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Stronger relationships for a stronger society

A 2025 vision for supporting good quality relationships
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About the author

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1. **Introduction: a 2025 Vision**

1.1. **Why good quality relationships matter**

The evidence is now indisputable: good quality relationships do not only give our lives meaning; they are also critical to our wellbeing and impact on a vast array of outcomes of interest to policymakers, including parenting, educational attainment, child and adult mental health and wellbeing, quality of life for people in later life, and even preventing crime and anti-social behaviour. Our capacity for forming and maintaining relationships – our ‘relational capability’ – directly impacts on our ability to achieve things we value – being healthy, being happy, having self-respect, having a good job, being safe. In this sense, good quality relationships are both a means to wellbeing and also constitutive of wellbeing.

1.1.1. **The economic case for investing in relationships**

The potential negative consequences of poor quality relationships and relationship breakdown do not only affect the individuals concerned; there is increasing recognition of the substantial financial costs to the state incurred in picking up the pieces. The cost of relationship breakdown has been estimated at £47 billion in 2015, and there is therefore a powerful economic argument for taking relationships seriously as a public policy priority: if we want to reduce demand on public services, we need to invest in good quality relationships.

Moreover, good quality relationships are also the bedrock of a successful economy. While divorce, for example, can increase employment instability, improving the quality of relationships and reducing the likelihood of breakup can have the opposite effect. Relationship quality is also positively linked to work engagement, and job performance is associated with wellbeing and relationship satisfaction.

1.1.2. **Good quality relationships as a foundation to health and wellbeing**

A significant body of research documents the benefits of good quality, stable relationships across the life course for physical and mental health. Research shows the importance of good-quality relationships for health, life satisfaction, and wellbeing. In terms of physical health:

- People in good quality relationships have lower blood pressure than those in poorer quality relationships, while marital stress increases the risk of recurrent coronary events, and marital quality even predicts patient survival among patients with chronic heart failure.
- Poor quality relationships are also linked to increased risky health behaviours, including alcohol misuse, smoking and substance abuse.
- Loneliness is estimated to be as harmful as smoking 15 cigarettes a day.
- Close couple relationships can slow the rate of decline in people with dementia and even delay admission to hospital or care homes.

Relationship breakdown can also have impacts on health, with a major evidence review finding an ‘unequivocal association’ between this and general adult ill health as well as more specific conditions such as coronary heart disease and raised blood pressure. But
it is the quality of the relationships which is key: not only do people in poor quality relationships have worse health than those in happier ones, but poor quality relationships are also worse for our health than none: unhappily married people are at greater risk of poor health than divorced people, and single people have lower blood pressure than people in unhappy marriages.

The evidence is similarly clear on the importance of good quality relationships for mental health:

- Relationship distress is linked to depression and anxiety.
- While evidence suggests the poor relationships-depression link runs in both directions, there is stronger support for depression as an effect of poor quality relationships, and marital dissatisfaction predicts increased depressive symptoms over time.
- Studies find over 60% of those with depression attribute relationship problems as the main cause, and indicate that treatment of relationship distress may alleviate up to 30% of cases of major depression.
- Researchers estimate that 14% of adults who have very poor quality social relationships will experience depression later in life, compared to seven percent of adults with high quality relationships.

Relate’s recent report with New Philanthropy Capital on the links between relationships and long term health conditions highlighted how health and relationships interplay with each other, with good quality relationships being crucial protective factors which shield us from the effects of long term health conditions, aid recovery, and can prevent illness in the first place, while poor quality relationships are risk factors.

### 1.1.3. The importance of good quality relationships for children’s life chances

Even more compelling than the economic and individual adult health reasons for strengthening relationships, however, is the impact on children’s wellbeing and the intergenerational transmission of disadvantage:

- Children growing up with parents who have low parental conflict – whether together or separated – enjoy better physical and mental health, better emotional wellbeing, higher academic attainment, and a lower likelihood of engaging in risky behaviours.
- Children whose parents have poorer relationship quality have more externalising behaviour problems (e.g. hyperactivity, aggression).
- Inter-parental conflict can result in impaired parent-child relationships and can affect children’s and adolescents' wellbeing and development, leading to increased anxiety, withdrawal and depression, and behavioural problems including aggression, hostility and antisocial behaviour and criminality.
- Parental relationship breakdown doubles the likelihood of children experiencing poor outcomes such as behavioural difficulties compared to children whose parents remain together, with evidence showing associations between parental relationship breakdown and child poverty, behavioural problems, distress and unhappiness, poorer educational achievement, substance misuse, physical and emotional health problems, teenage pregnancy, and increased risk of children’s own relationships.
However, the evidence shows that poor outcomes are by no means guaranteed, and there are mediating factors which explain why some children are negatively affected while most are not:

- Poverty and the quality of the relationships surrounding the child are crucial.\(^{39}\)
- The negative impacts of parental relationship breakdown are predominantly rooted not simply in family re-organisation per se, but in the compounding conflict.\(^{40}\)
- Inter-parental conflict which is frequent, intense and poorly-resolved, as well as non-acrimonious conflict (e.g. emotional withdrawal, lack of warmth), are detrimental to children’s development.\(^{41}\)
- The quality of the co-parental relationship post-separation is also associated with the level of parents’ engagement with their children,\(^{42}\) as well as to fathers’ sense of efficacy, with fathers involved in shared decision making about their children being more likely to feel more competent and confident as parents.\(^{43}\)

In particular, the Government’s identification of poor quality relationships as underlying root causes of disadvantage has been a primary driver of the current policy interest in relationships. The Department for Work and Pensions’ (DWP) Family Stability Review identified safe, stable, and nurturing family relationships as key determinants of children’s outcomes, and poor quality relationships and unstable family environments (especially where there is frequent and poorly resolved conflict and multiple family transitions) as costly to the state and child outcomes, and ministers have indicated that family instability will be identified as a root cause of deprivation in the emerging Life Chances strategy.

### 1.1.4. Relationship quality

So, the evidence is clear that relationships are centrally important to adults’ and children’s wellbeing. It is concerning, therefore, that many people are experiencing strain on their relationships. In a survey of the UK’s relationships in 2015, nine per cent of respondents in relationships said they argued with their partner more often than not, most of the time, or all of the time.\(^{44}\) Other research has also worryingly indicated that approximately 20-25% of the population are estimated to be in relationships of poor quality.\(^{45}\)

The evidence also highlights particular pressure points which can lead to deterioration in relationship quality, including the transition to parenthood, unemployment, parenting a disabled child, and caring for a partner with poor health. For example, Relate’s research shows that parents of young children are often under particular pressure: 61% of parents reported money worries were a top strain (compared to 47% of childless people), and people with children under five were more likely to cite household chores, working long hours or lack of work-life balance, and family rows as relationship strains.\(^{46}\)

### 1.2. Investing in good quality relationships

Given the evidence for their importance, then, there is a clear case for action to support the formation and maintenance of good quality relationships. In recognition of this, policy makers have focused increasing attention on supporting relationships to be of good
quality. Government has:

- Invested £30 million in relationship support over 2011-15 and committed to at least £7.5 million for relationship support per annum\(^47\) (repeated as a manifesto commitment for the present Parliament);\(^48\)
- Invested £20 million into information and support for separating parents to help them stay involved in their children’s lives and work together – including an Innovation Fund for Help and Support for Separated Families;
- Introduced a ‘Family Test’ requiring all new policies across Whitehall to consider the impact they might have on family relationships;\(^49\)
- Launched pilots of relationship support within antenatal classes, and new guidance for Health Visitors;\(^50\)
- Introduced shared parental leave;
- Commenced work on piloting a ‘Local Family Offer’ with select local authorities to integrate services, see what works, and spread best practice;
- Attempted to strengthen the role of mediation in the family justice system;
- Positioned relationship breakdown as a pathway to poverty and recognised the importance of promoting good quality relationships within the Government’s core agenda to improve life chances for children.\(^51\)

However, there is still some way to go to ensure that a focus on promoting and supporting good quality relationships is embedded across policy and practice. Our vision for 2025 is to see this gap closed.

