Supporting new parents: Does providing relationship support to new parents provide better outcomes for children?
This report was produced by About Families as part of a pilot of an Evidence Request System. It will outline key points, give comments on the range and type of research found and report on the findings. Spotlight boxes offering examples of programmes are included throughout. The appendix gives search details, keywords used and references. Weblinks for references are included where possible.

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About Families aims to ensure that the changing needs of parents, including families affected by disability, are met by providing relevant and accessible evidence to inform service development.

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1. KEY POINTS

**What do we know?** There is little evidence on whether providing relationship support for new parents improves outcomes for children. Evaluations of relationship support that exist tend to focus on outcomes for the couple, particularly in terms of relationship satisfaction and quality. Few evaluations consider outcomes for children, and these are assessed by asking parents rather than children. There is little evidence on the outcomes of relationship support that is targeted exclusively at new parents.

**It is normal for a couple’s relationship satisfaction to decline after the birth of a child.** Adjusting to new roles, conflicting expectations about parenting, reduced relationship and leisure time, and challenges in managing work-life balance can put pressure on relationships. The pressure associated with having a disabled child, living on a low income or suffering from postnatal depression can present additional strains. Conflict patterns between couples can start to emerge during pregnancy. However, conflict does not necessarily lead to unhappier relationships. How conflict happens and is dealt with is what matters, and can influence the impact it has on children.

**Evidence suggests a strong link between a couple’s relationship quality and outcomes for children.** Good and stable family relationships are important for the emotional, physical, socio-economic and educational well-being of children. Good couple relationship quality also increases fathers’ involvement with their children, which can have positive outcomes for children.

**For children, minimising the effect of parental conflict is the key outcome of couple interventions.** Children who experience parental conflict potentially have worse outcomes in terms of emotional and behavioural problems, social competence, academic achievement, and health.
Couples who have received relationship support identify positive outcomes for their children, including an improved parent-child relationship. Some parents reported feeling they were better able to deal with the birth of a child or a child’s ongoing care. Moreover, strengthening a couple’s relationship can help to prevent negative relationship patterns being passed on to their children. Couple interventions can increase parents’ awareness of the impact of their behaviour on children.

The benefit of relationship advice and support is recognised by parents and carers. Support should be easily available, affordable and non-stigmatising. Parents have suggested that information about relationship support should be routinely provided when couples register to get married or a child is born.

Relationship support works better when it is offered both before and after the birth of a child and acknowledges that couples face different challenges during pregnancy and following the birth.

Parenting support services are more effective in improving outcomes for children if combined with interventions aimed at improving the couple relationship. These interventions are also more likely to have a longer lasting impact. Parents who have participated in parenting programmes have expressed a wish for such programmes to include more relationship support.
2. COMMENTS ON THE RESEARCH

Summary

There is little evidence on direct links between providing relationship support services to new parents and outcomes for children. Where outcomes for children are measured, this is done by asking their parents (e.g. Relate 2009). There is, however, a strong link between relationship quality, parenting and outcomes for children. It is reasonable to suggest that if relationship support can improve couple relationship quality then this is likely to be beneficial for children.

It is difficult to link children’s outcomes to single factors or interventions. There are ethical and practical issues around carrying out evaluations with children. Since a range of factors can have an influence on family life at the same time, it is difficult to draw direct conclusions about the influence of couple interventions on children’s outcomes. For example, a couple’s relationship difficulties may exist alongside other difficulties that can lead to poor outcomes, such as health or financial problems (Centre for Excellence and Outcomes in Children and Young People's Services, C4EO 2011).

Our knowledge about any differences between cohabiting and married parents’ relationship quality is limited. Most of the relevant research focuses on married couples which makes comparison difficult. Some research shows that cohabiting couples report poorer relationship quality and are more likely to separate (Brown & Booth 1996, Stanley et al. 2004). However, other research suggests that cohabiting couples who have lived together for a long time have similar levels of relationship satisfaction and frequency of conflict as married couples (Willetts 2006). The evidence is not settled about whether marriage is a more stable arrangement than cohabitation (CRFR 2010). For this report we could not identify any evidence on differences in the impact of couple relationship interventions for children of married or cohabiting couples.
For these reasons, this brief report includes evidence on factors that put pressure on couple relationships between new parents; the link between relationship quality, parenting and children’s outcomes; relationship support; and parenting support. These areas provide a relevant context to consider outcomes for children whose parents receive relationship support.

