

Supporting Couple Relationships

Guidance for Health Visitors

““ There is clear evidence to show that where it is possible to strengthen couple relationships there are profound benefits for adult and child well-being, as well as improved parenting. Health Visitors are in a prime position to discuss relationship issues and offer support to parents.””

Coleman and Mitcheson ¹

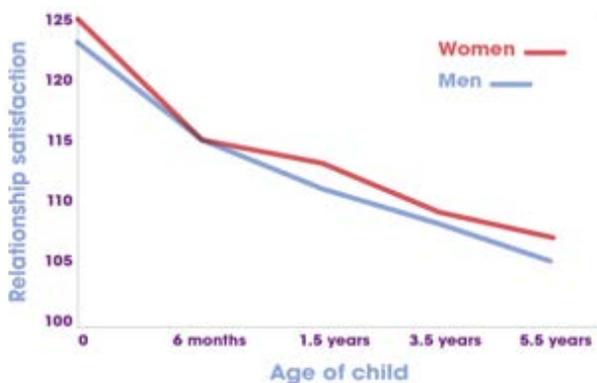
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Introduction

It is now well established that a strong parental couple relationship provides the emotional bedrock for the healthy development of babies and children and that this is particularly crucial in the early years of life². Yet, for many couples, becoming parents and adapting to family life can be challenging and stressful. Differences in hopes, expectations, and values often emerge and, over time, can become magnified and exaggerated, particularly when parents are worried and exhausted and experience financial and social constraints. It is therefore not surprising that couples often experience a dip in relationship satisfaction³, and increased relationship distress and conflict. If the pattern of decline continues, this can result in relationship breakdown and family instability.

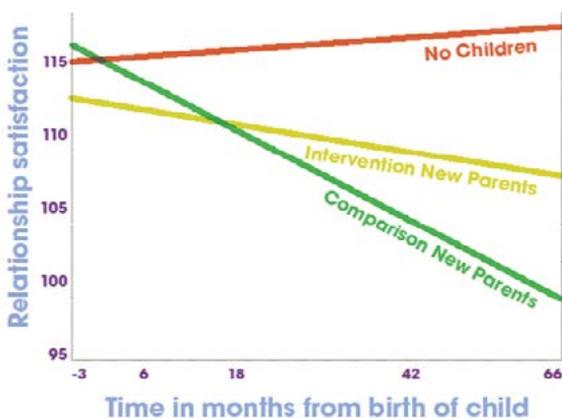
Graph 1. Decline of relationship satisfaction



It is the case that 48% of divorces in 2012 in England and Wales involved children under 16 years of age⁴. 15% of under 1-year-olds do not live with both their biological parents, and this increases steadily to 47% for 16-year-olds⁵. The economic costs of relationship breakdown are also staggering, estimated at £47 billion per year and rising⁶. This, together with the enormous personal costs relationship breakdown entails, should prompt us to look for ways in which we might be able to intervene early: firstly to help prevent relationship distress developing and secondly to help stop existing relationship difficulties from getting worse.

As public health practitioners providing a universal public health service with responsibility for leading the Healthy Child Programme^{7,8} you are in a unique position to offer early preventative relationship help to promote family and relationship stability⁹. It is well established that parents are more likely to 'turn to' someone like you when they first experience some kind of relationship problem and that early intervention can make a difference in preventing the decline in relationship satisfaction¹⁰. The evidence also points to the fact that focusing on the couple relationship when working with parents is more beneficial than focusing on parenting issues alone¹¹.

Graph 2. Early intervention and prevention of decline relationship satisfaction



In 2014 the Prime Minister, in a speech to the Relationship Alliance Summit, recognised the importance of health visitors in strengthening couple and family relationships and gave his support to the ambition of policy makers and practitioners to develop this area of practice.

“ Health visitors are amazing because when you’re having a baby you want someone who can point you to the advice you need - anything from the nearest crèche, to how to breastfeed. And it’s right that this support should include relationship advice too.”

Prime Minister, 2014¹².

This guide will help you understand why relationships matter and the importance of working with the couple relationship for improving outcomes for babies, children, and families. In accordance with Education Standard 1: Transition to Parenthood¹³ the guide is designed to help you work with parents to:

- ✓ Recognise the signs of relationship distress
- ✓ Respond effectively to offer support
- ✓ Review and refer to more specialist services

This isn’t about asking you to be a couple counsellor or therapist, but it is about encouraging you to raise parents’ awareness of the impact of their relationship on their baby and children, identify and support parents with relationship problems and, where necessary, refer to more specialist support.

Defining the ‘couple’ relationship

We use the term ‘couple relationship’ to denote all forms of adult partnership. 87% of all babies are born to parents who are either married, in a civil partnership, or living together¹⁴. However, for some parents, their relationship with one another is more ambivalent. They may be together but living apart, they may be separated, or they may simply be uncertain as to whether they are in a committed relationship or not. Unplanned pregnancy and parenthood that happens before a relationship is established may lead to confusion for parents about their status as a couple, and confusion about parental and wider family roles. When parents first meet with their health visitor they may feel anxiety, shame, or embarrassment about their relationship status and may choose to say very little about it. It is important for you to think; where is the couple in this relationship?

Think Couple.
Think Parent.
Think Family.

Why do couple relationships matter?

The evidence is unequivocal: a poor quality parental relationship, parental relationship conflict and parental relationship breakdown are associated with poor parenting^{15,16} which results in significant adverse outcomes for babies and children. The potential detrimental effects^{17, 18, 19} include:

- the development of insecure attachment between infants and parents
- impaired emotional and cognitive development
- lower educational attainment
- increased likelihood of childhood poverty and socioeconomic disadvantage as a result of relationship breakdown
- substance misuse and other health-damaging behaviours
- behavioural problems including conduct disorder, antisocial behaviour and crime

A poor quality parental couple relationship puts children at risk of relationship difficulties in their own adult couple relationships, creating an intergenerational cycle of relationship distress^{20, 21}.

A poor quality couple relationship also affects mothers' and fathers' health and wellbeing in the following ways:

- antenatal stress
Perceived lack of partner support during pregnancy can lead to maternal stress contributing to a negative birth experience²².
- mental health
Relationship distress is the strongest predictor of maternal psychological distress²³ and increased rates of depression²⁴. People who live in distressed and troubled relationships are three times more likely to suffer from mood disorders, two and a half times more likely to suffer from anxiety disorders and twice as likely to misuse substances²⁵.
- physical health
Relationship issues are strongly associated with a number of negative health outcomes^{26,27}, including cardiovascular disease,^{28, 29} decreased healing times,³⁰ and alcohol misuse³¹.