1.3. Relationships and wellbeing in policy

One potentially fruitful avenue for advancing the case for supporting relationships would be to more explicitly link this issue to the wider wellbeing agenda – given the centrality of relationships to our wellbeing. As experts in the field have observed:

Social connections, including marriage, of course, but not limited to that, are among the most robust correlates of subjective wellbeing. […] In fact, people themselves report that good relationships with family members, friends or romantic partners — far more than money or fame — are prerequisites for their own happiness.\(^52\)

Our wellbeing and our personal relationships are inextricably linked:

- Relationships with friends and family are top of the nation’s list of things that matter most to wellbeing, joint with health (89%).\(^53\)
- The Office for National Statistics (ONS) identifies relationships as a domain which influences subjective wellbeing\(^54\) and includes satisfaction with family life, social life, and the extent to which people have a spouse, family member, or friend to rely on in its national wellbeing measures.\(^55\)
- The 2008 Commission on the Measurement of Economic Performance and Social Progress (the ‘Stiglitz Commission’) counted social connections and relationships among its eight recommended core components for measuring national wellbeing.\(^56\)
- The 2014 Commission on Wellbeing and Policy similarly recently recognised the role of relationships in wellbeing, noting that across the world, the quality
of home life – which is ultimately based on family relationships – is a universal ingredient of life satisfaction.57

- The ONS also recognises that social capital – our relationships, networks and shared values that enable our society to function – is a key influence on our wellbeing.58

The wellbeing agenda has gained traction in recent years, with a shift away from measuring societal success purely by economic growth and a growing international consensus around additional national indicators of economic and social progress to supplement established measures – as seen, for example in the ‘Stiglitz Commission’ 59 picking up a theme advanced four decades earlier, by presidential candidate Robert Kennedy, who argued that:

[Gross National Product] does not allow for the health of our children, the quality of their education or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our devotion to our country, it measures everything in short, except that which makes life worthwhile.60

The need to promote citizens’ wellbeing has been recognised in UK policy by a number of initiatives including:

- The National Wellbeing Programme to measure the quality of life launched by the Prime Minister in 2010;
- Annual statistics on UK wellbeing published by the ONS based on a new set of national indicators61;
- Recognition that the health service has a responsibility not only to treat disease, but to promote wellbeing;62
- Recognition from the Department of Health (DH) that a policy focus on wellbeing will improve health, and is subsequently likely to reduce burden on health services;63
- Public Health England identifying wellbeing as a key driver of public health;64
- A new definition of wellbeing in the Care Act 2014, which recognises the centrality of relationships and social connections to our wellbeing;65
- The creation of a What Works Centre for Wellbeing.66

This agenda has also been firmly established at the local level – with local authorities now having formal responsibilities for their citizens’ wellbeing, and with the establishment of Health and Wellbeing Boards in every locality, bringing together key decision makers across the local authority and health authorities and others to focus on working together to meet local needs.

This momentum behind wellbeing as an objective of government both nationally and locally therefore provides a helpful framework within which to approach the issue of how to better support couple, family, and social relationships in policy.

1.4. A systemic relational approach

To date, government activity on relationships, both at the national and local levels, has
been somewhat patchy and ad hoc. Below we argue for a move from this ad hoc to a whole-systems approach. However we believe that as well as ensuring that our approach to supporting relationships is fully-embedded and integrated, it is also vital that our understanding of relationships is itself fully rounded.

A systemic approach locates people and their wellbeing within the context of their system of relationships – their ‘social ecology’. As Relate’s recent research clearly demonstrates, couple and family relationships, while vitally important, are not the only relationships we have – and these relationships themselves are influenced by as well as influences on our wider relationships – at work, with friends, with communities, with public services. Consequently, a relational approach to wellbeing requires consideration of relationships in these wider domains. Central to a relational approach to policy, then, is a move beyond atomism to holism; from a conceptual model in which the individual is the locus to one in which the socially-embodied individual – located in the context of their inter-relationships and social practices – is placed centre-stage.

Family therapy has long recognised the need to consider wider systems and inter-relationships, starting from the idea that individuals and problems they may encounter cannot be understood in isolation, but necessitate an understanding of the entire context of social relations. That context is defined by interactions between individuals, but also wider relations which impact upon them. Therefore, to look only at the dynamic between the individual agents in relationships would be to ignore the ‘structural’ influences. A systemic relational approach requires taking ‘social relations’ as a totality, encompassing both the daily interactions between individuals, and also the social forces which impact on them, considering not only how our couple, family and social relationships affect so many outcomes and how they could be strengthened, but also the relationship between these interactions and the socio-economic stage upon which actors play out their dramas. For example, there has been increasing recognition of the importance of work-life balance and family-friendly working, as well as of how we relate to one another at work.

Supporting relationships, when understood in this wider context, demands an approach that is cross-cutting across sectors and which operates at both the national and local levels.

1.5. Our 2025 Vision: 10 pointers to a new future

In this report we examine some of the key areas in which we need to make progress in order to move to a more effective approach to supporting relationships. Our vision is for a future in which:

1. **There is a joined-up approach to a joined-up approach to supporting good quality relationships which is shared across central and local government, and there is a relational focus to policy making across government. The Family Test is routinely applied, and policy makers consider couple, family and wider relationships as part of this work.**

2. **Central and local government work together to deliver on shared objectives in relation to supporting good quality relationships as part of the wider wellbeing agenda.**

3. **Supporting good quality relationships is written across local and national**
strategies for adult and child health and wellbeing, with outcome measures at national level, good data informing a relational approach to joint strategic needs assessments, and strategic commitments across health and wellbeing boards, implemented by a range of authorities working alongside specialist organisations.

4. The Government has taken up the challenge, working in partnership with the voluntary sector, to drive culture change around relationships, creating a social movement for good quality relationships throughout society, tackling stigma and encouraging take-up of relationship support across the board, and particularly stimulating the self-funded market.

5. Promoting good quality relationships is embedded in mainstream services. Frontline professionals understand the importance of good quality relationships to individual and community health and wellbeing, and take responsibility for supporting and promoting them, recognising the signs of relationship problems, and knowing how to refer individuals for support.

6. The market for specialist support is thriving, as more people access services as a result of work to stimulate demand, widen provision, and coordinate resources. Central government has played a key role in promoting innovation, supported the development of clearer pathways, and encouraged help-seeking – creating an effective range of specialist support.

7. There is increased support to access help for at-risk groups going through difficult transitions which place relationships under particular strain. Providers, supported by government, continue to innovate offering new services and building models for partnership which can be replicated and linked into the web of wider provision.

8. Businesses recognise the economic and productivity benefits to be gained by promoting good relationships at work and supporting employees to maintain their personal, family and social relationships; employment policy encourages healthy work-life balance.

9. People are able to access the support they need when they need it, and in the way that works for them. There is seamless access to a spectrum of support for relationships, delivered by a range of providers. Local communities benefit from access to local hubs for family and relationship support which coordinate and co-locate provision, with clearer entry points and support pathways. Providers are responsive to their clients and innovate to find new channels for delivery to reach more people.

10. Affordable or free relationship support is available to disadvantaged groups and those most at risk of experiencing relationship distress and/or its negative consequences.

In subsequent chapters we explore these ideas in more detail, and offer some specific recommendations for action to be taken on the way to realising this vision.
2. A spectrum of support

Central to our 2025 Vision is the recognition that supporting relationships is not only about formal ‘relationship support’ as traditionally understood. Counselling, for example, is only one part of the picture. Rather, strengthening the nation’s relationships requires taking support for good quality relationships from the margins to the mainstream, embedding a relational approach within existing support.

Too often ‘relationship support’ is narrowly understood as referring only to the work done in counselling rooms up and down the country. In reality, effective support for good quality relationships needs to operate across a spectrum, from promoting healthy relationships and embedding relational capability across society; through targeted support to prevent relationship distress at key times of transition; to support and protection for people at times of relationship distress. ‘Relationship support’ in this report therefore refers to the provision of information, education, support, counselling and therapy intended to strengthen or improve couple, family and social relationships. This includes support from friends, family and peers as well as from more structured services and activities. And it extends to people not currently in a relationship and to the quality of the co-parenting relationships between those who are separated.70

Similarly ‘relationship support’ is often perceived as a ‘specialist’ activity – the preserve of specific provider organisations. However, strong and healthy relationships can be supported in a variety of ways – and to be most effective supporting good quality relationships needs to involve a range of actors, providing support in a plurality of forms.71

The figure below illustrates this spectrum of support to meet a spectrum of needs, encompassing:

- **Promoting** people’s relational capability – their capability to form and maintain safe, stable, and nurturing relationships with friends, colleagues, at school, with family, neighbours and communities, and with partners. This is a universal-level approach.
- **Preventing** as far as possible people’s relationships from falling into difficulties, particularly during times of transition.
- **Protecting** people at times of crisis such as relationship breakdown or when their relationships are under most strain in order to better support people’s health and wellbeing.
It is important that a relational approach is embedded right across the continuum of needs from universal ‘touch points’ (maternity services, ante- and post-natal provision, Children’s Centres, health visitors, GPs, teachers, etc.); through to support for families experiencing difficulties or rupture in their relationships.

Supporting good quality relationships is everyone’s responsibility. We need to ensure that, whether we sit in national government, local government, in businesses, or in voluntary and community organisations, we view our activity and plans through a relational lens so that the potential for our work to support relationships across the spectrum is appropriately recognised and responded to.

Unfortunately, however, current provision for supporting good quality relationships is embryonic. Below we explore the state of current provision and identify how government can play a role in enabling a step change in the provision of relationship support equal to meeting the ambitious agenda the Government now rightly identifies.
3. State of the market for relationship support

Before we move onto explaining what our vision for the future of support for good quality relationships across this spectrum would look like, we first examine provision of what might be understood as ‘formal’ relationship support, including counselling, family support, mediation etc. After explaining the context of the current marketplace and its challenges in this chapter, we then move on in subsequent chapters to setting out our vision for the future.

At present these services are provided by a wide range of actors – across the public, private and voluntary sectors – with many disparate and disconnected players operating at small scale within a complex and fragmented market place.

For too long a lack of strategic focus across the spectrum of relationship support has led to drift, with new initiatives developing piecemeal and without effective coordination. As a result the current ‘market’ (a term we use in its broadest sense) is fragile and underdeveloped. There are serious issues on both the demand and supply side.

