred manner as well as monitoring any external stressors. In addition, the DOORS enquires about a parent's current feelings towards their ex-partner and views of his/her health, wellbeing and parenting, plus any risk or safety concerns relating to their ex-partner or anyone else.

Intervention following assessment

Parents who were deemed, after assessment, to be able to work together safely, were invited to a joint assessment session with the two assessing therapists in order to evaluate how the parents might manage ongoing joint sessions, as well as to agree an initial focus for the work. These parents were offered between 6 and up to 12 sessions of MBT-PT. Parents who were unable or disinclined

to work together, or where the assessment found it was unsafe to do so, were offered up to 6 individual sessions of MBT-PT. Some parents progressed to joint sessions at a later date. Parents whose co-parent had not registered were also offered up to 6 individual sessions. The work was reviewed regularly with the parents regarding the progress being made, their experience of the therapy and whether the focus of the work needed adjusting in line with their current situation and concerns.

Throughout the project, clinicians who had previously been trained in MBT-PT attended a weekly clinical supervision group led by a skilled and experienced senior couple psychoanalytic psychotherapist trained in the intervention. The group provided an opportunity for clinicians to reflect on their work, ensure adherence to the model, monitor the effectiveness of intervention, benefit from the team's experience and endeavour to find the most appropriate way to help the parents work for their child's best interests.

"It is a really valuable service. Teaches parents what it means to put children first. Should be available before any disputes get to court, because by that time animosity is entrenched."

Father

"I am grateful I had sessions here. I definitely learnt a lot about myself, my child and his needs. Thank you."

Mother

What did the project achieve?

Figure 1 (below) provides information on how effective the project was against five outcomes.

Figure 1 Outcomes of the Parents in Dispute Project		
Outcome	Specific criteria within the outcomes (not mutually exclusive)	% of parents who met overall outcome criteria (numbers)
Outcome 1	Attended an assessment	100% (108/108)
	Attended Parenting Together (PT) Sessions	
	Attended Co-Parenting Skills Workshop	
Outcome 2	Improvements in identifying risky behaviours	89.3 % (96/108)
	Improvements in assessing/identifying risky situations	
	Improvements in planning for risky situations	
	Establishment of safety plan	
	Improvement according to therapist evaluation	
Outcome 3	Attended joint PT session	91.8% (85/93)
	Improvement in PAM scores	
	Improvement according to therapist's appraisal (must have attended at least 2 sessions)	
Outcome 4	Improvements in parent's understanding of the impact of inter-parental conflict on children (must have attended at least 4 sessions)	69.0% (60/87)
	Therapist's appraisal of the frequency of hostile/angry interactions (joint or individual sessions; must have attended at least 2 sessions)	
Outcome 5	Improvement on CORE	59.2%* (29/49)
	Improvement on WEMWBS	

* This is based on the number of parents completing end of session forms (N=49)

The outcomes listed in **Figure 1** were assessed using a number of tools (see **Box 1** below).

Box 1	Assessment tools and measures used
CORE-OM:	Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM; Evans et al., 2000) is one of the most widely used outcome measures in the UK for psychological therapies, measuring clients' level of psychological distress across the domains of subjective wellbeing, specific problems, functioning, and risk.
WEMWBS	The Warwick-Edinburgh Mental Health and Wellbeing Scale (WEMWBS; NHS Health Scotland, University of Warwick and University of Edinburgh, 2006) is a positively-worded 14 item scale that measures mental wellbeing, specifically with respect to subjective wellbeing and positive functioning.
PAM	The Parenting Alliance Measure (PAM; Abidin & Konold, 1999) is a 20 item instrument which measures the strength of the perceived alliance with co-parents.
Parent self-report questionnaires	These gave an indication of parents' understanding of behaviours and situations that may cause risk to their children, and their capacity to plan for these situations.

Feedback from participating parents

Figure 2 contains feedback on the project from parents who took part.

Figure 2: Feedback from parents participating in the project	
	% of parents (numbers)
Felt that their understanding of themselves had improved after the programme	81.4% (35/43)
Felt that their understanding of their co-parent had improved after the programme	64.6% (31/48)
Felt that their understanding of their children had improved after the programme	81.3% (39/48)
Felt that the programme had improved their expression of feelings and problems with their co-parent	57.8% (26/45)
Felt that the programme had improved their family relationships	57.8% (19/33)

Summary of the findings from TR's evaluation and analysis

An evaluation of the programme conducted by the project team found:

- In the vast majority of cases, the PiD programme was successful not only in engaging both co-parents, but in enabling them to attend sessions together
- Despite parents presenting with highly dysfunctional co-parenting relationships at their initial visit to TR, analyses comparing data collected from parents before and after attendance at PiD sessions indicate significant improvement on TR's primary outcome measure, the Parenting Alliance Measure
- Whereas parents who attended PiD sessions without their co-parent reported little change with regard to the strength of the co-parenting alliance, parents who attended joint sessions reported a statistically significant improvement on this crucial dimension
- These analyses highlight the value of the PiD model in working with co-parents jointly.