What do couple relationships have to do with public health?

www.tccr.ac.uk/policy-research/policy-briefings/268-couple-relationships-and-public-health-tccr-policy-briefing

Understanding couple relationships

The quality of the couple relationship impacts the health and wellbeing of both adults and children. Researchers have drawn on a range of data from many different samples of couples in an attempt to identify which factors influence relationship quality. An influential and very comprehensive theoretical model has emerged from the work of Bradbury and Karney³², which provides a useful way of understanding what happens to couples when they are facing stressful life events and transitions. In brief, the Vulnerability Stress Adaptation model helps us to understand the impact of stressful life events in the context of individuals' past histories and the methods they use to adapt in these circumstances:

Enduring vulnerabilities

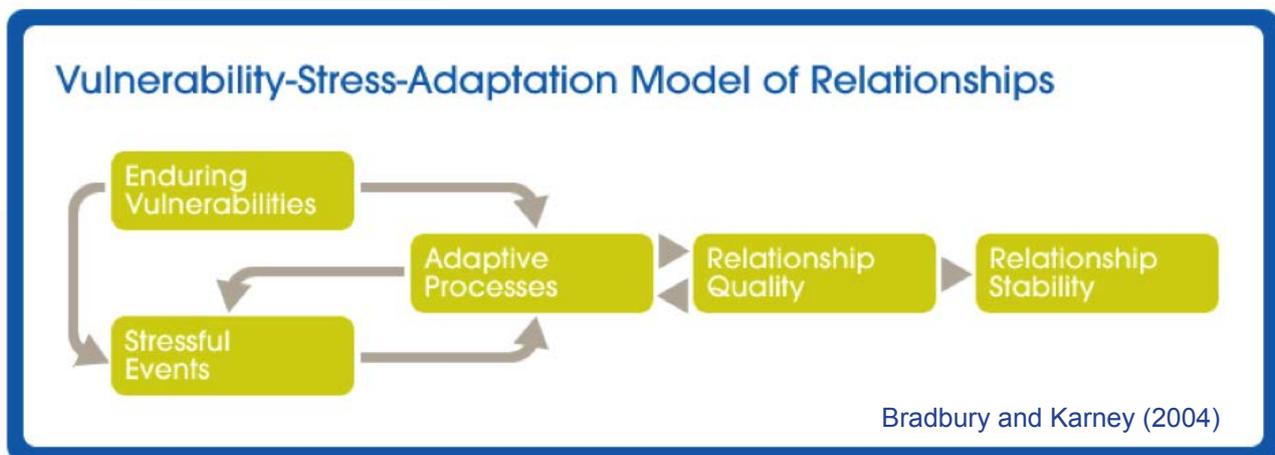
Personal traits and past experiences that each person brings to the relationship which are often related to attachment patterns.

Stressful events

The life events they encounter, such as having a baby, illness and unemployment, increase partners' need for support at the same time as reducing their capacity to provide it.

Adaptive processes

How the couple communicate, behave, and cope during difficult times.



Each partner is likely to have enduring vulnerabilities which influence how they cope with one another and with stressful events. A couple with relatively poor coping and communication skills might remain happy in the relationship if they do not have to cope with many stressful events. But couples that have to cope with a series of stressful life events can run into difficulties when stress affects how partners manage their differences and how well they interpret one another's behaviour. Problems in being able to do this well enough under the impact of the stressful event can result in relationship difficulties and eventual decline. Developing an understanding of this and better relational skills are very important. Relationship quality both influences and is influenced by the couple's adaptive processes during adjustment to stressful life events. The transition to parenthood is a particularly key period of such adjustment and some couples are more vulnerable than others.

Risk and protective factors in parental couple relationships

For some couples the risk of relationship breakdown is increased for a number of reasons, not least the presence of difficulties before partners become parents and particularly where this is associated with whether or not to have the baby or if the pregnancy was unplanned³³. Of course, other factors such as being a young parent, physical or psychological ill health, financial insecurity, intergenerational family breakdown and a child with additional needs are all significant risks for the couple.

The existence of a developmental perspective, however, seems to be a major protective factor for couples³⁴. In other words, the couple have a view of their relationship as amenable to change and consider the downturn as a difficult time rather than an uncontrollable downward spiral. Where couples are able to think the best of each other, maintain affection and intimacy and have shared expectations of childcare and household duties, then their relationship is likely to fare better. The magic ratio of five positive interactions or experiences to one negative seems to protect couples against relationship breakdown³⁵.

Risk Factors

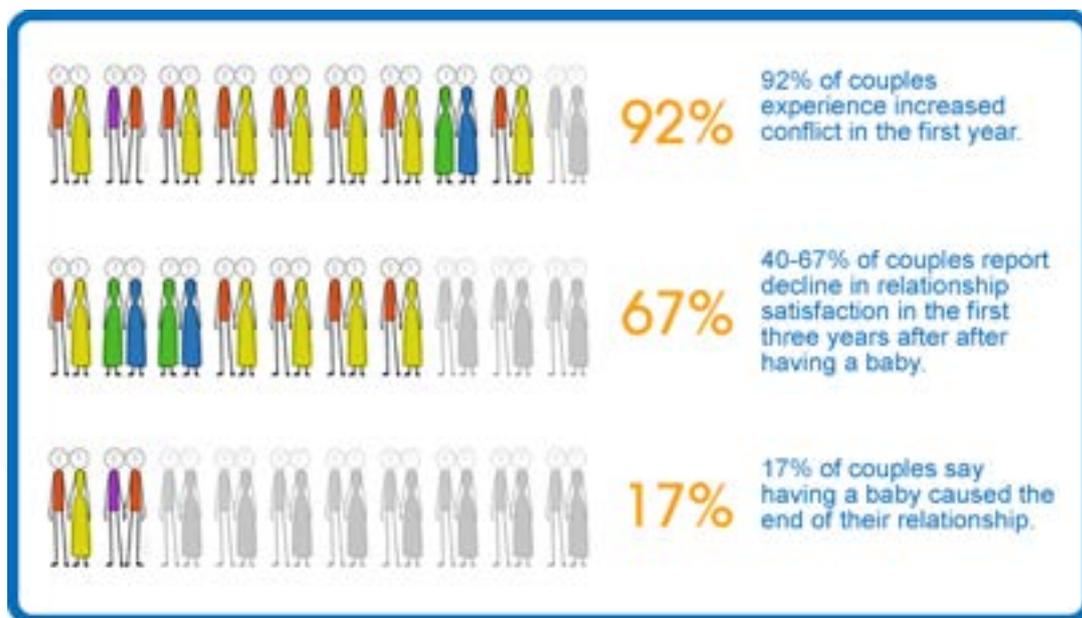
1. Non developmental perspective
2. History of discordant family
3. Lack of support
4. Pre-existing difficulties
5. Psychological disturbance

Protective Factors

1. Developmental perspective
2. History of positive family relationships
3. Support from partner and family

Conflict in couple relationship

Conflict in family relationships, including between parents, is a necessary and relatively 'normal' part of family life³⁶. The issues couples argue about are diverse but are often associated with financial issues, other family members (in-laws), health and wellbeing, and infidelity³⁷. Positive communication between the couple often declines and they are less likely to provide emotional support to one another^{38, 39}. This is combined with an increase in conflict, and more damaging (destructive) conflict patterns begin to emerge.



Constructive problem solving is most common during the prenatal period, while the use of destructive (more harmful) problem solving is highest three months after birth⁴⁰, making this a particularly vulnerable time for parents.

Parental Conflict: Outcomes and interventions for children and families

Available from OnePlusOne Knowledge bank

knowledgebank.oneplusone.org.uk/wp-content/uploads/2014/04/Parental-Conflict.pdf



What do parents argue about most?

Parenthood changes many things for both mothers and fathers and increased conflict often reflects the problems of adjustment to these changes, including:

Division of household labour

Despite best intentions, couples often fall into more traditional gender roles as parents, with women bearing the burden of increasing household responsibilities⁴¹.