On the demand side: stigma remains a serious barrier to early access to appropriate relationship support (see Chapter Five). The long term lack of serious efforts at the lower end of the spectrum of support – in promoting healthy relationships and changing cultural norms and expectations around relationships and the idea of seeking support with them – means that demand for relationship support continues to characterised as a ‘distress purchase’, sought principally in times of immediate crisis. As such, the market remains relatively small and consumer power is not well-exercised.

On the supply side: the market remains under-developed – with suppliers in different sectors motivated by a range of drivers (including, in the case of commercial lawyers, a profit motive) and operating in silos. These providers offer a wide range of services covering different parts the spectrum of needs. The routes of access to and pathways through different forms of support remain fragmented, and service quality remains variable. As a result, key frontline personnel dealing with those going through relationship breakdown and facing its consequences often do not know how to refer people for appropriate support.

The development of the supply side has also been hindered by a lack of clear information about what potential service-users really want. While research has tended to focus on the question of effectiveness of interventions, the sector has lacked the resources to invest in market research and analysis to understand what services people might find attractive, and what are the likely patterns of future service requirement.

In the absence of a clear overarching strategy, shared across central and local government, there has been little drive to close the gaps between disparate services, from the perspective of service users, or to think of services as part of a pathway of relationship support.

The lack of a shared sense of the policy priorities has also affected the way in which public funds have been directed towards relationship support. Ultimately it is clear that provision has been skewed by the reliance of many parts of the sector on injections of
public funding, which have been offered in the pursuit of disparate public policy agenda. More thought needs to be given to how public funding can be used to strengthen the market by stimulating increased demand – particularly from the most at-risk groups – and opening up new opportunities to the sector.

The fragmentation of the market puts up barriers to the promotion of clear messages to individuals, couples and families about what support is available to them – making it harder for people to seek support early – in essence creating a vicious circle.

It is clear that action is needed to ensure that future efforts to stimulate and develop the market are located in the context of a clearer understanding of the spectrum of the support, and that we need to break down current barriers within the system.

In our view there is a clear role for government in the next cycle to operate at a number of levels to develop a more coherent infrastructure for relationship support – in creating a culture of promoting good quality relationships; in working alongside providers to stimulate and develop the wider market place; and in providing ongoing support to the most at-risk groups.

There are a number of important jobs to be done in relation to the market – we need to widen access and stimulate demand more broadly, to ensure that individuals understand what support is available and how to access it, and – where they are able to – are prepared to pay for it.

Relationships are valuable, and just as we invest our time and energy in them, it seems reasonable that with appropriate work to challenge stigma, and with proper access to a fully-functioning marketplace, many of us would also be prepared to invest our money in our relationships. Indeed already the vast majority of relationship counselling is paid for by the client.

However, it is clear that some particularly at-risk groups experience cost as a significant barrier, and will require further support to access appropriate services at the right time. And so there will also need to be work to support providers to meet the needs of those at particular risk. In the short term this is likely to remain a key responsibility for central government, while work is undertaken to build the evidence base for these interventions, so that the sector can ultimately tap more diverse sources of funding such as local commissioning (an area which has been in decline in recent years); and to innovate to meet the needs of under-served groups, and to ensure provision accessible and appropriate provision is available to everyone.

The imperative for action in this area has only been strengthened by the Government's emphasis on relationships at the heart of a thriving society and in particular by the recognition of bi-directional links between relationships and poverty, in the inclusion of family breakdown in the five pathways to poverty. It is vital that action is taken now to address these market failures, and to start to build the infrastructure – in the public, private and voluntary sectors – that will be needed to support the Government in delivering it ambitions.

Having now set out the context of the current policy drivers, the evidence why good quality relationships are so important, and the current marketplace for support, in subsequent chapters we explore what this spectrum of relationship support would look like in practice, making recommendations for policy makers based on the evidence.
4. Moving from ad-hoc to whole-systems relational approach

2025 Vision:

1. There is a joined-up approach to supporting good quality relationships which is shared across central and local government, and there is a relational focus to policy making across government. The Family Test is routinely applied, and policy makers consider couple, family and wider relationships as part of this work.

2. Central and local government work together to deliver on shared objectives in relation to supporting good quality relationships as part of the wider wellbeing agenda.

3. Supporting good quality relationships is written across local and national strategies for adult and child health and wellbeing, with outcome measures at national level, good data informing a relational approach to joint strategic needs assessments, and strategic commitments across health and wellbeing boards, implemented by a range of authorities working alongside specialist organisations.

Central to our 2025 Vision is the movement from the current ad-hoc system of support for good quality relationships towards a whole-systems approach. In order to ensure provision across the full spectrum, we need to move beyond an approach in which relationship support is thought of as a particular solution for specific problems, to one which sees the benefit of supporting good quality relationships and of a relational lens spread throughout an entire system, in which each element understands its role within the system as a whole.

In recent years the notion of a whole-systems approach has gained traction particularly in health and care policy, understood as a way of managing health through joined-up working, in which organisations and practitioners work together to meet the needs of individuals and their carers, recognising the contribution that all partners make to delivering high quality care. In a whole-systems approach all stakeholders have a shared vision and accept their inter-dependency: the actions of any one part may have an influence on the whole system. As the Department of Health (DH) has observed:

*The whole system is not simply a collection of organisations that need to work together, but a mixture of different people, professions, services and buildings which have individuals as their unifying concern and deliver a range of services in a variety of settings to provide the right care in the right place at the right time.*

Whole-systems approaches move beyond conceptual models centred on individuals, structures, and departments in isolation, to recognising inter-dependencies and relationships. These approaches are in themselves relational: DH has identified enhancement of relationships and partnerships as a key feature of whole-systems working. The key to nurturing good quality, strong and stable relationships lies in a way
of working together with people, enabling them to have healthy relationships within these systems, and for the systems themselves to be built upon good internal relationships between their different constituent parts.

A whole-systems approach to relationship support puts users at the centre; it means starting from the people who use services and their needs and seeing things from relationally-situated individuals’ point of view, rather than starting with agencies and services and how they provide specific support to meet particular needs.

No individual is an entirely self-contained entity; our needs, our behaviours, our practices, how we see ourselves, even who we are, are all intimately bound up with the social relations within which we exist – central among which are our family and personal relationships. Yet public services are often designed and delivered from a focus only on the presenting need of an individual at the time, failing to consider the user within the context of their wider interactions and shared practices.

Our vision is of a holistic, wraparound system of support for relationships through the life course which places the users, not agencies, at the centre. It means that every part of the complex system understands how they can support people to have strong, good quality relationships. It means holistic assessments of need. It means families having the information and tools they need to make informed decisions and to navigate the available support. It means a much more coordinated and integrated support system, which assists families from the earliest possible point to be able to find their own pathways according to their life trajectories and needs, moving seamlessly between services. It means multi-disciplinary support which brings together agencies offering interventions with better cross-referrals.

Ultimately this report calls for nothing less than a fundamental paradigm shift in the way the state interacts with families. Rather than a particular service or interaction between the state and a family addressing the individual needs of a service user or family member in isolation, policy needs to be designed around the recognition of the importance of relationships, and with a focus on the shared needs and collective strengths which reside within good quality relationships.

A whole-system approach means ensuring that supporting relationships is recognised as a core, shared objective across public services. Such an approach would create a seamless pathway from generic to specialist support and from universal to targeted services according to the needs of different individuals, families and communities.

The 2007 ‘Think Family’ agenda was an important step in the right direction, recognising the impact on childhood of adult health problems and highlighting the need to start from a whole-family perspective rather than separate out planning and commissioning for children’s services from those for their parents:

Many services begin with a single person and with a single problem. This tendency to individualise approaches to family difficulties can mean that the significant strengths demonstrated by even the most marginalised families can be overlooked ... a ‘whole families approach’ stresses the importance of looking at the family as a unit and of focusing on positive interdependency and supportive relationships [and] takes the family’s resilience and social capital as the foundations for achieving positive outcomes.77
The Government’s Troubled Families programme has importantly continued in this vein, focusing on the central importance of systems-change to re-orientate interventions around the family. However, the ‘Think Family’ agenda and the Troubled Families programme, which limit this approach only to families at risk or with problems, have not deeply embedded this relational approach on a universal basis. Our vision is that the thinking which underpinned these programmes is deepened and broadened, embedding relational thinking across public services across the whole continuum of needs – not just ‘troubled’ families.

4.1. A relational lens to policy: the Family Test

The starting point for a whole-systems relational approach is therefore a relational lens at the heart of public policy. The ‘Family Test’ launched in October 2014, which requires all new policies across Whitehall to consider the impact they might have on family relationships, has been an important step forward, introducing an explicitly relational perspective to the policy making process, ensuring that potential impacts on family relationships and functioning are made explicit and recognised.

The Family Test has the potential to achieve a joined-up, cross-government focus on the stability and quality of family relationships across policy-making if it is embedded meaningfully and applied consistently across domestic policy, early on in the development of policy, in ways which are accessible and open to scrutiny.