This report uses the terminology of the evidence cited. Where possible, it clearly states if evidence is referring to cohabiting or married couples.

**Gaps in evaluation**

**Evidence is needed on outcomes for children where couple relationship support is provided.** Most evaluations of couple relationship interventions (e.g. the Measuring Outcomes Project, Relate 2009) focus on the adult couple and rarely assess children’s outcomes (C4EO 2011).

**Information is needed on children and young people’s views** of parental relationship quality and the effectiveness of relevant interventions (C4EO 2011).

**More evidence is needed on which interventions work best for couples affected by relationship difficulties, especially in the transition to parenthood.** There are few evaluations of interventions for parents and children affected by parental conflict, particularly where domestic violence is an issue. Evaluations that are available tend to be methodologically flawed and rarely include follow-up measures. There is also a need to separate out conclusions that relate to all couples as opposed to parenting couples only (C4EO 2011). There are particularly large gaps in evidence relating to new parents, including parents not in a particular risk group but experiencing the challenges identified as being associated with transition to parenthood.
3. REPORT ON FINDINGS

a) Relationship issues related to having children

It is normal for couple relationship satisfaction to decline after the birth of the first child. Having children puts pressure on relationships and parents are generally less satisfied with their relationship than childless couples. Marital satisfaction decreases with the number of children a couple have. Mothers are most unhappy with their relationship when children are very young. For fathers, the age of the children does not make a significant difference (Twenge et al. 2003).

Gender roles can become more traditional following the birth of a child. This can be challenging for couples who do not generally hold traditional views over gender roles. Women who give up a professional role (along with the respect and satisfaction attached to it) in exchange for a care-giving role can feel unsatisfied. Often, they don’t feel sufficiently supported by their partners (Simpson and Rholes 2008). Disagreement over the roles of ‘mother’ and ‘father’ can create additional dissatisfaction and tension in couple relationships (Huston 2009).

Discrepancy between expectations about mutual support and reality is a key factor underlying relationship dissatisfaction. Parents report lower relationship quality if their expectations about division of household labour are not met (Wicki 1999).

Children’s characteristics can have a big impact on relationships. Some of these characteristics, such as temperament or attachment security, may not be immediately evident at birth. Other factors, such as gender, are immediately evident. Mothers and fathers engage differently with sons and daughters. However, the gender of the child does not have an independent effect on the quality of the parents’ relationship (Howard and Brooks-Gunn 2009).
The pressures associated with having a disabled child can place additional stress on the relationship between parents. Couples who have babies with health problems can experience a decrease in mutual support and couple bonding (Howard and Brooks-Gunn 2009).

Couples who spend leisure time together have improved relationship satisfaction. In contrast, spending a lot of recreational time with friends but without partners can be detrimental to relationship quality. Couples experience a sharp decline in leisure time in the last three months of the pregnancy and the first three months after birth. New parents spend large amounts of time together doing instrumental tasks, but less time in recreational activities. Any shared leisure time that new parents do have is usually with the baby. New fathers spend less time with their friends than mothers do, probably because it is socially more accepted to include a baby in leisure activities with friends and family for women than for men. Spending leisure time together before the birth of the first child can have a positive effect on a couples’ future relationship quality, since they are able to establish leisure patterns that they can more easily return to (Claxton and Perry-Jenkins 2008).

Differing expectations about sexual activity following childbirth can lead to relationship difficulties. Men can feel pressured by sexual and social stereotypes of masculinity during the transition to fatherhood. However, it is normal for couples’ sexual activity to decline following the birth of a child. Activity declines sharply from pre-pregnancy and only increases slightly towards the end of the first year following the birth. Reasons for this include the physical effects of the birth, tiredness, and the fact that the couple’s attention is directed more towards the child than to each other. In order to get sex life ‘working’ again after childbirth, both partners need to feel comfortable with the new family situation. This may be helped if fathers get involved in the care of the baby and household tasks (Olsson et al. 2010).