"I think this is a great idea, my parents sometimes got so involved in their own disputes that it became like a war and it was sometimes easy for them to forget that I was in the middle of it all."

Child

Learning from the project

Demand for the service exceeded initial expectations, thus identifying a huge area of unmet need for parents in dispute over arrangements for their children. Between April and mid-August 2014, 120 parents had registered. At this point the waiting list was closed as we would have been unable to offer the treatment within the funding or time limits of the project. The only exceptions were parents whose co-parents had already registered.

In April 2015, when the project was extended by 6 months, the waiting list was re-opened but closed within two weeks, again due to huge demand.

During the assessment higher number of parents were seen together than had been anticipated. 66.7% of the parents (74/108) attended an individual assessment session, as well as an assessment session together with their ex-partner, and then at least one further regular session together.

Parents and therapists reported that having two individual assessment sessions with the same therapist enabled them to think about and prepare for the joint assessment. Parents found it helpful that the therapist could address their anxieties about being in the same room as their ex-partner, informing parents how the joint sessions would be managed – for example not allowing conflict to escalate, as well as exploring the potential benefits of a cooperative co-parenting relationship to the children’s development and wellbeing. Additionally, the fact that the model for the joint sessions included both the assessing therapists was generally experienced by parents as positive.

Findings from the project confirmed some of TR’s own experience from previous work with this population regarding how motivated or not parents are to engage in therapeutic work together. Put simply, parents who are unable to agree the arrangements for their children and repeatedly return to court are much more difficult to engage in joint therapeutic work and seem unable to enter in to a ‘help-seeking state of mind’. The separated parents approaching TR for help, or who immediately took up the offer of help with co-parenting from Cafcass, are perhaps a different group. It may be that they are already in a more ‘help-seeking state of mind’ and therefore more willing to engage with therapy together, or at least to consider the possibility of doing so. It is highly likely that parents who have been repeatedly been to court are unable to relinquish their adversarial state of mind, having possibly become habituated to approaching their difficulties in this way.