In order to maximise the effect of the Family Test, transparency – i.e. routine publication by departments of impact assessments of policies against the Family Test – is now desirable. In our vision for 2025, the Family Test would be routinely applied and also published, in the way that Equality Impact Assessments must be. A new statutory duty to require ministers to carry out and publish assessments of government policies on family relationships would help to embed this in policy.

Actions we can take:

Government should ensure the Family Test is routinely and transparently applied (i.e. departments publish Family Test impact assessments of all domestic policies).

4.2. Family-testing policy locally

In an era of increasing localism and devolution, however, the impact of the Family Test will remain limited if it continues to apply only at the national level. Since so many public health, wellbeing, and social care decisions (for instance) are now made locally, they currently by-pass the family test. If the Test is to be fully effective at ‘family-proofing’ policy, it needs to be embedded locally. This could be supported (for instance) with a focus on family and relationships in Joint Strategic Needs Assessments (JSNAs) from the outset, which would then inform the Joint Health and Wellbeing Strategies (JHWSs) which in turn set out joint priorities for commissioning.

The Family Test should be applied by local authorities when considering new local policies and in the commissioning cycle. There is clear evidence that strong, healthy family relationships (which are defined broadly in the test) promote wellbeing, can help to prevent health problems and provide a support network for people with health problems. It is therefore very important that local policies and spending decisions support, and do
not undermine these relationships. One option would be to create a statutory duty on all local authorities and Clinical Commissioning Groups to undertake a family test in policy development processes – akin to the application of equality impact assessments.

**Actions we can take:**

Central government should encourage local authorities to apply the Family Test when considering new local policies and in the commissioning cycle

### 4.3. Local leadership and local relationship strategies

We need to see relationships at the heart of policy across national and local government if we are to achieve our high ambitions for improving the nation’s relationships. Applying the Family Test at the local level will clearly help to achieve this, but we also need local leadership and local strategies to strengthen relationships.

Government has recognised the importance of local authorities’ role, and DWP’s current ‘Local Family Offer’ pilots with OnePlusOne and the Innovation Unit present some opportunity to test out local strategies to strengthen relationships. The aim of the programme is to “test the feasibility of a wraparound family offer by maximising the role of local authorities in providing family-centred services, with a particular focus on helping to support and strengthen the couple relationship.” These pilots are trialling a ‘life course’ approach to relationship and family support, by, for example, improving data collection on relationship breakdown and its interplay with other socio-economic factors; supporting young people’s relationship skills development; training frontline staff to spot signs of relationship distress; and integrating Children’s Centres with health services and couple counselling. This initiative may help the selected local areas to think about the significance of relationships and the possibilities for collecting better local data.

However, the Local Family Offer is a relatively modest programme, and its impact will be limited to the selected 13 local areas, and government needs to think carefully about how it builds on, strengthens, and scales-up this work. There is a pressing need for more work to build capacity at the local level in this area to encourage and develop local leadership and to support the creation of local strategies to deliver coordinated approaches to strengthening relationships. A serious attempt to encourage joined-up thinking and action at the local level requires a proper, long-term framework, with governmental support. We need to move beyond piecemeal attempts at coordination and innovation, to a more strategic approach.

**Local example: Hartlepool Healthy Relationships, Better Childhood**

Changing Futures North East is a charity based in Hartlepool serving the North East of England. The charity is working with Hartlepool Borough Council and other partners locally to achieve systems-change to more effectively support families to maintain and improve healthy relationships in Hartlepool and to lead a programme of change to enable more effective early intervention and prevention through a relational approach across local systems. Led by Changing Futures North East and Hartlepool Borough Council, and supported by resources from Comic Relief and the Big Lottery Fund amongst others, these partners have pooled resources and thinking and created a single five-year strategy ‘Healthy Relationships, Better Childhood’, with the aim of delivering substantial change and a sustained strategic focus on couple and family relationships in Hartlepool to deliver
While work to embed capacity on relationships at the local level remains embryonic, there are other examples of how agenda have been driven forward at the local level through national and even international programmes which offer support and learning. For example, the Age Friendly Communities programme has been shown to support local areas in mainstreaming age awareness through the local agenda. In considering how to catalyse local action and develop and propagate local expertise, government should consider the case for creating a ‘family friendly communities’ programme modelled on the Age Friendly Communities programme.

**Example: World Health Organisation – Age-Friendly Cities Programme**

The WHO ‘Age-Friendly Cities’ (AFCs) programme was launched in 2006 and now brings together a global network of 258 cities and communities in 28 countries who are pledged to working to improve life for older people by creating environments that promote active ageing. The AFCs initiative is an international effort to help cities prepare for two global demographic trends: the rapid ageing of populations and increasing urbanization. The programme targets the environmental, social and economic factors that influence the health and wellbeing of older adults. The programme looks at:

- Transportation
- Housing
- Community support and health services
- Communication and information
- Civic participation and employment
- Respect and social inclusion
- Social participation
- Outdoor spaces and buildings

The WHO has created a guide to what constitutes an Age Friendly City and supports cities to network and learn from one another. In 2010 Manchester was declared the UK’s first Age Friendly City, and since then many other communities have signed up to the programme. The principle behind the programme is that age-awareness should be mainstreamed across the work of the authority, rather than being considered a specialist area of work.
**Actions we can take:**

The Government should undertake capacity building work to support local authorities in developing local strategies for supporting good quality relationships, for example through a ‘family friendly communities’ programme.

The Government should work with Health and Wellbeing boards to identify, build upon and share examples of good practice in developing local relationship strategies.

### 4.4. Data to inform relational policy – including at the local level

The development of coordinated strategies on family/relationship issues at the local level is currently hampered by the limited available local data on relationships to inform local planning. The creation of DWP’s Family Stability Indicator represented a significant step forward, gathering limited data on family stability at the national level by measuring the proportions of children not living with both birth parents, children in low-income households not living with both birth parents compared with children in middle-to-higher-income households, and the proportion of children living with both birth parents where the parents report happiness or unhappiness in their relationship. However, there is very limited local data on the quality of people’s couple, family and social relationships to inform policy-making and commissioning. And yet, given the evidence set out in chapter one, addressing these issues will be key to improving outcomes for children, in line with the new Government’s new life chances approach to child poverty.

OnePlusOne are currently working on a data map sourcing local and national data on a range of risk and protective factors associated with low relationship quality and family instability which is being trialled and adapted in the Local Family Offer pilot. However, this work needs to be given priority on a much wider scale in order to inform relational policy making and commissioning locally.

There is, however, a real opportunity to address this gap as part of the work being done within DWP to create new measures of family stability and relationship quality to inform the Life Chances strategy. There are many scientifically validated measures of parental couple and co-parent relationship quality to choose from. However at present, unfortunately these scales do not currently feature in national surveys.

The UK’s largest longitudinal cohort study, Understanding Society, currently measures respondents’ relationship quality by asking how often they consider or discuss divorce or separation or terminating their relationship; whether they regret getting married or living together; how often partners quarrel; how often partners get on each other’s nerves; whether partners engage in outside interests together; and how happy they are with their relationship. Crucially, due to its scale, Understanding Society is able to provide data at upper-tier local authority level and can therefore map the condition of relationships in local communities – as well as tracking the nation’s relationships over time and allowing the links between health and wellbeing and relationship quality to be monitored more closely. There would be considerable merit, then, in a short but validated scale to measure relationship quality being added to the Understanding Society questionnaire. This would not only support a sufficiently sophisticated national measure of relationship quality, but would also deliver local data to inform planning.

Furthermore, we also need to develop the evidence base to improve decision making. A
core element of the previous Government’s Civil Service Reform Plan was the establishment of a ‘What Works’ network, to collect together available evidence on the effectiveness and cost-effectiveness of services, translate this into a common standards for comparisons, disseminate evidence, and promote further evidence by identifying research gaps and advising commissioners. There are currently seven What Works Centres, covering health and social care, outcomes for school-aged children, crime reduction, early intervention, local economic growth, ageing, and wellbeing. A similar approach for relationships would enable evidence-gathering on the effectiveness and cost-effectiveness of support across the life course, to inform and shape public policy and service design and delivery.

Actions we can take:

As part of its work to develop new indicators for family stability, the Department for Work and Pensions (DWP) should insert validated a measure relationship quality in a national survey such as Understanding Society to gather data at national and local levels.

Government should expand the What Works Network to include a What Works centre for relationship support to refresh and extend the evidence base and support dissemination of learning.

4.5. Reflecting the importance of relationships in national frameworks

National frameworks will be another vital tool in transmitting national government’s message around supporting good quality relationships to the local level. Unfortunately, at present relationships are largely absent from the key national outcomes frameworks which set the landscape within which local health strategies and commissioning take place (e.g. Public Health Outcomes Framework, Adult Social Care Outcomes Framework, NHS Mandate, NHS Outcomes Framework, and NICE guidelines). For example:

- The Public Health Outcomes Framework sets out a range of indicators for public health to help inform priorities locally, from which local authorities in partnership with Health and Wellbeing Boards identify indicators which best reflect local needs. While the framework implicitly recognises the significance of social relationships as determinants of health, couple and family relationships are unfortunately currently missing.
- The Adult Social Care Outcomes Framework includes references to social relationships and includes a focus on carers as well as people who receive care; however it does not address couple or family relationships between them.
- Some National Institute for Health and Care Excellence (NICE) guidelines do include references to relationships, but there is no over-arching guidance around the role of relationships in promoting health and wellbeing.

