

Issues Paper 05

Supporting parental and carer-couple relationships

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Introduction

For a long time, people have recognised the importance of the relationship between parents and children in producing good outcomes for children. In recent years, the focus has broadened to recognise that the quality of parental or carer-couple relationships also contributes to child wellbeing. Research suggests that parenting adults who have a good relationship also have or can develop good parenting skills, which will lead to better outcomes for their children. Where adult relationships are poor, the effects on children are more likely to be negative. This can lead to high personal costs for children and high economic costs for society.

Supporting all parenting adults is important but it is particularly important when families are in difficult situations, for example, where there is persistent poverty, conflict or violence, where one or both carers has mental or physical health issues, or where children have impairments or challenging impairments.

Why we need to support parenting adults

Good, stable family relationships are important for the emotional, physical, social and educational wellbeing of children. When adult relationships are poor, children's physical, psychological, emotional and intellectual health and social development can be affected. Children may become aggressive or withdrawn. If they have insecure emotional bonds with their parents they may find it hard to establish good relationships with others. On the other hand, children who witness constructive ways of dealing with conflict between their parents, learn constructive problem-solving skills to use in their own conflicts in the future. Witnessing constructive conflict also strengthens children's sense of security in the family as a source of stability, responsiveness, and love (Faircloth 2012).

These findings apply to both two-parent married couples and cohabiting couples (Lloyd 1999, Harold et al 2004, O'Connor & Scott 2007, Cowan & Cowan 2008). Couples who have received relationship support report positive outcomes for their children. They are also more aware of the impact of their behaviour on their children.

From the children's perspective, research shows that from as young as aged three, children can interpret and describe the actions and intentions of others, particularly parents and family members (Harold 2010). Their perceptions of responsibility and attributions of blame significantly affect their welfare.

When we need to support couples and carers

The ideal would be for couples and carers to be able to access support whenever they need it, but there are some key times when support for parental and carer couples is particularly helpful.

The transition to parenthood

The transition to parenthood is a challenging time for all couples. Couples' satisfaction with their relationship typically declines when the first child is born, as partners struggle to retain their focus on each other. Relationship issues can stem from changes in gender roles, the division of labour and perceptions of fairness and parenting expectations (About Families 2011, Parker and Hunter 2011). Because the nature and strength of the relationship before the pregnancy and birth set the tone for the dynamics through the toddler years, support for expectant couples needs to be available as early as possible (McHale 2007).

Children at risk

When children are identified as being at risk, health and social work professionals are often asked to assess their adult carers' parenting capacity. One aspect of this is the relationship between the caring adults within the household or across households. The assessments can include referrals to parent support services (Choate 2009, Crawford 2011).

Separation and divorce

The breakdown of a marital relationship or parental partnership can put children's wellbeing at risk. A Scottish paper (About Families 2011) suggests that many of the negative outcomes associated with separation and divorce are due to persistent parental conflict prior to the divorce, including poor communication and using children as go-betweens in arguments. Children thrive when parents have a cooperative co-parental relationship. However, this is difficult to sustain in the context of separation and divorce and can be complicated by the introduction of a step parent into the relationship (Amato 2004).

Step parents

Guzman (2004) notes that while we assume that biological parents have parental and financial responsibilities, step parents have to define and negotiate them and because step parenting roles are more ambiguous, the opportunity for conflict is greater. Adults in stepfamilies also have to define or redefine relationships with former spouses and in-laws. The effect of these relationships can be particularly strong during the early years of a new partnership, which makes this an important time for couple support.

Early intervention

The goals of early intervention with parents or carer couples are to:

- increase collaborative problem-solving
- decrease couple conflict
- increase co-parenting effectiveness (Cowan & Cowan 2010a).

Being inclusive

Father involvement

The quality of the parental relationship can also make a big difference to fathers' involvement with their children. Fathers in highly co-operative parental relationships tend to be very involved with their children, regardless of their satisfaction or investment in their father identity. In contrast, divorced fathers experiencing high levels of inter-parental conflict and little support, or active discouragement to enact their father identity, have lower levels of involvement with their children (Lamb & Lewis 2004).