Partnership between TR and Cafcass

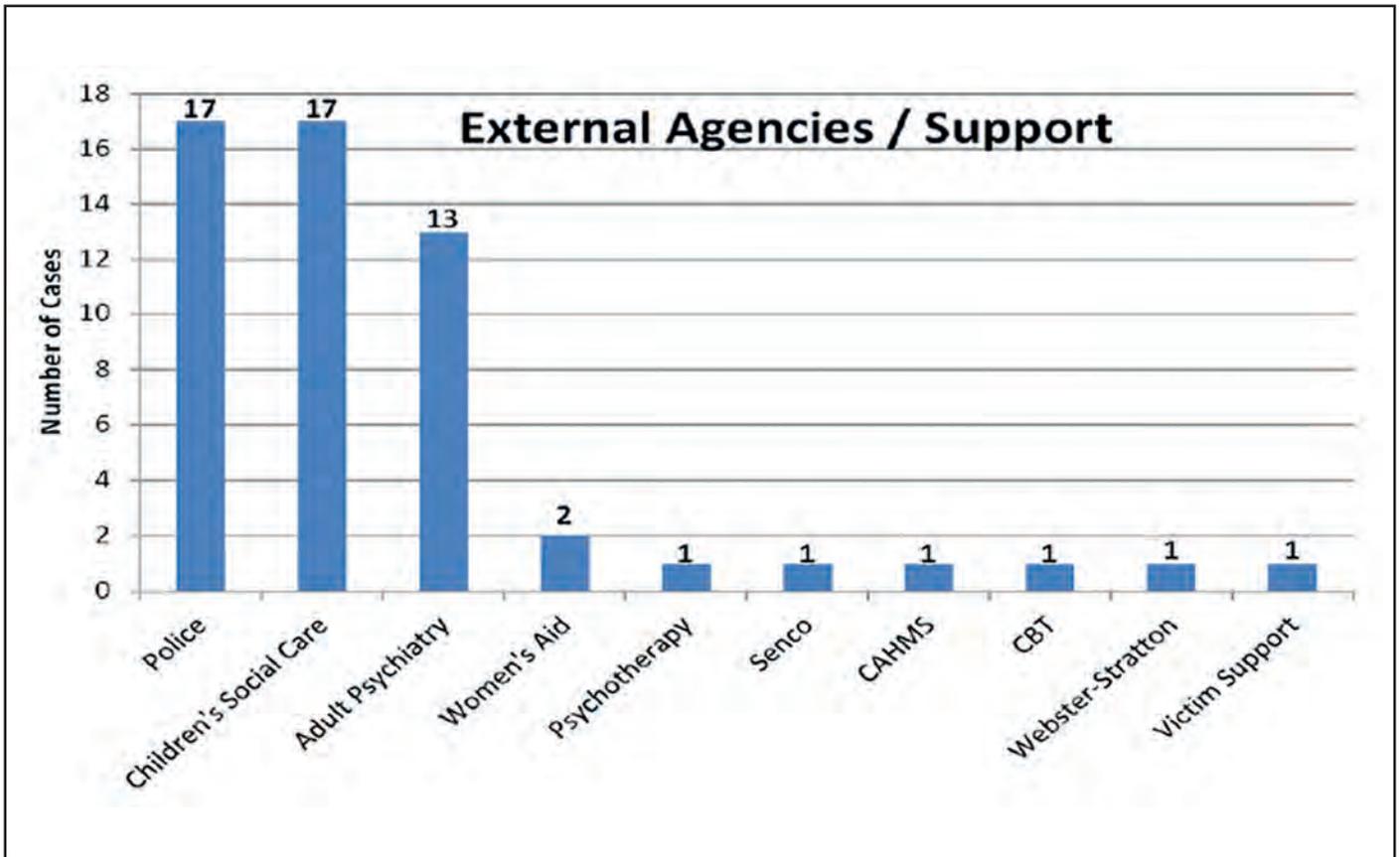
The partnership between TR and Cafcass has been invaluable and central to: the delivery of the project; aiding and enabling the dissemination of information about the project to the judiciary; necessary liaison with FCAs and Cafcass managers; the drawing up of agreed protocols; facilitating referrals and providing links between FCAs; and close working with the court and TR staff. This was essential especially when there were safeguarding or domestic violence concerns.

The findings from a survey by the Cafcass project workers based on a sample of 29 cases (58 parents) – using data obtained from the Cafcass Electronic Management System (ECMS) combined with an analysis of parents’ DOORS forms – were particularly illuminating.

For example:

- The most usual number of court hearings was 5, with a high of 20 and a low of 1. An average 2.8 reports were prepared by Cafcass or the local authority in relation to each case, with a cost implication for each report.
- Parents had most commonly been separated for 6 years at the point of accessing the PiD programme, with a low of 20 months and a high of 10 years.
- The highest duration of a case in court was 358 weeks and the combined total of the 30 cases was 2,613 weeks or 50.25 years in court.
- A number of external agencies or other external support were involved in the case (see Figure 3 on the following page), with the Police, Children’s Social Care and support related to Adult Psychiatry being common factors.

Figure 3



Analysis of costs

It was not possible to gather financial analysis detailing the costs of the court processes and other professional activities which are brought about by families in entrenched conflict returning to court, as such information was unavailable. However, it would be important to gather this information in future in order to establish whether there are financial savings which could be made by parents exiting the court system and entering therapy together in a project such as this. We anticipate that there are substantial savings which could be made by a wider roll out of this approach, which brings together best practise in terms of therapy, engagement and partnership working.

Case study

When they started treatment, Abdul and Aisha had been separated for five years. They had two sons aged 12 and 10 years. Two years ago, Abdul's business failed and his house was re-possessed. Shortly after, he suffered depressive illness with psychotic episodes and Aisha suspended contact. Until his illness, Abdul had overnight contact with his sons every other weekend plus one evening during the week.

Upset at not seeing his children, Abdul turned up at Aisha's home in a distressed and angry state, which the children probably heard but did not witness. On another occasion he accosted Aisha and the children in the street. Aisha went to court and Abdul was made the subject of a restraining order permitting only indirect contact with Aisha and, with regard to child arrangements, indirect contact with the boys specified as written cards or letters.

Two years on, Abdul had recovered from his breakdown; he had a job and permanent accommodation. He was sending cards to the boys fairly regularly as specified but had never had a response. There was virtually no contact between the parents though Abdul did receive news of the boys from his sister and was also sent copies of their school reports. Abdul returned to court seeking direct contact. Aisha objected on the grounds that the boys did not want to see their father. The original order was maintained but the parents were advised to register with the Parents in Dispute Programme with a view to working out a way of increasing the contact.