National policy frameworks have limited ability to direct in a climate of localism, but they do help to orientate local policy and take a national lead. Importantly, in a context of tight finances, real priorities have to be monitored and incentivised if change is to be driven at the local level.

We need to see the commitment to good quality relationships embedded in the vital
frameworks outlined above, as well as in any performance frameworks associated with the new Life Chances strategy. However, it will also be vital that even where explicit indicators on relationships may not be appropriate, the need for a holistic approach to supporting relationships is transmitted clearly across all national policy frameworks and missives – including in particular those on transport, housing and economic development. Central government must be seen to lead by example in setting out clearly its own recognition of the centrality of relationships to the achievement of broader objectives.

**Actions we can take:**

Government departments responsible for key frameworks, including in particular the DH, should identify how indicators of relationship quality and stability could be inserted into national outcomes frameworks.

### 4.6. A joined-up national strategy for supporting relationships

Furthermore, while local family testing, relationships strategies and data to inform them are all crucial, there is also a need for central government to take a proactive approach to drive local action. While there are a handful of examples of exceptional, innovative relational work in local authorities already, and the Local Family Offer may help to generate more of these, local authorities' approaches very greatly across the country, and there is a stark lack of expertise in this work at the local level.

Innovation and investment-to-save require a degree of financial room for manoeuvre, which is currently unavailable to many local areas. In such a context, national leadership is required to define priorities for the marginal pound, and to monitor and incentivise local action.

In the absence of a joined-up strategy at central government-level, initiatives will remain piecemeal. National leadership – backed by a clear cross-governmental ‘Supporting Relationships Strategy’ – would empower local authorities to take the lead in delivering relational strategies and services. Such a national strategy should be developed in partnership with local decision-makers and third sector experts, to create a shared vision which can then be driven forward. It should set the context for local action, but also establish the mechanisms for building capacity and expertise for the longer term, to support coordinated strategies at the local level, provide technical expertise and advice, shared learning and spread best practice, and support the evidencing of outcomes.

**National example: Australian Government’s 1999 National Families Strategy**

The Australian Government’s 1999 National Families Strategy provides illustration of a national approach to supporting family relationships, committing the Government to working closely with the State and Territory governments, as well as with the voluntary sector, to develop a national framework to support and strengthen family life in Australia. This Strategy brought together within a national framework various existing family support programs across the three levels of government (state, territory and federal) and focused on the different life stages of families and their needs during those stages. The government also created a new Department of Family and Community Services, replacing the Department of Social Security, and brought together a range of government programs dealing with families. The aim was to prevent family breakdown by developing effective early intervention, and the Strategy specifically focused on provision of marriage and
relationship support services such as relationship education, parenting education, relationship counselling, and mediation.

The National Families Strategy also launched two pilot marriage education voucher schemes, whereby all couples getting married during the trial period were given a voucher worth up to $200 which they could spend on pre-marriage education. This Strategy was announced in response to the House of Representatives’ Standing Committee on Legal and Constitutional Affairs’ 1998 report To Have and To Hold: Strategies to Strengthen Marriage and Relationships, which highlighted the importance of relationship support such as pre-marital education for developing relationship skills and strengthening families. The 1999 Strategy was backed up with a new Marriage and Family Council, to provide advice to government on improving the effectiveness of relationships support.

**Actions we can take:**

Central government should develop a cross-departmental national relationships strategy, feeding into the forthcoming ‘life chances’ strategy, to deliver joined-up national leadership and a shared vision for promoting good quality relationships.

Government departments including in particular the Department for Communities and Local Government (DCLG) and DWP should work together to develop a programme of support, in partnership with the Local Government Association and others to build expertise in whole-systems approaches to supporting relationships at the local level.
5. Creating a social movement for good quality relationships

2025 Vision:

4. The Government has taken up the challenge, working in partnership with the voluntary sector, to drive culture change around relationships, creating a social movement for good quality relationships throughout society, tackling stigma and encouraging take-up of relationship support across the board, and particularly stimulating the self-funded market.

If we are to realise the vision of strong and healthy relationships as the foundation of a strong and healthy society, it is important to normalise talking about relationships, the challenges we all face, and how we may cultivate good quality relationships. It is crucial to address the significant cultural barriers which currently inhibit many couples, families and individuals from accessing support. By 2025 support for good quality relationships must have become more like eating healthily and exercising, and less like a dash to A&E.

Central to the achievement of our 2025 Vision is the role of culture change to:

- Normalise help-seeking behaviour and effect a cultural shift whereby individuals recognise their own responsibility for – and capability for – strengthening relationships;
- Broaden out the way in which we conceive of support for relationships, achieving wider recognition of the range of influences on relationships as well as effects of relationships across life domains, and consequently towards wider recognition of the role of a wider array of actors and agencies;
- Overcome barriers in professional cultures such as frontline practitioners’ knowledge and confidence identifying relationship distress, valuing relationships as an asset, and making appropriate referrals.

5.1. Reducing stigma and normalising support

We know there are cultural barriers. Forming good quality personal relationships is still widely held to be largely a private matter in the UK today, with people expected to address any issues themselves without accessing help. We do not tend to inform ourselves about how we can invest in relationships or seek sources of help until problems have emerged (if at all). Talking about relationship difficulties is not the ‘done thing’ and is often held to signify failure and disloyalty. Evidence also shows negative views about counselling, and perceptions that it is an American import, can also deter people.

Such attitudes often result in people delaying accessing support. People are more likely to talk to their GP about relationship problems than a counsellor, and people who access counselling tend to do so as a last resort – by which time problems can often have become entrenched. It has been estimated that the average couple (in the US) endures six years of relationship distress before going to relationship counselling or therapy, and UK research similarly indicates most people who access relationship counselling believe they left it too late.
Some of this reticence may be explained by wider stigma around therapeutic support. The British Social Attitudes survey found that just below 60% of people would feel comfortable talking to a GP if they felt worried, stressed, or down, while only 38% would feel comfortable talking to a therapist or counsellor, and 43% would not want anyone to know if they had seen a counsellor or therapist. The continuing stigma around mental health support therefore contributes to that around relationship support. Clearly, there is an important role for public awareness campaigns in tackling such attitudes, and ensuring support for relationships becomes an earlier intervention will also in itself take it away from being perceived as seeking help for a problem.

We believe there is a compelling case for a targeted programme of work to generate a social movement for relationships – drawing on the lessons of successful campaigns like ‘Time to Change’ this would be enabled by the third sector and supported by government, but ultimately owned by a wide-range of grassroots activists. The aim would be to normalise the idea of seeking support with relationships by broadening the conversation about what constitutes a healthy relationship and why this matters.

**Example: Time to Change**

Time to Change is a campaign run by charities Mind and Rethink Mental Illness and funded by the Department of Health, Comic Relief and the Big Lottery Fund as well as a social movement made up of hundreds of thousands of individuals and organisations across England. The purpose is to end mental health discrimination, tackle stigma and change the way the nation thinks and acts about mental health, so that talking about mental health becomes more commonplace. Since the campaign began in 2007 more than two million people have improved attitudes to mental health, and more people than ever are able to be open about their mental health problems. The 2014 survey showed that a 6% improvement in public attitudes between 2011 and 2014, and since the campaign began in 2007 there has been an overall 8.3% improvement. According to an evaluation of Time to Change by the Institute of Psychiatry, Psychology and Neurology, King’s College London, people who had seen the campaign are more likely to have better knowledge, attitudes and behaviour towards people with mental health problems than those who have not.

5.2. **Cultivating ‘developmental’ attitudes**

An additional focus of work to address public attitudes and awareness must be on tackling relationship fatalism. Many of us tend to view relationships as things which happen rather than things we do, and these attitudes are reinforced by cultural and linguistic representations of love – such as the idea of finding one’s ‘other half’, which dates from Plato’s *Symposium*. As popular as this view might be, it is essentially passive, conceiving of relationships as given compatibilities rather than developing capabilities – which people may actively strengthen.

We therefore need to address attitudes, expose and debate competing views around relationships, including more active, ‘developmental’ views – according to which, by spending time together, people alter one another in the process, so who they are is in part co-created by the living of the relationship. This account highlights *activity*: behaviour, habits and skill substitute blind forces of fate. Crucially, these beliefs about relationships correlate with attitudes to support. A study by OnePlusOne in 2010 found people with ‘developmental’ perspectives (who believed relationships change over time; conceived of
themselves as active agents; had overcome difficulties and reported learning about themselves and their partner; and had put in ‘work’ to make relationships stronger) were more likely to be motivated to maintain and improve their relationships, including seeking out support, than were those who believed relationships are inflexible; conceived of themselves more passively, with low sense of agency; did not perceive much change or conflict; and did not invest heavily in work to strengthen their relationships.\textsuperscript{100}

This finding suggests that a universal approach to relationship support through instilling a ‘developmental’ perspective early on may prove fruitful.\textsuperscript{101} It also points to the need to start early, with good quality relationship education at school to support relational awareness and developmental perspectives (as we explain in Chapter Six). However, developing relational capability extends beyond school. If we are to achieve the necessary cultural shift whereby talking about relationships becomes normal, learning about relationships and developing relational skills must be an open-ended process. A strong and healthy society built upon strong and healthy relationships requires sustained development of ‘relational capability’ – people’s ability to form and maintain positive and nurturing relationships.\textsuperscript{1}

Positively, there are already indications of a desire for greater relationship support among the public – in one study, over half of people who had separated said they would have been interested in attending a relationship preparation course had it been available, and at least three-quarters of separated couples, couples planning to separate, and intact couples said they would welcome help with communication.\textsuperscript{102} Research has also indicated the need for a public education campaign to draw attention to the fact that all relationships run into difficulties and to highlight the strategies couples can learn to negotiate a path through them.\textsuperscript{103} So there is cause for optimism.