Sex and Intimacy

The shift to a new identity as a parent can often mean that the previous identity as lover gets dislodged or is stronger in one partner than the other⁴². Parents often report reduced sexual responsiveness in the first six to twelve months after a baby is born, with one third of couples continuing to report sexual problems three to four years post birth⁴³.

Financial Pressures

Inevitably, pressure on finances contributes to stress and anxiety, leading to disagreements about who spends what on what. This is a major source of tension and has a strong impact on the emotional state of the couple⁴⁴.

Family Life

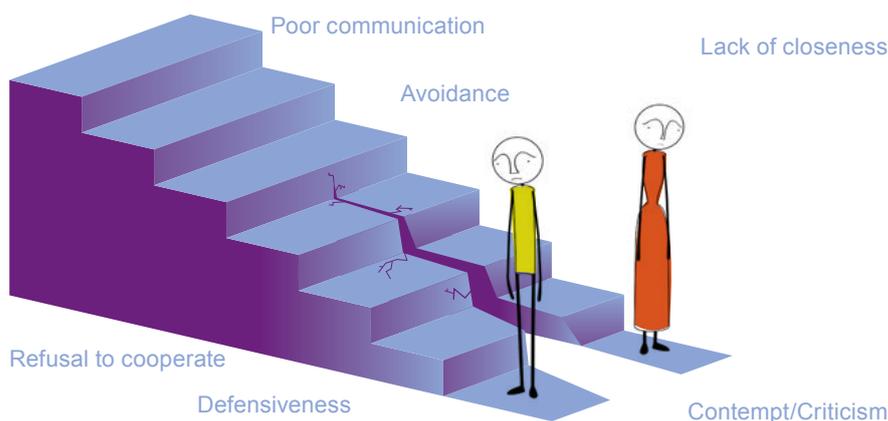
Family support can provide a buffer against stress. However, increased involvement with family members is not always helpful and can intensify stress and strain for the couple relationship⁴⁵.

Parenting

Conflict rises when one partner feels that the other is not pulling their weight and caring for their baby correctly, and the other partner feels un-trusted and finds it hard to give support in practical ways. When one parent takes more responsibility for the parenting role, a feeling could develop of being overburdened by the care involved. This is also associated with the other parent feeling excluded or 'pushed out'⁴⁶.

As a result some couples develop a pattern of destructive communication, characterised by criticism, contempt, refusal to cooperate or communicate and defensiveness resulting in negativity within the relationship⁴⁷. Couples can get stuck in this pattern of interacting and, if this is prolonged, then couples separate emotionally, leading to relationship breakdown.

Destructive patterns of communication



Relationship support in health visiting practice

In this section you will find some practical guidance and tips for working with couples and a typical scenario from practice.

Health Visitors have a lot to offer in the provision of relationship support across the four domains of health visiting practice as follows:

Community

- Raising awareness of the importance of healthy relationships across a broad spectrum of the population.
- Modelling effective relationships based on giving time, attention and respect
- Knowing the availability of relationship services in your area

Universal

- Adding a relationship component to antenatal preparation and postnatal support in transition to parenthood, to prepare parents for the changes to their relationship.
- Recognising signs of relationship distress at an early stage to stem the erosion of relationship satisfaction and the potential for increased conflict.
- Strengths-based approaches to dealing with relationship issues. for instance, raising consciousness about the importance of couple support for one another, that there are ways to think and behave constructively to help prevent relationship difficulties, and what constitutes good communication and conflict management

Universal Plus

- Brief interventions for more vulnerable families where there is increased parental conflict and risk of relationship breakdown. Some examples of programmes on offer include: How To Argue Better (OnePlusOne), Parent as Partners (TCCR) and Baby Steps (NSPCC)

Universal Partnership Plus

- Referral to more intense therapeutic interventions; couple counselling and therapy.

Adapted from

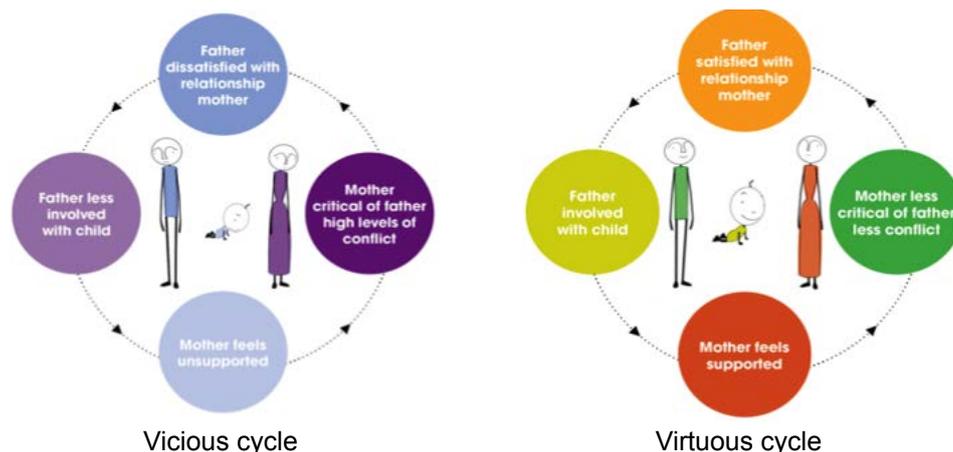
National Health Visiting Service Specification 2014/15

www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf

Working with dads

Involving the father of the baby is more effective than just focusing on the mother and baby alone⁴⁸. Although you may see less of the dad, it is important to make every effort to engage with both parents. Whilst this guidance has been written with both parents in mind and the expectation that every effort is made to engage with fathers, this is not yet the reality of practice. Fathers can feel left out very easily if the couple relationship and communication is declining. They can often feel unappreciated, as well as confused by what their role should be. This often leads to fathers becoming dissatisfied with their relationship, withdrawing, and subsequently mothers feeling even less supported, as illustrated in this vicious cycle⁴⁹.

Vicious Virtuous Cycles



On the other hand, research has shown that working with fathers to integrate them early on in pregnancy, birth and afterwards can be most significant in helping them feel involved⁵⁰. Just as important is to help the couple manage how they are communicating and understanding each other as they become parents, especially in the early months. This can help turn a vicious cycle in to a virtuous one.

Despite best intentions, the needs of dads often get overlooked and many dads still don't get the support they need. Some tips for engaging dads and working with both parents are summarised below:

- ✓ Think of dads as service users in their own right; know, record, and use dads' names.
- ✓ Learn about the research around the psychological and social challenges of both mums' and dads' experiences of parenthood.
- ✓ Ensure your communications, workspaces, and materials communicate that dads are equally valuable and welcome.
- ✓ Reflect on and challenge your own assumptions and stereotypes about fathers.
- ✓ Seek feedback from dads about their experience of your service.
- ✓ Help mums and dads to understand each other's experiences and show them concrete ways in which they can help each other.
- ✓ In every contact, ask how both mum and dad are doing and listen and respond respectfully to their answers.
- ✓ Specifically encourage and acknowledge dads' involvement in caring for their children when speaking to the family.
- ✓ Ensure dads are explicitly invited to appointments or try to arrange visits when the dad will be available.
- ✓ Think about how you can facilitate conversations between mums and dads, dads and dads, and wider families and communities to help create supportive networks.