Work-related issues can place additional stress on the couple relationship. The loss of income as a result of the mother leaving work can lead to financial difficulties and related emotional distress (Twenge et al. 2003). Husbands’ long
working hours can lead to both husbands’ and wives’ dissatisfaction and increased conflict in the relationship. For wives, working fewer hours than they would prefer can be a source of dissatisfaction, but there is no evidence that this in itself leads to couple conflict. For men, working longer hours can mean they are excluded from aspects of family life and childcare tasks and is a key source of conflict for new parents (Kluwer 2010). Couples on lower incomes often work alternating hours in order to manage childcare. This means they have less time together as a couple which puts more pressure on relationships (Perry-Jenkins, Goldberg, and Pierce 2005, cited in Goldberg and Sayer 2006).

The link between income levels and relationship quality during transition to parenthood is complex. Low-income levels can contribute to stress for parents (Wicki et al. 1995, cited in Wicki 1999). Moreover, couples with low incomes are likely to be younger, less educated and married for fewer years than couples with higher incomes and may have less time, energy, commitment and financial resources to contribute to parenthood (Kluwer 2010). However, other studies show that relationship quality after childbirth declines more in high-income couples, since better-off couples are more likely to experience conflict over roles and reduced levels of freedom as well as a drop in income (Twenge et al. 2003).

Conflict does not necessarily lead to unhappier relationships. How conflict happens and is dealt with is what matters, and can influence the impact it has on children (Mountney and Morton 2011). However, conflict can also disrupt the relationship harmony, take up energy and time, and be detrimental to physical, mental and family health (Kluwer and Johnson 2007). Conflict patterns between new parents usually start during pregnancy. Frequency of conflict during pregnancy can predict a couple’s relationship quality over time (Kluwer and Johnson 2007).

Lack of social support can undermine relationship quality in both heterosexual and homosexual parenting couples as it can increase conflict within the relationship. While a supportive environment is important for all parents, gay and lesbian parenting couples often encounter particular
difficulties: they may experience discrimination or lack of recognition from their family, the workplace and professional services. Gay and lesbian parenting couples report receiving more support from friends than from their families. In lesbian couples, non-biological mothers are often unhappy that the additional household tasks and work responsibilities they take on while their partner is pregnant are not rewarded with the same attention as the ‘work’ that the partner does in carrying the child (Goldberg and Sayer 2006).

**Both mothers and fathers can experience symptoms of depression following the birth of a child, although fathers are less at risk.** Factors associated with higher risk of depression include low mutual support and high levels of sensitivity (e.g. interpersonal awareness, need for approval, separation anxiety, timidity). Parents with previous experience of depression are more likely to experience postnatal depression (Matthey et al. 2000).

b) **Couple relationship quality and outcomes for children**

Although few evaluations of couple relationship interventions assess outcomes for children, evidence shows a strong link between couple relationship quality, parenting and outcomes for children. This link has been researched extensively, especially regarding parental conflict and separation. If relationship support can help to improve a couple’s relationship quality it is reasonable to suggest a benefit in outcomes for children.

**There is compelling evidence on the importance of stable family relationships for the emotional, physical, socio-economic and educational well-being of children** (Mansfield 2005, Strohschein 2005, Dunn 2008). Parents affected by relationship difficulties, especially those characterized by destructive conflict, show poorer parenting, poor quality parent-child relationships and poor long-term emotional, social and educational outcomes for children (Harold et al. 2007). The evidence is not settled about whether marriage is a more stable arrangement than cohabitation (CRFR 2010).
Children’s cognitive, social and emotional development is not affected by whether or not their parents are married, once differences in other characteristics between married and cohabiting families are taken into account (such as financial differences). Relationship stability, however, has positive outcomes for children, irrespective of the marital status of parents (Goodman and Greaves 2010) or family structure (CRFR 2010).

Good relationship quality increases fathers’ involvement with their children and improves outcomes. Fathers who are unhappy in their relationships tend to be less involved with their children, especially their daughters, and less nurturing (Cowan et al. 2006, Tyler 2008). Children whose fathers are involved in their learning tend to have better mental health and do better at school, even after accounting for the fathers’ socio-economic status and education (Flouri and Buchanan 2001 cited in Family and Parenting Institute [online]).