What is needed, then, is a programme of work to create the momentum for a social movement for relationships. As well as supporting ‘mass-market’ culture change campaigning, this should be linked into a more comprehensive offer of relationship education through the life-course, and should also encompass explicit action to encourage help-seeking behaviour among those experiencing or at risk of relationship distress. Such work could usefully draw on insights from ‘nudge’ theory and the work of the Behavioural Insights Team to design ways to effect public cultural change and stimulate demand.

For example a ‘first session free’ scheme for relationship support (including face-to-face, telephone, webcam and live chat counselling and therapy), as recommended in the DfE evaluation of relationship support, could help to increase the profile of relationship support in the public consciousness and encourage more people to give greater thought to investing in their relationships and consider accessing support.\textsuperscript{104}

Additionally, more targeted public awareness campaigns, or sub-campaigns, could be used to address under-representation among certain demographic groups in relationship support. For example, despite the UK’s rapidly ageing population, and increasing divorces in older age as well as growing awareness of the health risks of loneliness, older people show substantial reticence in accessing support: just four per cent of Relate clients are

\textsuperscript{1} OnePlusOne are currently working on the development of a ‘relational capability framework’ which can capture what people bring to their relationships: their relational skills, beliefs, and behaviours. The framework combines the quality of human interactions (‘internal relational capability’) with the way life circumstances hinder or enhance individuals’ potential to engage in healthy relationships (‘relational opportunity’).
aged 60+. However, the over-65 population is projected to increase by 49% by 2035 compared to the total population which is expected to increase 18%—and there is therefore a need to increase uptake of support among older people to prevent ill health and reduce health demand. Such campaigns could also target groups at increased risk of poorer relationship quality and of relationship breakdown (such as people with a long term health condition and their carers, parents of disabled children, people suffering economic pressure such as unemployment or debt, or kinship carers).

**Actions we can take:**

A public education campaign to catalyse a social movement for quality, stable relationships as the basis of individual wellbeing. This should be supported by government, but led by the third sector, and ultimately owned by a wide range of businesses, community groups and grassroots activists.

Joint working between the relationship support sector and the Government to draw on insights from ‘nudge’ theory and behavioural insights to design ways to effect public cultural change and stimulate demand, such as a ‘first session free’ relationship support scheme.

The DWP should commission work to understand the mechanisms for stimulating the self-funding market for relationship support.

5.3. **Overcoming barriers in professional cultures**

Professional cultures clearly do not exist in a vacuum away from broader public culture, and as a result many professionals share the public’s reticence in talking about relationships. However, with appropriate training, frontline professionals can support wider efforts to shift culture, both in the specific support they offer and in the subtler signals they send through the language they use and the way they approach issues. It is therefore positive that the Government has committed to funding work to educate and equip frontline professionals as part of its next round of relationship support funding.

GPs are often the first port of call for relationship problems. The British Social Attitudes survey found nearly 60% of people said they would feel comfortable talking to their GP about emotional issues, and 30-40% of people had been to their GP about relationship difficulties. Similarly, among those people who had accessed professional emotional or therapeutic support (despite the stigma evidenced), relationship difficulties were a major reason for doing so: 74% of the 40% who had sought help from a professional due to feeling worried, stressed or down mentioned relationship difficulties.

However, frontline professionals are not widely supported to talk to patients about their relationships, and given increasing pressures on time as well as the absence of any targets around relationships, these issues are rarely prioritised. GPs, for instance, do not always know what support services are available to refer people onto, and responses tend to vary between signposting to counselling services and simply prescribing medication.

Culture change activity to break down barriers to support therefore also needs to include action on professional cultures – for instance training and educational marketing for frontline professionals who are likely to come into contact with relationship issues, such as GPs, health visitors, housing officers, etc. It is now well-recognised that embedding
relationship support in services which are already accessed and trusted by people can achieve more widespread delivery. Training for frontline professionals has been shown to lead to improvements in couples being signposted to appropriate relationship support services and resources.

Example: Brief Encounters® Training framework for frontline practitioners

OnePlusOne has developed a training course for health visitors and other primary care staff, which comprises of a set of guidelines and model responses to help professionals identify relationship difficulties, respond using active listening and solution-focused techniques, and review needs for further support. The training has been accredited by the Royal College of Nursing’s Institute of Advanced Nursing and was independently evaluated. After the first evaluation, 97% the professionals rated themselves as more confident in their ability to support people with relationship problems. A follow-up six months later indicated that 85% were more confident about their skills in supporting couples. A later study found that most health visitors were very positive about the value of the course, and the training produced significant increases in the proportions of mothers who revealed a relationship problem and were offered support.

Relationship support: an Early Intervention training

The ‘Brief Encounters®’ approach began as a four-day training course for health visitors in which the practitioner was encouraged to engage the client, build empathy using active listening, understand relationship issues behind presenting issues, and use a strengths-based approach, encouraging the client to find their own solutions. However, it has also since been expanded into a blended (online and face-to-face) programme, ‘Relationship support: an Early Intervention training’, delivered by OnePlusOne to Children’s Centre staff. An RCT evaluation of this programme showed the training had a large and positive impact on how practitioners handled conversations with clients about their relationships in that they used techniques such as active listening and summarising, as well as an impact on practitioner confidence, with those in the intervention group being more than twice as likely to feel confident in knowing where and how to refer parents on. Interestingly, the research found that practitioners already recognised parents with relationship problems prior to the training and already discussed these issues with parents – but there was a significant difference in the nature of these discussions and the training equipped practitioners with more appropriate techniques. The effect held even after accounting for practitioners’ number of years’ experience and confidence prior to training.

Actions we can take:

Government should invest in training and guidance for frontline practitioners to support them to identify relationship distress, confidently and appropriately talk to service users about relationships, know what support is available, and make appropriate referrals.
6. Embedding support for relationships in universal services

**2025 Vision:**

5. Promoting good quality relationships is embedded in mainstream services. Frontline professionals understand the importance of good quality relationships to individual and community health and wellbeing, and take responsibility for supporting and promoting them, recognising the signs of relationship problems, and knowing how to refer individuals for support.

Culture-change will lay the groundwork – but the mainstay of our vision for the future of support for good quality relationships is the whole-systems approach, as we explained in Chapter Four. We now unpack what this would look like in practice. Achieving stronger relationships as the foundation of a stronger society requires an understanding of the value of good quality relationships right across policy, and a system which embeds support for these relationships right across services, from building this the universal services people already access, to developing specialist relationship support and services targeted at particularly vulnerable groups. We need to develop the capacity of each element of the system to play its full role in supporting good quality relationships.

The first layer of a whole-systems approach is building support for relationships or a relational perspective into the universal services we all access across the course of our lives. Our vision is one where mainstream education, family support, and social care, for example, all play their role in promoting relational capability. We need to begin from where people are. This means frontline practitioners understanding the importance of relationships, and the role they can play in supporting and promoting good quality relationships, as well as being able to recognise the signs of relationship distress and know how to make appropriate referrals.

6.1. Promoting relational capability from the start: Relationships Education in schools

Any comprehensive plan to strengthen relationships must address the environment in which young people grow and develop, and the expectations and norms they form for themselves within it. Preparation for good quality relationships early on lays the foundations for relationships later in adulthood, and education is therefore a vital opportunity.

In recent years, however, there has been mounting evidence of the challenges children and young people face in their relationships. For example, in recent research with young people commissioned by Relate, 70% thought accessing pornography was typical – although the same proportion also thought it encourages the perception of women as sex objects. And with smartphones and 24/7 web access there are not only increasing opportunities for accessing, but also producing, explicit material: almost half (46%) of young people agreed that sending sexual or naked photos or videos is ‘a part of everyday life for teenagers nowadays’, and research also shows many young people are under pressure to do this, with one study finding more than half had been asked for explicit
Many young people also clearly need better education around consent and abuse: 29% of 16-18-year-old girls have been subjected to unwanted sexual touching at school, and one-in-three girls and 16% of boys experience sexual violence from a partner. Across Britain, one-in-five women and one-in-20 men experience attempted sex against their will, and one-in-ten women and one-in-71 men are subject to forced sex. Research has also highlighted a concerning lack of understanding of abusive behaviour, with 12% of girls and young women saying that a partner telling them who they could and could not spend time with could be ok; over a fifth saying a partner dictating what they could wear was acceptable; and 39% believing a partner forcing them to tell them where they are all the time is acceptable. Similarly, research shows many young people have a limited understanding of ‘consent’.