Guidance for working with dads

NSPCC All Babies Count: The Dad Project provides invaluable guidance when working with dads in the early days of parenthood.

www.nspcc.org.uk/preventing-abuse/research-and-resources/all-babies-count-dad-project/

The Fatherhood Institute also provide guidance on ensuring your communications and working practice are father inclusive.

www.fatherhoodinstitute.org

Working with same-sex couples

In 2013, the number of same-sex partners raising children rose to 13,000⁵¹. Same-sex couples are unlikely to become parents by accident, as much prior planning and complex decision making is often required⁵². While many of the same day-to-day issues will arise in raising their child as opposite-sex couples face (e.g. changes to intimacy, financial pressures, parental conflict, etc.), there may also be significant differences^{53, 54, 55}. Experiences with support organisations and navigating the legal system as they become new parents together is likely to be more complex, and this may put extra strain on them^{56, 57}.

Here are some other things you might want to consider when working with same-sex couples:

How have the partners become parents? Lesbian parents might have decided to get pregnant through a sperm donor, or they might have adopted. Gay parents might have adopted too, but may also have decided to have a child through surrogacy or an egg donor⁵⁸.

Have the same-sex couple's relationships with their own parents changed? When same-sex couples become parents, relationships with their own families may change⁵⁹. Sometimes this may be positive but, for some, families' reactions may be unsupportive. Negotiating these relationships might create extra tension.

Do they have a known or an unknown donor? If the donor is known, some might want him or her to be involved in their child's upbringing – others may prefer them to have an 'extended family-like' relationship. Some same-sex couples might struggle to reach agreements with known donors and this is likely to cause relationship stress⁶⁰. Others will use an unknown donor, which may pose a threat to the non-biological parent and their position in the family.

- ✓ If you haven't met the family before you might not know if they are a same-sex couple, so refer ring to partner" rather than "dad/mum" in early communications is a good idea.
- ✓ Asking about health histories may be sensitive – while the donor's health history is more relevant, the non-biological parent may feel left out as such discussions highlight they are not genetically linked to the child.
- ✓ The experiences of lesbian parents compared to gay parents are likely to be different to each other, so it is important not to group them into one LGBTQ 'basket'
- ✓ Checking your underlying assumptions and being aware of the language you use is important when working with same-sex couples

Guidance for working with same-sex couples

Stonewall provide some useful guidance aimed at lesbian and gay parents and the things they need to consider, including legal issues, as they plan for parenthood and beyond – if you find yourself working with either of these groups it might be helpful for you to look at these to give you some background into the things they might have been through.

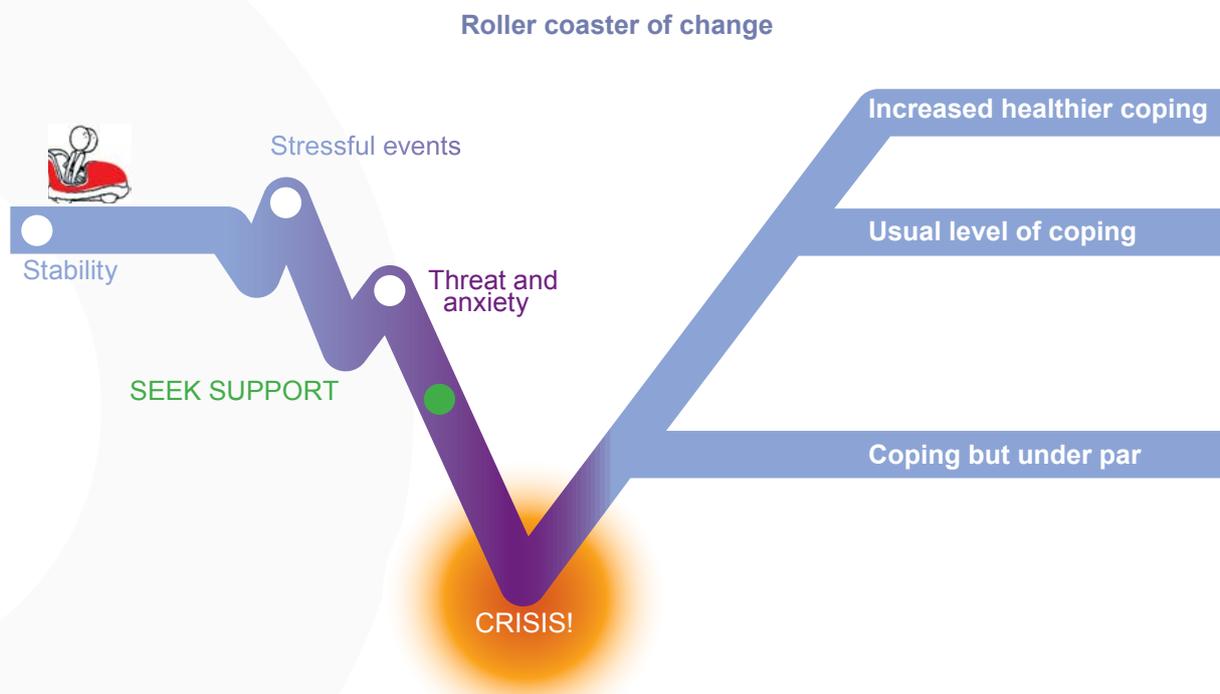
Pregnant Pause: A guide for lesbians on how to get pregnant 2009. Available from:
www.stonewall.org.uk/documents/pregnant_pause_with_cover_2.pdf

A Guide for Gay Dads 2010. Available from:
www.stonewall.org.uk/documents/a_guide_for_gay_dads.pdf

A typical situation

The time around the birth of a baby is an opportune moment for early intervention, and relationship help needs to be a fundamental aspect of the preventative universal service offered by health visitors⁶¹. As we have seen, helping parents to foster strong, positive couple interactions is vital for infant, child, and family health and well-being.

Health visitors and other family practitioners are very likely to be the first port of call for parents looking for help with relationship difficulties and it is important that you feel confident to offer support. Couples who receive early preventative help are more likely to cope with the inevitable challenges of being parents as well as partners. For some parents this means they aren't derailed by this stressful life event and return to their usual level of coping and stability. For others they learn to adapt and develop better coping strategies for the future. Where early intervention and support are not available, the couple relationship is more likely to decline to a crisis point as seen in the roller coaster of change diagram below:



The 'turned to' moment

Helen has come to the sleep clinic to talk to Connie (health visitor) about some of the ways in which she might settle her new baby Elisa who is almost four months. Just as she is leaving she tells Connie that the family are going to have their first weekend away in a caravan. Connie wishes them a good time and Helen replies:

"Well, that depends on the weather and if we can manage to get through the whole weekend without a row."

Helen goes on to say that she and Pete can't seem to talk about anything without her exploding and Pete storming out.

Recognising relationship distress

This is very obvious help-seeking behaviour, but not all signals of relationship distress are quite so overt. Often, relationship problems are expressed through physical or mental health symptoms or other somatic expressions. A mother or father might seem withdrawn, agitated, or distressed, or might focus their anxiety on their baby. It is also likely that your own professional intuition and judgement will alert you to something being 'not quite right'.