Involving fathers has always been challenging. In Australia, Berlyn, Wise and Soriano (2008) identified effective strategies for recruiting and retaining fathers in programmes. These included:

- tapping into the networks of other local service provider and community groups
- passing information from one father to another
- using children and children's services
- promoting services in workplaces and other 'male spaces'

- highlighting programme benefits
- building rapport through shared experiences
- adopting a strengths-based, non-expert approach
- catering to male interaction and learning styles
- having facilitators who are skilled at working with men.

Same sex relationships

Lack of social support can undermine relationship quality in both heterosexual and homosexual parenting couples as it can increase conflict within the relationship.

Cultural factors

Culture shapes parenting values, goals, beliefs and practices, and influences who is involved in parenting. In many New Zealand families, including Māori and Pacific families and the growing African, Asian and Middle Eastern communities, caregiving responsibilities are routinely shared among a wider family network. Interventions aimed at addressing adult caregiver relationships need to acknowledge this and build on the strengths of participants' cultural backgrounds.

Programme features which create a safe and supportive environment, and accommodate whānau as well as individual participation, are important for the Māori community. While research recognises that Māori whānau are not homogeneous in their economic, social and cultural circumstances and aspirations (Cram 2012, Herbert 2001), the whānau is still an important source of support for Māori parents. In a recent study (Waldegrave et al 2011), Māori sole parents turned to whānau for support ahead of their partner, friends or community agencies. Programmes that want to improve adult relationships among Māori parents need to recognise this.

Pacific cultures share the concept of the extended family, which is expected to play a positive role in raising young children and providing social and family stability (Griffen 2006). Pacific parents, including sole parents regularly turn to aiga members beyond the immediate parent and child unit for support (Waldegrave et al 2011). This suggests that interventions will only be successful if they have a similarly broad base.

Webster-Stratton (1997) believes that for some cultural groups and low-income families, parent support programmes may work better if they focus more broadly on building community networks and community support. This is more likely to happen where:

- programmes are offered in the communities where families live or in children's schools
- programmes use a group learning model
- participants bring along their spouse, partner, or a close friend or family member.

Challenges to providing support

Couples tend to seek professional help for relationship difficulties only as a last resort. They are reluctant to seek help because they:

- do not want to discuss private relationship problems
- deny or do not recognise the seriousness of problems

- do not know what support is available or how to find it
- have negative experiences or perceptions of services (eg counsellors or mediators who are judgmental and/or take sides)
- have limited access to services (long waiting lists, restricted appointment times, long distances to travel, clash with other care commitments)
- find costs prohibitive (for counselling and mediation sessions, childcare and travel)
- are unwilling to give the impression of shared responsibility for what has gone wrong in the relationship.

Particular difficulties can arise for:

- fathers, if providers do not appear to offer a gender-inclusive service
- couples whose relationships are characterised by violence – they may fear that telling outsiders about their relationship will put their capacity to parent their children at risk
- couples from minority ethnic communities, who may fear disclosure within their community or think that service providers lack insight into their particular predicament (C4EO 2010).

Approaches to parent or carer couple support

Support for parental and carer-couple relationships can take many forms. Some initiatives focus on vulnerable families, some on new parents and carer-couples and some on parents who are separating or experiencing other kinds of difficulties. Some are delivered in association with parenting skills programmes; others focus only on the couple relationship. Researchers generally agree that effective interventions share some common characteristics. These are:

- Support should be easily available, affordable and non-stigmatising.
- Interventions or programmes need to recognise that no single model will work for all families – multiple service options are preferable.
- Long-term and continuous interventions are more beneficial than single interventions.
- Relationship support works better when it is offered both before and after the birth of a child.
- Support which specifically focuses on the parental couple relationship, however constituted, is more effective than support that focuses solely on parenting issues.
- Involving both parents is crucial.
- Programmes need to be delivered in culturally appropriate ways that accommodate the ethnic differences of the families taking part.
- Success is more likely in a group intervention where co-leaders listen and focus discussion so that mothers *and* fathers:
 - get their point of view heard
 - learn to tolerate their differences
 - explore how their early experiences play a role in their reactions to each other and to their children
 - take time to try more satisfying solutions to their marital and parenting problems
 - begin to tie this aspect of their lives together (Cowan et al 2009, 2010a)

Examples of interventions

Transition to parenthood

Research suggests that interventions at the transition to parenthood stage can be particularly effective.