**Programme spotlight – The Supporting Father Involvement Project**

**Increasing fathers’ involvement by working with couples:** An American study compared two versions of a preventive intervention aimed at increasing fathers’ involvement in a randomized clinical trial: one was a 16-week-group for fathers only and the other a 16-weeks-group for couples. Both groups met for two hours a week and followed the same structured curriculum of discussions, exercises and presentations on issues of parenting and the couple relationship. Although the programme did not purely focus on the couple relationship it contained therapeutic elements. The participants in the couples’ groups showed more consistent, longer term positive effects in terms of relationship quality, fathers’ involvement and children’s behaviour than those in fathers-only groups.

(Cowan et al. 2009)

Negative outcomes for children from divorced families can often be traced to conditions which pre-date relationship breakdown. Children from divorced families generally tend to do less well in terms of, for example, school attainment and mental health. However, many of these negative outcomes are
due to persistent parental conflict prior to the divorce, including poor communication and using children as go-betweens in arguments. In other words, differences found between children from intact and non-intact families do not stem from the family breakdown, but from the nature of the family environment before the parental relationship dissolved (Price and Kunz 2003, cited in C4EO 2011).

**For children, minimising the effect of parental conflict is the key outcome of couple interventions** (Cowan and Cowan 1992). The following paragraphs show potential negative outcomes for children who experience parental relationship difficulties and conflict:

**Children’s emotional and behavioural outcomes**
Parental conflict is a key factor in *behavioural* difficulties in children. Children may adjust to their parents’ conflict by externalizing problems in the form of aggressive, hostile, anti-social, non-compliant behaviour, delinquency or vandalism. A significant proportion of children diagnosed with attention deficit disorder experience a lot of conflict in their family homes. Parental conflict is also associated with *emotional* problems in children such as depression, anxiety, withdrawal or dysphoria. Emotional problems can exist alongside behavioural problems or on their own (Harold et al. 2001).

**Children’s attachment and social competence**
Relationship difficulties can interfere with couples’ ability to provide the warmth, security and care that children need to develop. Parents who experience relationship difficulties may be less able to develop secure bonds with their children. As a consequence, children may also find it difficult to establish good relationships with others (Harold et al. 2001).

**Children’s academic achievement**
Children who experience parental discord tend to perform worse in school. They are more likely to be disruptive in class and have poorer cognitive competence (Harold et al. 2001).
Children’s health outcomes
Maternal stress arising from relationship problems during pregnancy has been associated with behavioural and anxiety disorders, attention deficit disorder and hyperactivity in children (Bergman et al. 2007).

Children’s health behaviours (such as drinking and smoking) can be influenced by their experience of parental discord. Children tend to adopt behaviours that pose a threat to good health if they experience a neglectful rather than supportive family environment (Harold et al. 2001).

And what do children think?
Children dislike conflict within the family but value good relationships, love and support (Utting 2007). Seven out of ten teenagers say that their mother and father getting along well (even if they are not living together) is one of the most important factors for raising happy children.

In contrast, only a third of the parents thought that their relationship would be relevant to raising children (NFPI 2000, cited in Mansfield 2005). In a survey conducted by Parenting across Scotland (2010), 85% of parents said that their children were either not aware of parental conflict or it did not affect them.

This suggests that young people and children may place more importance on, and be more aware of, the quality of their parents’ relationship than the parents themselves realise.
c) Relationship support and outcomes for children

Few evaluations of relationship support services assess outcomes for children. Where they do, this is generally done by asking the parents about their views rather than assessing outcomes for children directly.

Couples who have received relationship support report positive outcomes for their children. For example, a study commissioned by ACCORD Catholic Marriage Care Service (McKeown et al. 2002) found that six out of ten clients who had received relationship counselling felt it had benefited their relationship. About two-thirds reported that counselling benefited both themselves and their children. This study also found dramatic reductions in stress levels both at the end of counselling and six months later.

Programme Spotlight: Relate Relationship Counselling

What do parents think about child outcomes? A part of their Measuring Outcomes Programmes, Relate has evaluated 29,000 questionnaires of couples and individuals who have used their relationship counselling service.