Signs Of Relationship Distress

For Adults	For Children
Increased conflict	Attachment anxiety in infants
Verbalized hostility	Aggression (temper tantrums)
Coldness to one another	Behavioural issues
Anxiety and depression	Changes in sleeping or eating patterns
Substance misuse	Reluctance to attend school or nursery
Sexual problems	
Transference of issues to child	

Responding

In this case, Connie is in the middle of a very busy clinic and she is worried that if she responds to Helen she will open a can of worms that she is not sure how to deal with and that could make it impossible to fulfil all her other visits and commitments that day. This is not an uncommon experience. Health visitors often express a reluctance to enquire about the couple relationship, fearing that they don't have the skills to help, or that they may be intruding, or that if they ask questions it will take up too much time. Sometimes we subtly (or unsubtly) give off a signal that we can't listen because of the pressures of time or perhaps you feel that the couple relationship is none of your business⁶².

A framework for practice

In fact, the couple relationship is your business and using an evidence-based relational helping model, such as Brief Encounters⁶³, can help you **recognise** relationship distress and make an offer of time to talk through the issues without feeling overwhelmed - even 20 minutes can help. You can **respond** using active listening skills to explore with the couple what is going on in their relationship, share evidence-based information (relationship insights) to help them understand their situation, and encourage the couple to take action. Or, if there are more significant issues, you can **refer** to additional services:

- ✓ Arrange to meet at a time and place where both parents have the chance to be involved.
- ✓ Be clear from the outset about how much time is available, and stick to it.
- ✓ Know the boundaries of your own role and competence.
- ✓ Get acquainted with other services in your locality so you have referral options when needed

RECOGNISE

RESPOND

REVIEW

Two's company, three's a crowd?

Many practitioners feel that it is intrusive to focus attention on the relationship between parents, thinking that it is more appropriate (and comfortable) to work with a mother or a father, than with both parents as a couple. While it is undoubtedly true that there are times when one-to-one conversations are most useful, there is also a great deal of benefit in giving couples the space to talk about how their relationship is doing. By inviting parents to talk with you together and by simply asking how they are getting on, you are modelling to them that their relationship as well as their parenting is important. There is a subtle process of influence and modelling going on here. By being inclusive in your approach, and supporting them in being parents together, you stand the best chance of helping them build a stable family life⁶⁴

Really listening?

Often what mothers and fathers need most is someone who will really listen to them. That means using your active listening skills;

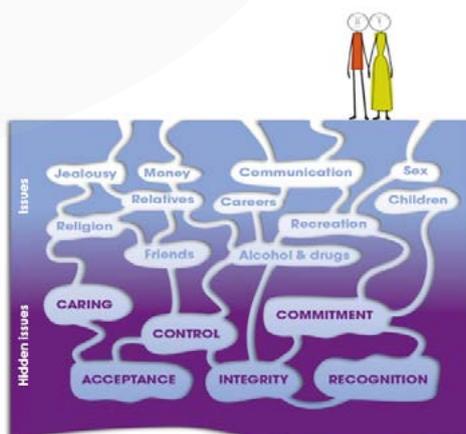
- ✓ Concentrating on every word of the story
- ✓ Not getting distracted by your own anxieties
- ✓ Resisting the urge to fix it and give advice
- ✓ Being genuine, warm, and accepting

Summarising and reflecting back what you are hearing helps to provide the couple with clarity and perspective.

What is really going on?

Often, helping couples to understand the source of their arguments and differences can prevent them going over and over the same issues. In other words, an argument about who does the dishes, changes the next nappy, or puts the children to bed (the sorts of things most couples will find themselves arguing about) is rarely just about that. It is more likely to be about how one partner is feeling valued and cared for in the relationship, accepted for who they are, or about ongoing commitment to each other.

Hidden issues



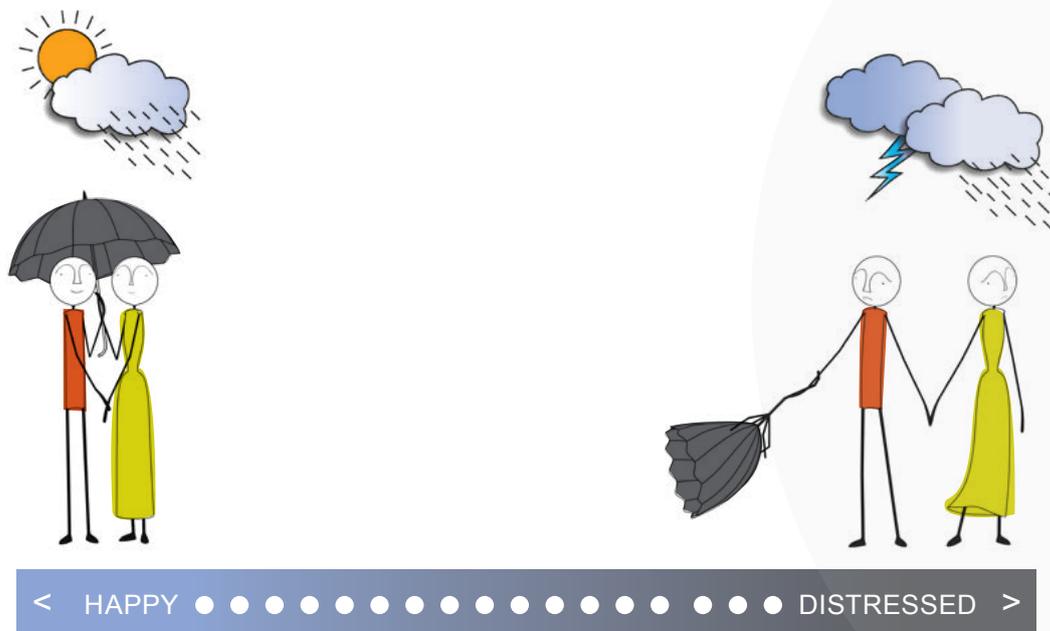
These are referred to as the hidden issues and are often related to a person's past experiences, attachment patterns, and enduring vulnerabilities, as the Vulnerability-Stress-Adaptation Model suggests⁶⁵.

Clearly, the quality of the relationship between Helen and Jake is impacted by the stress of a new baby, specifically, the increased demands on their time and personal resources as well as their enduring vulnerabilities. Exploring with both parents (if possible) what is going on for them gives you the opportunity to normalise their situation, or reframe it such that they can focus on more positive interpretations of each other and their relationship. Emphasising the importance of listening to one another and trying to see it

from the other person's perspective is useful in blame reduction and seeing things differently. Encouraging shared roles and activities helps to create shared positives that sustain a relationship and change relationship behaviour. Possibilities and options can become clearer by encouraging parents to think back to times when things were better, building their sense of resilience and greater awareness of their own resources. This can lead to a gradual understanding of what will help and then what action they can take. You may well be familiar with solution focused techniques and they can usefully be applied here:

- How would things look if it were better?
- What would be happening?
- What would have to change?
- What would you and your partner be doing differently?
- What would you be thinking or feeling?
- What might get in the way?
- When you have fallen out before what helped you to make it up?

Sliding scale of happiness



This simple sliding scale of happiness represents how relationships can move from happy to distressed and back again. The umbrella represents the factors that often protect and sustain a relationship such as time together, affection, humour, understanding each other and crucially support. You may find it useful to ask a couple to think about where they are along this sliding scale and what they would need to do to move to a more desired state.