Both parents registered and were assessed separately. Abdul was keen to engage in joint work but, following her assessment, Aisha was reluctant to attend further appointments. Thus Abdul was offered individual sessions. When seen, he was despondent and, in the face of no response, was finding it increasingly difficult to write to his sons.



While acknowledging Abdul's distress, the therapist encouraged him to think about the situation from the boys' perspective, and in the context of their normal pre-adolescent development. Abdul and the therapist thought together about the wording of his messages to the boys. For example, saying he was 'thinking' about them rather than 'missing' them as this might put inappropriate pressure on them and be counterproductive. The therapist was pleased and surprised when, two months later, Aisha contacted her therapist to say she would like to engage in joint work.

After discussion with Abdul, this was arranged. Initially the parents were wary of each other with Abdul tending to get emotional. The therapists did not let this escalate and encouraged the parents to think about the boys – what resuming contact might be like for them, what would be helpful etc.

Gradually sessions focused more on finding a way forward, with each parent increasingly able to hold the children's perspective in mind and listen to the other's viewpoint while discussing the way forward. By the end of the treatment Abdul had met his sons once, and Abdul and Aisha were negotiating how to progress this. They were wondering whether, once the treatment ended, finding a way to meet each other from time to time might give the boys more confidence in having regular contact with Abdul.

Conclusion

Despite parents presenting with highly dysfunctional co-parenting relationships at their initial visit to TR, and telling us they were unwilling to work together in therapy, in fact in the vast majority of cases the intervention was successful in not only engaging both co-parents, but in enabling them to attend sessions and work together in the therapy.

As a result of undertaking therapy in this project, many parents demonstrate a significant improvement in their parenting alliance. Crucially, parents who attended PiD sessions without their co-parent reported little change with regard to the strength of the co-parenting alliance. This finding points to the importance for parents of being able to undertake joint sessions and that, if they are able to do so, they stand to benefit to a greater extent than parents who do not undertake this.

Strengthening this relationship between separated parents is of particular importance, given the growing body of evidence which suggests that the quality of co-parenting has both direct and indirect effects on child outcomes⁵, via associations with parents' psychological wellbeing⁶ (e.g. stress) or parenting practices. In addition, and perhaps relatedly, mothers' also report a significant reduction in terms of global psychological distress as measured by the CORE Outcome Measure, especially in terms of their levels of anxiety, another important factor in terms of children's psychological wellbeing.



These findings demonstrate irrefutably that it is possible to engage highly-conflicted parents to engage in therapeutic work together. The success of a project such as this highlights the urgency for continued and sustained funding in this area. Indeed, we would recommend that the project be funded for at least two years to allow time for the recruitment and training of further clinical and Cafcass staff (subject to agreement from Cafcass for further participation in the programme), consolidating the relationships and developing further protocols with all stakeholders, full dissemination of information about the project before registration begins, follow up of the parents, and the inclusion of children and young people's participation.

“The project is an invaluable and scarce resource in comparison to the court process which can be a blunt instrument.”

District Judge Harper

5 Cabrera, N.J., Scott, M., Fagan, J., Steward-Streng, N., & Chien, N. (2012). *Coparenting and children's school readiness: A mediational model*. *Family Process*, 51(3), 307-324.

6 Fagan, J. & Lee, Y. (2014). *Longitudinal associations among fathers' perception of coparenting, partner relationship quality, and paternal stress during early childhood*. *Family Process*, 53(1), 80-96.

The quality of our closest relationships profoundly affects how we feel about ourselves and has material and measurable consequences for our lives and those around us – affecting the emotional, cognitive and physical development of our children, our capacity to work and to be fulfilled in work, and our physical and mental health.

Established in 1948, Tavistock Relationships is an internationally renowned charity delivering and developing advanced practice, training and research in therapeutic and psycho-educational approaches to supporting couples.

We research, develop, pilot and raise awareness of best practice, providing services to couples and families, and disseminating our learning through academic and policy activities.

Our training programmes in couple and sex therapy range from introductory up to doctoral level and are accredited by bodies including The British Association of Counselling and Psychotherapy and The British Psychoanalytic Council. Our London-based clinical services offer affordable counselling and psychotherapy to people facing difficulties in their relationships and parenting. Our evidence-based, innovative projects – Living Together with Dementia, Parents as Partners and Adopting Together support and improve the quality of our relationships when they are most challenged.

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