- 72% rated their relationship with their children as ‘good’ or ‘very good’ after using the service, compared with 63% before.
- 72% of clients for whom the question was relevant felt they were better able to deal with the arrival of children, or their ongoing care.
- 41% of clients felt that seeking help with their couple relationship had had a positive effect on their children’s behaviour.
- 40% of clients felt that seeking help with their couple relationship had had a positive effect on their children’s distress.
- There was a 20% decrease in days taken off school by children whose parents used Relate services.

Relate (2009)

Strengthening a couple’s relationship can help to prevent negative relationship patterns being passed on to their children. Focusing on the couple relationship can therefore benefit the whole family system (Relate 2009).
Couple interventions can increase parents’ awareness of the impact of their behaviour on children. The following example of a mediation service shows that interventions aiming to strengthen couple relationships can help parents to become more aware of how their children might perceive family relationships, and the impact that parental behaviour might have on children (The Parenting Fund [online]).

Programme Spotlight: IMPACT – A Family Mediation Service and Child Contact Centre in South Tyneside
This service was aimed at strengthening the couple relationship and assisting couples (also separated or divorced parents) to work better together in order to minimize their negative impact on the children. After the intervention, 70% of the parents said that they were now more aware of how their conflict can affect their children. 92% of the fathers said that they were now more aware of how their behaviour affected the children.

The Parenting Fund [online]

**d) Relationship support for parents**

The benefit of relationship advice and support is recognised by parents and carers. A panel of ten parents and carers, convened by The Family and Parenting Institute, suggested

- Give more information about relationship difficulties, including that it is normal to have ups and downs.
- Routinely give information about support and services when couples are registered to get married and/or when babies are born.
- Provide more information about how to recognise a couple’s need for help, what help there is and how to get it.
- Ensure that help and support is available at all times, because relationships come under strain at so many different points (when a child is born, when people get ill, when jobs are lost, etc.)
• Encourage couples to spend regular child-free time together – one parent suggested that baby or child care services ought to be mandatory or at least 4 hours per week.
• Ensure that parents have someone to talk to (e.g. a health visitor or a designated advice worker).
• Have support groups where people can share experiences.
• Integrate counselling with community-based services, to make it more easily available and affordable, and to reduce stigma.

(C4EO 2011: 16-17)

Long-term and continuous couple interventions are more beneficial than single interventions. A continuous service can have stronger positive impacts since they offer couples more time for learning and developing new communication and coping skills (Pinquart and Teubert 2010).

Relationship support works better when it is offered both before and after the birth of a child rather than focusing on one phase only. Services can benefit from acknowledging that couples face different challenges during pregnancy and after childbirth (Pinquart and Teubert 2010).

Programme spotlight: One Plus One’s Brief Encounters
This training course for health visitors and other primary care personnel aims to help professionals identify relationship difficulties and guide couples towards appropriate services around the time of transition to parenthood. Evaluations using randomized controlled trials have been positive: staff participating in training identified 21% of couples in intervention clinics with relationship problems compared to 5% in the control group, and offered help to 18% of all couples compared to 3% in the control group. Evaluations do not include direct outcomes for children, but the findings suggest that health professionals can play an important role in getting support to couples with relationship problems.

One Plus One [online]
e) Developing the couple dimension in parenting support

Generally, parenting programmes emphasise the outcomes of parenting style, parenting quality or child-adult relationships. Less attention is placed on how the parental relationship affects children. Therefore, traditional parenting services tend to aim at improving child-parent interactions but have little impact on the marital relationship (Mansfield 2005).

**Parenting support is more effective in improving outcomes for children if combined with interventions aimed at increasing the couple relationship quality.** Interventions aimed at the couple relationship are also more likely to have a longer lasting impact. A study with couples during the three months before and after the birth of their first child found that the birth of a child leads to significant changes in husbands’ and wives’ sense of selves as individuals and as couples, and that these changes impact on the relationship that parents form with their children. In this study, parenting programmes included a focus on the couple relationship and as a result participating parents were able to reflect on these changes and their implications (Cowan and Cowan 1992). If couple support can help to improve the marital relationship, this is likely to benefit parent-child relationships (Cowan and Cowan 1995). Therefore, combining couple-focused interventions with parenting support is likely to strengthen positive parenting outcomes (Pinquart and Teubert 2010).