Refer to specialist support

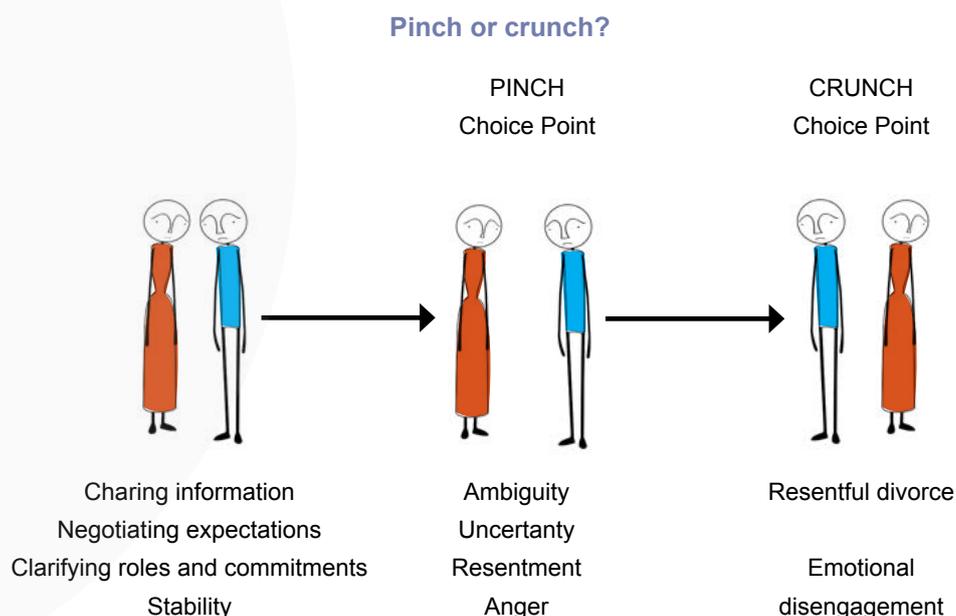
For some couples, the opportunity to talk about their relationship is enough and they can find their own way back to a satisfying relationship. Talking reassures them that conflict isn't necessarily a sign that their relationship is breaking down - it is just a bad time, and not necessarily a bad relationship. However, others will need more intensive support or referral to specialist relationship services.

- ✓ any referral needs to be sensitively handled
- ✓ any referral should be discussed with both parents in advance and consent obtained to make the referral
- ✓ remember to check availability of the service, likely benefits and costs first.

Since you are likely to know which local agencies offer couple counselling or therapy, national organisations such as the Tavistock Centre for Couple Relationships, Relate, and Marriage Care are listed in the resource section on page 25.

Pinch or Crunch?

The 'pinch-crunch' model is a useful way of thinking about when to refer a couple for more specialist help. At times of transition it is usual for couples to feel a 'pinch' and, with support, difficulties can be resolved. However, where there are a series of unresolved pinches or deeper issues, then specialist support is required to prevent a 'crunch'.



What is Couple Therapy?

Couple therapy and relationship counselling can help couples to open up communication so that they can understand the underlying issues, in order to resolve the difficulties they are experiencing and find an agreed way forward. Relationship problems can be complicated and sometimes they stem from challenges experienced in childhood. Relationship therapy can be helpful in this situation for both individuals and couples, as it looks at what lies behind current difficulties, paying attention both to the past and the present in order to bring about change.

A final word

Health visitors are ideally placed to support couples who may be experiencing the first signs of relationship distress. You may need to consider further training and you will definitely need support and supervision. You are in an important position to help couples at a potentially vulnerable time. Engaging with mothers and fathers to offer early relationship support can help them build a strong, stable family environment in which their children will thrive. This isn't about turning you into a couple counsellor but, within your everyday contact with families, you can watch out for the signs of relationship distress and offer early help to parents. This is an opportunity not to be missed and is vital to the delivery of the Healthy Child Programme and children's long term outcomes.

Key points

- Poor quality parental couple relationships are associated with poor social and emotional outcomes for children.
- The perinatal period is a key time of stress for many couples and the quality of their relationship with one another often suffers.
- Relationship support can and should be an integral part of universal preventative services provided by health visitors to all families in the early years.
- Using active listening skills and helping a couple explore what is really going on for them, is a very powerful way of supporting them during the transition to parenthood.
- Training, support and supervision are essential for health visitors to effectively offer early help to couples.

Further training

You may be considering further training opportunities to develop your skills in this area of your work. We have listed the national organisations OnePlusOne, Tavistock Centre For Couple Relationships, Relate, and Fatherhood Institute who all provide training in relationship support in the resource section.

References

1. Coleman L., Mitcheson J., Casey P., Lloyd G. (2013) Couple relationships: Why are they important for health and wellbeing? *Journal of Health Visiting*. March 2013 Volume 1 Issue 3.
2. Twenge, J. M., Campbell, W. K., & Foster, C. A. (2003). Parenthood and Marital Satisfaction: A Meta-Analytic Review. *Journal of Marriage and Family*, 65(3), 574–583.
3. Hirschberger, G., Srivastava, S., Marsh, P., Cowan, C., & Cowan, P. (2009). Attachment, marital satisfaction, and divorce during the first fifteen years of parenthood. *Personal Relationships*, 16(3), 401–420.
4. ONS (Office for National Statistics) (2013) *Families and Households*. Newport: ONS
5. Understanding Society. (2014). *Insights 2014: Findings from the largest longitudinal study of UK households*. Understanding Society.
6. Relationship Foundation (2015) *Counting the Cost of Family Failure: 2015 Update* <http://www.relationshipsfoundation.org/wp-content/uploads/2015/02/Counting-the-Cost-of-Family-Failure-2015-Update.pdf>
7. Department of Health (2009) *Healthy child programme – pregnancy and the first five years of life*, London: DH.
8. Department of Health (2011) *Health Visitor Implementation Plan 2011–15 A Call to Action February 2011*, London: DH.
9. Coleman L., Mitcheson J., Casey P., Lloyd G. (2013) Couple relationships: Why are they important for health and wellbeing? *Journal of Health Visiting*. March 2013 Volume 1 Issue 3.
10. Schulz, M. S., Cowan, C. P., & Cowan, P. A. (2006). Promoting healthy beginnings: A randomized controlled trial of a preventive intervention to preserve marital quality during the transition to parenthood. *Journal of Consulting and Clinical Psychology*, 74(1), 20–31.
11. Cowan, C. P., Cowan, P. A., & Barry, J. (2011) Couples' groups for parents of pre-schoolers: Ten-year outcomes of a randomized trial. *Journal of Family Psychology*, 25(2), 240–250
12. Prime Minister's Office (2014) *Speech: David Cameron on Families, Delivered at the Relationships Alliance Summit, 18th August 2014 at the Royal College of GPs, part of Support for families and Looked-after children and adoption*.
13. Bishop P, Gilroy V, and Stirling L. (2015) *A National Framework for Continuing Professional Development for Health Visitors. Standards for the High Impact Areas for Early Years*. Institute of Health Visiting, Health Education England and the Department of Health. <http://www.ihv.org.uk/uploads/National%20Framework%20for%20CPD.pdf> accessed May 10th 2015