In the United States, the **Becoming a Family Project** (Cowan & Cowan 2005) randomly offered couples expecting a first child to a 24-week couples group or a chance to be followed up with regular interviews and questionnaires. Each group had five or six couples and was facilitated by male and female co-leaders trained to work with couple and parent-child relationships. The results showed that the partners who worked regularly on family issues were satisfied with their couple relationship, while satisfaction among parents in the non-intervention samples declined from pregnancy through their first child's transition to primary school.

Another American initiative, the **Couple Care for Parents** (CCP) programme, has six units delivered over seven months. The units include an antenatal workshop, two home visits and three telephone support calls. They provide baby care and parenting information as well as skills training in areas related to relationship quality. Men and women participants who were rated high risk had higher relationship satisfaction than those who attended a mother-focused programme, but the impact on parenting was stronger for women than for men (Petch et al 2012).

Bringing Baby Home (www.bbhonline.org) is a two-day workshop that focuses on what to expect over the transition to parenthood, optimal child development and positive co-parenting, and strengthening couple friendship, intimacy and conflict regulation. Results indicate that couples had higher relationship quality, less interpersonal hostility, and markedly lower maternal post-partum depression and baby blues than a comparison group (Parker & Hunter 2011).

An Australian programme, **What Were We Thinking! Psycho-Educational Program for Parents** (WWWT- PEPP) is offered to parents soon after the birth of their first child. It aims to extend their knowledge and skills in managing infant needs and negotiating the new unpaid workload fairly. It also seeks to improve the quality of the couple relationship by addressing adjustment to changes in the intimate relationship between partners after the birth of a baby. It is designed as a two-session programme which can be offered to small groups four to six weeks after the birth at a time that is convenient to parents. It is usually facilitated by an experienced maternal and child health or early childhood nurse. Programme formats can include group discussion, active participation in problem-solving and negotiation, skills development and supported practice, short talks and practical demonstrations (Parker and Hunter 2011).

Working with vulnerable families

Interventions for high-risk families include the **Oregon Family-based Prevention Model**¹. This has been used with families experiencing separation and divorce, families who have re-partnered, families with young children or adolescents in foster care due to maltreatment or serious delinquency. Evaluations have shown positive outcomes in all settings. The model has

¹ <http://cfc.uoregon.edu/intervention.htm>

four components: parenting groups; couple/individual therapy; crisis management and child skills building

The parenting groups typically run once a week and are led by a trained facilitator and co-leader and cover core parenting practices and skills. The individual/couple therapy segment has individual sessions for parents, focusing on parenting behaviours and the family system within the couple relationship. The child skills building segment involves individual therapy, structured play groups for very young children, a weekly positive activity for adolescents and psychiatric consultation as needed. Crisis management is in the form of a telephone check-in and a therapist being available 24 hours a day seven days a week (Leve 2010).

The model can be adapted to suit different communities, as long as the six core elements are maintained. These are:

- Family- based programming
- Providing multiple service options, which recognises that no single model or intervention works for all families
- Strengths-based approach
- Developmentally appropriate material
- Working in partnership with existing family service agencies and ensuring that the intervention fits with the agency's mission
- Seeing parenting as a mediator of child adjustment.

Guidelines for assessing parental capacity

In both New Zealand and Canada, child protection agencies have developed protocols or guidelines for assessing parental capacity in the context of child protection. In both countries the focus is on the parent-child relationship with protocols/guidelines that include a section on the relationship between adult carers and the functioning of the whole family system within its cultural context (Choate 2009, Crawford 2011). Assessors can recommend that parents are referred to support services.

Separation and divorce

Mediation when relationships are breaking down can help to reduce conflict and improve communication and cooperation between separating or divorced parents. Using mediation services is associated with more contact and involvement between non-resident parents and their children 12 years after divorce (Kelly 2000). All-issues mediation appears to be more effective in reducing parental conflict and reaching agreements than child-focused mediation. Both parties need to commit to the mediation process for outcomes to be positive (About Families 2011). Research comparing collaborative forums for dispute resolution with litigation following separation, found that parents who mediated their dispute had significantly lower conflict with each other, and that both parents were significantly more involved in their children's lives (Emery et al 2001 in McIntosh et al 2009).

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