In this context, high quality Relationship and Sex Education (RSE) is an important way in which we can move towards a future built upon healthy and safe relationships. It is crucial that children and young people have access to good quality RSE to support them to navigate their relationships based on informed choice, control and consent, as well as prepare them to enter adulthood equipped with the knowledge, skills, and expectations about what a healthy relationship is, to form safe, stable, and nurturing relationships.

In our vision for the future, therefore, the Department for Education (DfE) would ensure that all young people at school receive good quality RSE as a compulsory part of the National Curriculum, to prepare them to form and maintain safe, stable and nurturing relationships in youth and into adulthood. This should be taught by specialist teachers or appropriate Third Sector relationship support organisations with expertise in relationship education. Ideally this would be delivered through compulsory provision of Personal, Social, Health and Economic education (PSHE) as a ‘curriculum for life’ in all schools.

There is good international evidence for RSE:

- RSE has a protective function and school-based RSE contributes to greater use of contraception, reduces teenage pregnancy rates and can have an impact on young people’s knowledge and attitudes, including delaying the initiation of sex and reducing the number of sexual partners.
- The protective influence of RSE extends to contraception, partner selection and reproductive health outcomes, as well as age-discrepancy between partners (which is associated with a higher risk of violence or abuse).
- Besides these public health benefits, there is an important role for RSE in promoting wider child protection, including through content on internet safety and all forms of bullying and harassment.
- RSE could also mitigate the risk of pornography influencing children and young people’s engagement in ‘risky behaviours’.
- Additionally, social and emotional learning interventions which include certain overlaps with RSE such as developing relationship skills, have demonstrated significantly improved social and emotional skills, attitudes, behaviour and academic performance in young people, and such interventions have also been estimated to save the public sector substantial amounts of money as a result.

Furthermore, RSE also has a powerful role to play in normalising discussion about
relationships from an early age, opening children and young people up to discussion about healthy and unhealthy relationships. The strongest message to emerge from one major study on relationships was that “relationship education – learning about and preparing for relationships – should begin as early as possible.”

**Actions we can take:**

**Government should ensure all children and young people have access to good quality Relationships and Sex Education, as a compulsory part of the National Curriculum, taught by specialist teachers or third sector experts**

6.2. **Building relational healthcare: the role of health professionals**

As we saw earlier, the first professional port of call for relationship issues is often the GP: 30-40% of people have approached their GP about relationship issues, and 92% of GPs report patients have raised issues about personal relationship problems with them over the last month. This suggests that there is a real opportunity to reach people and widen access to relationship support through health professionals.

However, while they frequently encounter relationship issues, health professionals typically receive little or no training in supporting relationships and many do not know what services are available: GPs’ responses, for instance, tend to vary between signposting to counselling services or simply prescribing medication.

Providing specific and practical guidance and training for health professionals could assist them to make appropriate referrals and support patients with relationship issues. DWP’s latest tenders for relationship support include a very welcome strand “To train couple relationship practitioners and those supporting parents or potential parents at key transition points with the skills and knowledge to increase their relational capability and appropriately manage relationship issues”. However, in order for this to be embedded fully in health practice it may require leadership from DH.

Some GPs are now engaged in ‘social prescribing’ – linking people into local non-medical activities and social interventions they may benefit from – particularly for people at risk from isolation, or with common mental health problems. Given the strong evidence linking relationships and wellbeing, there is an opportunity for Clinical Commissioning Groups to build on this in a relational way – ensuring that social prescribing seeks to strengthen significant relationships which may have a profound impact on people’s health and wellbeing.

Some sexual health professionals working with young people provide key opportunities for talking about relationships, identifying unhealthy and abusive relationships, and introducing or making referrals to other services where appropriate.

**Example: Brook’s relational sexual health services**

Brook offers sexual health and contraceptive services to young people across the UK, and its clinical work – including testing and treatment for STIs, and provision of a range of contraceptive options – is underpinned and supported by an organisational commitment to young people’s choice and agency. The treatment pathways followed by Brook’s frontline staff, and supported by tools such as the core client record, give young people...
the opportunity to discuss issues other than ‘just’ the one which prompted their visit, such as whether their relationship is happy and healthy, or whether they would find a referral to a young people’s mental health service helpful. Many Brook services offer counselling as well as clinical services, with clients who come in for a sexual health issue often referred to a counsellor by a member of the clinical team.

Work is clearly needed to disseminate and build upon this good practice. However it is also important to ensure the right incentives exist to drive action. Including performance indicators around referrals to relationship support in national assurance and payment frameworks would encourage health professionals to increase their knowledge and awareness and to increase appropriate referrals.

Actions we can take:

The Department of Health (DH) should develop national guidance for healthcare professionals, building on the DWP’s work, to support them to identify relationship distress, talk to patients about relationships, and make appropriate referrals.

DH should incentivise GPs and other health professionals to appropriately refer patients facing relationship issues to relationship support, through national assurance and payment frameworks.

6.3. Reaching new parents: building support for good quality relationships into perinatal provision

New parents’ everyday interactions with mainstream public services present considerable opportunities for building a whole-systems approach to supporting good quality relationships across the life course. Not only do such services involve sustained interactions with adults, they also present ‘touch points’ at a crucial life transition – which can involve significant stress on relationships. We know that the demands of adjusting to caring for a new baby 24/7 and a changed relationship can often mean reduced relationship quality. But we also have evidence of what works to support new parents to adjust and strengthen their relationships. The transition to parenthood therefore occupies an important position in the vision of support for good quality relationships embedded in universal services across the life course, and presents a key opportunity.

Antenatal, maternity, postnatal and health visiting services could play a vital role in promoting good quality relationships as the basis of family wellbeing and child development.

Becoming a parent is one of the most stressful life events – ranking alongside bereavement and moving house – and as a result, it is also one of the life events most likely to reduce relationship quality. First-time parents are at risk of experiencing personal and marital distress, and many new parents engage in less positive interactions and argue more due to exhaustion and continued sleep disturbances, while also typically spending significantly less time together, which can impact on their relationship. New parents do not all experience the transition to parenthood in the same way, of course, and some show a stabilisation or even increase in relationship quality. However, it is estimated that 40-70% of couples experience a decline in relationship quality in their first year of parenthood.

Because this transition has such a significant impact on relationships, it also presents an
important opportunity:

- Relationship support to expectant parents offered by midwives or health visitors through hospitals, antenatal clinics, and other perinatal health support has a wider reach than more narrow forms (e.g. counselling).
- Programmes devised to strengthen new parents’ relationships by preparing them for the challenges and promoting skills such as communication or conflict management are effective – particularly where interventions have both a pre-natal and post-natal component.

Health visitors are clearly uniquely placed to work with parents, but unfortunately research in the UK in 2010 found the vast majority of couples had never spoken to their health visitor about their relationship, with only four-to-ten per cent having done so and few having found it helpful. A more recent study confirms this picture.

Antenatal education classes and postnatal groups similarly present an opportune moment in expectant and new parents’ interactions with services to provide information and relationship support to help expectant and new parents prepare for the changes their relationship may encounter. However, at present antenatal classes tend to be primarily practically-orientated, and do not include information about the changes that might occur in the parent’s relationships or the impact of pregnancy and parenthood on everyday life.

There is evidence, however, of demand for more support at this time: one study found 88% of couples who had separated wanted more support for new parents; as did 91% of those planning to separate, and 95% of those in intact relationships. It is therefore a very welcome advance that the Government is working with the Tavistock Centre for Couple Relationships (TCCR) to produce guidance for health visitors to support them to spot signs of relationship distress and respond, and support new parents, as well as piloting relationship support within perinatal provision with OnePlusOne. The next step is to roll this out nationally and embed in routine practice, for example by supplementing this written guidance with personalised training for supervisors.

Birth registrars are similarly an untapped resource here. All new parents have to come into contact with registrars to register births – and registrars could therefore be supported to signpost new parents to support. Co-locating birth registration with relationship support services (for instance, in Family and Relationship Centres – as we recommend below) would help to increase cross-professional awareness and support increased signposting towards local relationship support.

**Example: Perinatal Pilots**

DWP have commissioned OnePlusOne to deliver pilots of relationship support within perinatal provision in eight areas of the country: Croydon Health Services NHS Trust; Derby Hospitals NHS Trust; Suffolk County Council and Ipswich Hospital NHS Trust; Leicestershire Partnership Trust; Nottingham City Care; South Tyneside Foundation Trust; St Helens and Knowsley NHS Trust; and Sunderland Royal Hospital. These perinatal pilots involve training midwives and health visitors on how to include relationship education in existing perinatal provision to raise awareness among parents of the changes to expect

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2 Or at least one of them – among married parents, either can register the birth on their own
and help to equip them with the skills needed to overcome them. This practitioner training is complemented with relationship information included in ante- and postnatal literature as well as online and peer support groups.

Example: Family Foundations

‘Family Foundations’ is a couple-focused perinatal intervention brought over to and adapted for the UK from the US by the Fatherhood Institute. Following research which links the quality of the couple relationship to the effectiveness of their co-parenting, its main focus is on the couple as partners and as a parenting team and it aims to help prepare couples for the transition to parenthood by fostering attitudes and skills related to positive family relationships. It comprises of seven sessions for both parents spread across the transition from parenthood, ante- and postnatally.