14. ONS (Office for National Statistics) (2013) Families and Households. Newport: ONS
15. Coleman L. and Glenn F. (2009) *When Couples Part: Understanding the consequences of relationship breakdown for adults and children*. OnePlusOne, London.
16. Reynolds J., Houlston C., Coleman L., and Harold G. (2014) *Parent Conflict: Outcomes and interventions for children and families*. Policy Press London.
17. Ponnet, K., Wouters, E., Mortelmans, D., Pasteels, I., De Backer, C., Van Leeuwen, K. and Van Hiel, A. (2012) The influence of mothers' and fathers' parenting stress and depressive symptoms on own and partner's parent-child communication. *Family Process*, doi 10.1111/famp.12001.
18. Hewison D. (2013) The importance of the couple relationship for children's mental health. *Journal of Health Visiting*, 1(1), 20-26.
19. Reynolds J., Houlston C., Coleman L., and Harold G. (2014) *Parent Conflict: Outcomes and interventions for children and families*. Policy Press London.
20. Conger, Rand D., Ming Cui, Chalandra M. Bryant, and Glen H. Elder Jr. "Competence in Early Adult Romantic Relationships: A Developmental Perspective on Family Influences." *Journal of Personality and Social Psychology* 79, no. 2 (2000): 224–37. doi:10.1037/0022-3514.79.2.224.
21. Amato, Paul R., and Danelle D. DeBoer. "The Transmission of Marital Instability Across Generations: Relationship Skills or Commitment to Marriage?" *Journal of Marriage and Family* 63, no. 4 (November 1, 2001): 1038–51. doi:10.1111/j.1741-3737.2001.01038.x.
22. Talge N.M., Neil C., Glover V. (2007) Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of Child Psychology & Psychiatry*, 48 (3-4), 245-61.
23. Spier D. (2015) Strengthening couple relationships to reduce the risk of perinatal mood and anxiety disorders for parents. *Journal of Health Visiting*, 3(3), 160-165.
24. Cox, Joanne E., Matthew Buman, Jennifer Valenzuela, Natalie Pierre Joseph, Anna Mitchell, and Elizabeth R. Woods. "Depression, Parenting Attributes, and Social Support among Adolescent Mothers Attending a Teen Tot Program." *Journal of Pediatric and Adolescent Gynecology* 21, no. 5 (October 2008): 275–81. doi:10.1016/j.jpag.2008.02.002.
25. Hewison (2013). The importance of the couple relationship on mental health'. *Journal of Health Visiting*, 1(1), pp. 21-26.
26. Handley S., Joy I., Hestbaek C., and Marjoribanks D. (2015) *The Best Medicine? The importance of relationships for health and wellbeing*. <http://www.relate.org.uk/policy-campaigns/publications/best-medicine-importance-relationships-health-and-wellbeing>
27. Coleman L. and Glenn F. (2009) *When Couples Part: Understanding the consequences of relationship breakdown for adults and children*. OnePlusOne, London.

28. Eaker, E.D. (2007) Marital Status, Marital Strain, and Risk of Coronary Heart Disease or Total Mortality: The Framingham Offspring Study. *Psychosomatic Medicine*. 69 (6), 509-513.
29. King, K.B. and Reis, H.T. (2012) Marriage and long-term survival after coronary artery bypass grafting. *Health Psychology*, 31(1), 55-62.
30. Kiecot-Glaser, J.K., Loving, T.J., Stowell, J. R., Malarkey, W. B., Lemeshow, S., Dickinson, S. L. and Glaser, R. (2005) Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry*, 62(12), 1377-1384.
31. Levitt, A, and Cooper L.M, . "Daily Alcohol Use and Romantic Relationship Functioning: Evidence of Bidirectional, Gender-, and Context-Specific Effects." *Personality and Social Psychology Bulletin* 36, no. 12 (December 1, 2010): 1706–22. doi:10.1177/0146167210388420
32. Bradbury, T. N., & Karney, B. R. (2004). Understanding and altering the longitudinal course of marriage. *Journal of Marriage and Family*, 66(4), 862-879.
33. Reynolds, J. (2008). *Supporting couple relationships: A Sourcebook for Practitioners*. London: OnePlusOne.
34. Ramm J., Coleman L., Glenn F., and Mansfield P. (2010) *Relationship difficulties and help seeking behaviour*. London: OnePlusOne.
35. Gottman, J. (1994) *the seven principles for making marriage work: what predicts divorce? The relationship between marital processes and marital outcomes*. London: Orion
36. Harold G. and Leve, L. (2012) Parents as partners: how the parental relationship affects children's psychological development. In A. Balfour, M. Morgan & C. Vincent (Eds.), *How Couple Relationships Shape Our World: Clinical Practice, Research and Policy Perspectives*. London: Tavistock Centre for Couple Relationships
37. Ramm J., Coleman L., Glenn F., and Mansfield P. (2010) *Relationship difficulties and help seeking behaviour*. London: OnePlusOne.
38. Cowan, C. P., & Cowan, P. A. (2000). *When partners become parents: The big life change for couples* (Vol. xxi). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
39. Pinqart, M., & Teubert, D. (2010). A Meta-analytic Study of Couple Interventions During the Transition to Parenthood. *Family Relations*, 59(3), 221–231.
40. Houts, R.M., Barnett-Walker, K.C., Paley, B. and Cox, M.J., (2008). Patterns of couple interaction during the transition to parenthood. *Personal Relationships*, 15, 103–122.
41. Koivunen, J. M., Rothaupt, J. W., & Wolfgram, S. M. (2009). Gender Dynamics and Role Adjustment During the Transition to Parenthood: Current Perspectives. *The Family Journal*, 17(4), 323–328.

42. Hewison (2013). The importance of the couple relationship on mental health'. *Journal of Health Visiting*, 1(1), pp. 21-26.
43. Von Sydow (1999) Sexuality during pregnancy and after childbirth: A meta-content analysis of 59 studies. *Journal of Psychosomatic Research*, 47(1), 27-49.
44. Blanchard, V. L., Hawkins, A. J., Baldwin, S. A., & Fawcett, E. B. (2009). Investigating the effects of marriage and relationship education on couples' communication skills: A meta-analytic study. *Journal of Family Psychology*, 23(2), 203–214.
45. Cowan, P., & Cowan, C. (2003). Normative family transitions, normal family process, and healthy child development. In *Normal Family Processes* (3rd ed.). New York: The Guilford Press.
46. Ramm J., Coleman L., Glenn F., and Mansfield P. (2010) Relationship difficulties and help seeking behaviour. London: OnePlusOne.
47. Gottman, J. (1994) the seven principles for making marriage work: what predicts divorce? The relationship between marital processes and marital outcomes. London: Orion
48. Poole, E., Speight, S., O'Brien, M. and Connolly, S. (2013) What do we know about non-resident fathers? London: Modern Fatherhood.
49. Mansfield, P. (2009) Intervening Early: Helping couples manage relationship issues when they first arise. In Callan, S. and Benson, H. (Eds.) *What Works in Relationship Education? Lessons from Academics and Service*.
50. Poole, E., Speight, S., O'Brien, M. and Connolly, S. (2013) What do we know about non-resident fathers? London: Modern Fatherhood.
51. ONS (Office for National Statistics) (2013) *Families and Households*. Newport: ONS
52. Lev, A. I. And Sennott, S. L. (2012) Clinical Work with LGBTQ Parents and Prospective Parents. In Goldberg, A. E. and Allen, K. R. (Eds) *LGBT-Parent Families: Innovations in Research and Implications for Practice*. London: Springer; pp. 241–60.
53. Bergman K., Rubio R. J., Green R-J. and Padron, E. (2010) Gay Men Who Become Fathers via Surrogacy: The Transition to Parenthood. *J LGBT Fam Stud*. May 5; 6 (2):111–41.
54. Nordqvist P. (2010) Out of Sight, Out of Mind: Family Resemblances in Lesbian Donor Conception. *Sociology*. 44(6):1128–44.
55. Dempsey D. (2013) Surrogacy, gay male couples and the significance of biogenetic paternity. *New Genet Soc*. 32(1):37–53.
56. Priddle, H. (2015) How Well Are Lesbians Treated in UK Fertility Clinics? *Human Fertility*, June 17; (online first).