**Parents want information on couple relationships to be part of parenting services.** In a British study on the needs of parents in pregnancy and early parenthood (Deave et al. 2008), most parents were surprised by the demands that having a baby placed on their relationships. Although after the child’s birth parents understood what and why some changes were happening, they expressed sadness and bemusement that relationship issues had not been discussed in any support services. Parents said they would have preferred to have been warned about these changes in advance (Deave et al. 2008).

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**Programme Spotlight: Making the link - developing the couple dimension in parenting support**
A service by The Tavistock Centre for Couple Relationships in partnership with Greenwich Mind: This service was specifically designed to improve children’s outcomes by working with couples. It offered a combination of relationship counselling, postnatal support groups for mothers, parenting workshops and individual parenting consultations to 272 parents during 2007-2008. Participants showed a high improvement in both depression and relationship satisfaction. The service evaluation concluded that ‘although there is no information about how this impacted on children, it is fair to assume that parents who are less depressed and more satisfied in their relationships are more likely than others to be available to their children in ways that support their well-being and development.’

The Tavistock Centre for Couple Relationships [online]

Programme Spotlight: Bringing Baby Home (Australia)
The Australian programme aims at improving babies’ and children’s quality of life by strengthening family relationships. It delivers a number of workshops and support groups offered to expectant parents in hospitals. The service was evaluated by a randomized clinical study. Couples taking part experienced higher relationship quality in the first year of the baby’s life than those who did not take part. Participating families showed better parent-child relationships, e.g. greater responsiveness to the child’s signals, as well as improved father involvement. One-year old infants whose parents had taken part in the programme showed less language delays and less distress in response to limitations (such as having a toy out of reach).

Bringing Baby Home [online]

4. CONCLUSION
This brief report has reviewed available evidence relating to relationships between parents; the link between relationship quality, parenting and children’s outcomes; relationship support; and parenting support.

A range of evidence was drawn on, including academic literature, reports published by not-for-profit organisations and conference reports. As highlighted earlier, evaluations of interventions for parents and children affected by parental conflict tend to be methodologically flawed. Due to the type of evidence available and variety of sources it has not been possible to carry out a meta-analysis of studies in this area. Since the evidence drawn on is presented in a variety of ways, it is not always possible to judge the robustness of outcomes of studies or evaluations.
5. APPENDIX

About Families Evidence Request System

This brief evidence report has been produced by About Families as part of a pilot of an Evidence Request System. It aims to help services supporting parents, including families affected by disability, to develop services that are based on reliable evidence. The pilot of the system is yet to be evaluated at the time of writing this report.

How the research was carried out

Existing evidence was searched for in the following way:

Research standards: To ensure high quality, evidence drawn on is either peer-reviewed\(^1\), publicly funded or produced by government bodies. Where relevant, grey literature\(^2\) has been drawn on to inform the report and limitations in methodology and robustness of findings are highlighted. The draft report was peer-reviewed.

Key sources searched

- ASSIA (Applied Social Sciences Index and Abstracts)
- Barnardo’s
- Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)
- Centre for Research on Families and Relationships
- Family and Parenting Institute
- Google Scholar
- Growing up in Scotland
- Institute for Social and Economic Research (ISER), University of Essex

\(^1\)Peer review is a process used to ensure the quality of academic work through a process of academics with similar expertise reviewing each others’ work

\(^2\)Grey literature refers to documents that are not found through publishers or databases, such as company reports, reports published by not-for-profit organisations, and conference reports. Such literature is generally not peer reviewed.
• Joseph Rowntree Foundation
• National Academy for Parenting Research, King’s College London
• National Centre for Social Research (NatCen)
• National Children’s Bureau
• National Institute for Clinical Health and Excellence (NICE)
• One plus one
• Parenting UK
• PsychInfo
• Relate
• Scottish Centre for Social Research
• Scottish Government
• The Knowledge Network (NHS)
• The University of Edinburgh Research Archive (ERA)
• UK Government
• Web of Science academic database

Keywords
Searches were conducted using combinations of: new parents, having a child, transition to parenthood, romantic relationship, couple relationship, child birth, relationship difficulties, relationship support, outcomes for children, parent/carer relationship interventions.

Place of publication
This report has drawn on grey literature from the UK and academic literature from the UK, USA and Australia. Single relevant studies and reviews published in Canada, Germany, Ireland, Sweden and Switzerland have also been included.
References


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