57. Nordqvist, P. (2012) Origins and Originators: Lesbian Couples Negotiating Parental Identities and Sperm Donor Conception. *Culture, Health & Sexuality*. March; 14 (3): 297–311
58. Nordqvist, P. (2015) 'I've Redeemed Myself by Being a 1950s "Housewife" ' Parent–Grandparent Relationships in the Context of Lesbian Childbirth. *Journal of Family Issues*. March 1; 36 (4): 480–500.
59. Dempsey, D. (2010) Conceiving and Negotiating Reproductive Relationships: Lesbians and Gay Men Forming Families with Children. *Sociology*. December 1; 44 (6): 1145–62.
60. Gartrell, N. K., Bos H, Goldberg, N. G., Deck, A. and van Rijn-van Gelderen, L. (2015) Satisfaction with known, open-identity, or unknown sperm donors: reports from lesbian mothers of 17-year-old adolescents. *Fertil Steril*. 103(1):242–8.
61. Coleman L., Mitcheson J., Casey P., Lloyd G. (2013) Couple relationships: Why are they important for health and wellbeing? *Journal of Health Visiting*. March 2013 Volume 1 Issue 3.
62. Rhodes H. (2012) A short guide to working with co-parents: Why we don't, why we should and how we could. <http://www.tccr.ac.uk/research-publications/practitionerguide>
63. Coleman L., Houlston C., Casey P., and Bryce Purdon Social Research (2013) A Randomised Control Trial of a Relationship Support Training Programme for Frontline Practitioners Working with Families. London: OnePlusOne
64. Clulow C (2011) Becoming Parents Together - Ten Things To Hold In Mind When Working With New Parents (and then some...) www.tccr.ac.uk/cpd/practitioner-guides-resources/204-becoming-parents-together
65. Bradbury, T. N., & Karney, B. R. (2004). Understanding and altering the longitudinal course of marriage. *Journal of Marriage and Family*, 66(4), 862-879.

Useful resources

OnePlusOne

ONLINE SERVICES FOR COUPLES

You will find many of the diagrams and information used in this guidance on the CoupleConnection thecoupleconnection.net, a free 24/7 web service for couples. The site also includes a service called the Listening Room, where individuals or couples can talk to a counsellor for 15 minutes free of charge.

www.splittingup-putkidsfirst.org.uk, a free 24/7 web service for parents who have decided that splitting up is their only option. The most important thing is that they do so in a way that is least harmful to their children. This service provides help and guidance including an online parenting plan and effective communication skills training.

RESOURCES AND TRAINING FOR PRACTITIONERS

[Brief encounters](#)[®] is a short training programme for health visitors that is available as an e-learning package or combined with a skills workshop. In two randomised control trials it was found to be extremely effective in helping health visitors to identify relationship distress and develop their skills to respond and refer appropriately (Simons and Reynolds 2001, 2003, Coleman, Houlston and Casey 2014).

[How to argue better: a resource for working with couples](#) is an evidence based programme for parents, using a behaviour modelling training approach to promote communication skills development and behaviour change in managing conflict.

[Me, you and baby too](#) is a new programme of psycho-educative resources that can be included in your antenatal offer to new parents to prepare them for the changes to their relationship and strengthen support for one another. This relationship package is currently being trialled in eight locations throughout England and will be available from September 2015.

For more information about any of these training programmes, please contact training@oneplusone.org.uk or visit our website www.oneplusone.org.uk

Elearning for health

(www.e-lfh.co.uk) provides two learning modules written by Penny Mansfield and Jan Mitcheson
OnePlusOne:

Parental Relationships Part 1: Influences and Effects

Parental Relationships Part 2: Practical Methods and Assessment

Tavistock Centre For Couple Relationships

Provide Couple Counselling and Psychotherapy, based in London.

020 7380 1960 or online booking www.booking-tccr.org.uk with costs based on ability to pay.

TCCR also offers a range of specialist services, some of which are currently free of charge because they are underpinned by government funding, and some of which are charged on an at-cost basis

Parents as partners programme (free)

Parents as Partners is a safe space for couples and co-parents to work out how to move forward if things have been difficult. The 16 Sessions (one per week) are led by trained group workers who work with both parents to foster long lasting change. Contact: parentsaspartners@tccr.org.uk.

Parents in dispute (free)

Counselling and group work service for parents who are currently, or have been, in the court system as a result of a struggle to work together to parent their children.

Contact: parentsindispute@tccr.org.uk

Parenting together (charged on an at cost basis)

A service for parents, whether living together, separated, divorced, following civil partnership dissolution, or in blended families, who are having difficulty parenting their children co-operatively and are in conflict over parenting issues.

Contact: 020 7380 1950

TCCR have published a series of briefing papers and guidance for practice that you may find useful

Why we don't, why we should and how we could

A short guide to working with co-parents

www.tccr.ac.uk/cpd/practitioner-guides-resources/200-a-short-guide-to-working-with-co-parents

Becoming parents together

Ten Things To Hold In Mind When Working With New Parents (and then some ...)

www.tccr.ac.uk/cpd/practitioner-guides-resources/204-becoming-parents-together

How attachment shapes family relationships

A guide for practitioners

www.tccr.ac.uk/cpd/practitioner-guides-resources/400-how-attachment-shapes-family-relationships

Developing the capability of the health visiting workforce to Offer early relationship support

www.tccr.ac.uk/policy-research/policy-briefings/690-health-visiting-briefing

Relate

Provide a range of counselling services across the UK's to people of all ages, backgrounds and sexual orientations to strengthen their relationships. Find out more about what we do and how we can help you here www.relate.org.uk

Fatherhood Institute

Provide a free online course to help you actively engage dads in the services you offer. Available at www.fatherhoodinstitute.org/training-and-consultancy/dads-included-free-online-course

NSPCC

Baby Steps is an evidence-based nine-session perinatal education programme co-developed by the NSPCC and Warwick University. Following a home visit, parents attend weekly group sessions in the six-weeks leading up to the birth, and a further three-sessions after the baby is born. The programme is delivered by a health professional (i.e. midwife or health visitor) and a children's services practitioner (i.e. nursery nurse, family support worker or social worker). This brings a crucial combination of skills to address the emotional, social and physical needs of expectant parents. Baby Steps has a number of underlying themes, including strengthening the parent-infant relationship as well as the couple relationship, improving parental levels of stress, anxiety and depression, and being as accessible as possible to disadvantaged groups who are likely to need it the most.

Policy documents

Department of Education and Department of Work and Pensions:

2010 to 2015 government policy: poverty and social justice.

www.gov.uk/government/policies/helping-to-reduce-poverty-and-improve-social-justice/supporting-pages/improving-family-stability

Department of Health (2014) Overview of Six High Impact Areas for Health Visiting.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/413127/2903110_Early_Years_Impact_GENERAL_V0_2W.pdf

Institute of Health Visiting

The iHV provides professional leadership and a range of resources, CPD activities and networks to ensure excellence and consistency in health visiting practice.

www.ihv.org.uk

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