Evaluations in the US have found benefits including decreased parental depression and anxiety, and increased co-parental support; reduced negative couple communication and increased parental warmth; improved co-parenting and reduced parental stress as well as effects on children including reduced internalizing and externalizing problems amongst boys and improved social competence for both boys and girls. Family Foundations is featured in the Early Intervention Foundation Guidebook with an evidence rating 3 (out of 4).

Over a two-year period (2011 – 2013), the Fatherhood Institute - working in partnership with 4Children and funded by the Department of Education – trained around 100 practitioners from Children’s Centres and health services and delivered the Family Foundations programme in 12 local authority sites in England.

Actions we can take:

DWP should work with DH to provide cross-government leadership in coordinating relationship support with perinatal provision, embedding the learning from DWP’s perinatal pilots.

Local commissioners should coordinate or co-locate relationship support provision with perinatal support and birth registration.

6.4. Treating families as families: Family and Relationship Centres

As fundamental pillars of community-based universal family support, Children’s Centres have a central role to play in embedding support for good quality relationships across mainstream provision. The strong evidence on the links between couple relationship quality, parenting and child wellbeing presents a compelling case for joining-up parenting and family support and building on Children’s Centres to achieve local hubs to support all families and the relationships within them.

Children’s Centres are valuable community assets providing support for parents, children, and families. As an extensive community-based resource (there are 2,677 main Children’s
Centres open, along with 705 additional sites in 2015, which are accessed by more than a million families they provide a crucial opportunity for a community-based one-stop shop for family support. Many have already now brought in antenatal appointments and education classes, health visiting, and similar services as well as childcare as part of their service offer.

However, at present their full potential to be foundations of relational family support is often unrealised, in that while these centres provide essential practical support for parents’ and children’s needs, they too often do not provide support for whole families and the relationships within them. Parenting support often focuses exclusively on parental behaviours, skills and techniques, missing the quality of inter-parental relationships, with only a handful of parenting programmes having addressed relationships. And provision of direct relationship support in Children’s Centres is very limited. The Evaluation of Children’s Centres in England found that in the 128 Centres in the most disadvantaged areas of the country, 99% of families took up no relationship support within the centres in 2013 – which had not changed by 2015. Children’s Children’s Centres Census also showed only 32.2% of centres (n = 357) offered relationship support in 2015.

Bringing together relationship support with existing provision in the community would help to release this potential, and increase support for good quality relationships. The original purpose of the 1998 Sure Start programme was to support good parenting and enrich family relationships through a community development approach, although this ‘family centre’ model gave way to a ‘Children’s Centre’ model as it grew. Norman Glass, one of the architects, has lamented how the vision of these family centres joining up health, early education, family support, outreach to hard-to-reach families and local autonomy to add wider services such as debt counselling or benefits advice came to be lost. Similarly, there have been growing calls to build on these assets to provide a wider family offer and provide a range of family and relationship support out of ‘Family Hubs’, including from the Centre for Social Justice and 4Children.

Coordination, co-location or integration of existing community-based family support services into a single identifiable local centre in the heart of communities would help to make the support landscape more navigable for families. The Department for Education’s (DfE) forthcoming review of Children’s Centres therefore presents an important opportunity to build on these assets to develop a more integrated wrap-around family and relationship support offer. In an era of ongoing financial restraint, it is likely that Children’s Centres’ role may evolve. They are vital community resources which must be maintained – but maximising existing assets will be more important than ever, and Children’s Centres should be developed into local places where families (including all family members) come to be supported together.

The core purpose of Children’s Centres is currently stipulated in the statutory guidance as improving outcomes for young children and families and reducing inequalities in child development and school readiness, parenting aspirations and skills, and child and family health and life chances. The DfE’s review should recast this in a new model of Family and Relationship Centres, built on relational ways of working throughout, and including family relationship support provision. Given the evidence for the importance of parental couple relationships for parenting, there is a strong case for including specific reference to strengthening parental relationships in the core purpose to maximise the potential to be genuine one-stop shops in the community for families in the round.
Children’s Centres are not the only resources upon which such Centres could be built, however; there are also many voluntary sector organisations (including Relate centres, Citizens’ Advice Bureaux, and other venues) which could similarly be brought together with mainstream family support. Our proposal is to coordinate existing family support services to bring together a holistic, integrated, wraparound system of support within the community (see Chapter Ten) to support couple parental and family relationships as the basis of wellbeing and child development.

**Example: Relate Derby and Southern Derbyshire**

Relate has been working in Children’s Centres for a number of years, delivering a range of services including relationship counselling, IAPT couple counselling for depression, psychosexual therapy, family counselling, and children and young people’s counselling. The families seen by Relate staff in these centres include those with the most complex of needs, e.g. those who are struggling to cope with significant long-term and complex issues, including domestic abuse, substance misuse, depression and chaotic life styles. Relate finds that co-location in children’s centres offers a range of benefits to families, in terms of easier access, increased awareness and smoother referrals.

The compelling evidence that parents’ relationship quality affects parenting and child outcomes makes this a priority. We saw in Chapter One the damaging effects of conflict. Furthermore:

- The quality of the couple relationship is a critical factor in the environment in which children grow up and develop, and a large body of research indicates the quality of relationship between parents affects interactions between parent and child as well as child behavioural and cognitive outcomes.
- Relationship quality has an impact on the formation of infant attachment, and parents who report greater intimacy and better communication in their relationship tend to be more attuned to and affectionate toward their children.
- There is a strong association between couple relationship, parenting, and child wellbeing, with mutually satisfying, low-conflict relationships being associated with positive parent-child relationships and positive child outcomes.
- Troubled partners often make troubled parents and parents in a happy relationship interact more positively with children, while poorer relationship quality is linked to permissive parenting and more negative parent-child relationships.

However, while parenting interventions tend not to focus on relationships, evidence indicates they ought to:

- Evidence from longitudinal, randomised controlled studies shows parenting approaches which incorporate a focus on parents’ relationship quality are more effective than those which focus on parent-child relationships and behaviours or parental skills alone, as evidenced in better couple relationship quality, reduced harsh parenting, reduced academic, social and emotional behaviour problems in children, and reduced parenting stress.
- A number of longitudinal studies including randomised clinical trials show couple-focused parenting support (compared to parenting issues only) not
Example: Parents as Partners

‘Parents as Partners’ is an evidence-based group intervention for couples and co-parents, brought over from the US by TCCR, and now commissioned by local authorities across the country following a two-year government funded pilot in several London boroughs and Manchester. The programme is built on the work of recognised experts Professors Philip and Carolyn Cowan, and focuses on the relationship between parents (whether they are together or separated), as well as: parent-child relationships; adults’ individual mental health/wellbeing; intergenerational patterns, and also wider stressors and supports for the family. There are strong and enduring outcomes for children (e.g. improvements in emotional and behavioural difficulties) and adults (e.g. improvements in individual mental health as well as in the quality of the couple of co-parenting relationship).

Groups can be accessed via referrals from children and adult focussed services (e.g. Children’s Centres, CAMHS, adult mental health teams, GPs, social care etc.) and self-referral, helping to embed a ‘think family’ and relational approach. Groups take place over 16 weekly sessions, lasting two hours, and to maximise accessibility, community-based daytime, evening or weekend groups are offered. Male/female co-facilitator pairs have training in the model as well as experience of couple, group and parenting work.

Actions we can take:

DWP, DfE and DCLG should work together with local authorities to pilot coordinating existing community-based family support into Family and Relationship Centres to bring together a holistic, integrated, wraparound system of support within the community

DfE’s review of Children’s Centres should recast these as Family and Relationship Centres, with relationships at the core. Provision should be built upon a relational way of working throughout and include couple and family relationship support.

Local commissioners should ensure that supporting parents’ inter-parental couple or co-parenting relationships is at the heart of parenting support interventions.

6.5. Recognising relationships in later life

In recent years there has been a growing and extremely welcome recognition of the importance of relationships to older people’s health and wellbeing. The Care Act 2014 included a new requirement on local authorities to promote wellbeing through their care and support provision, and relationships were explicitly recognised as at the heart of wellbeing within the Act’s definitions. There are also signs that this is being translated into action at the local level: more than 50% of Health and Wellbeing Boards now recognise loneliness and social isolation among older people as a concern within their strategies as a result of the strong evidence demonstrating its damaging health impacts, and many local areas are trialling new ways of supporting social connections in later life.
However, it is notable that most of this work has focussed on social connections and relatively little emphasis has been placed on maintaining the quality of older people’s couple and family relationships. This is particularly important when, as noted earlier, divorces are increasing among older people, and older people are more reluctant to access relationship support.

Similarly, while the Government has recognised the important work done by many family and spousal carers, the approach taken to this work has tended to be largely practical and rarely includes specific emphasis on the relationship challenges presented by caring (though there are some pockets of innovation in this space – such as TCCR’s work on dementia noted in Chapter Eight). At the same time the Government’s flagship family policy agenda has tended to focus on the narrowly conceived ‘family’ of parents and children, rather than recognising the complex interdependencies between generations that exist within many families.

However, in the context of an ageing population, and the pressure demographic change is placing on a wide range of public services, we simply cannot afford to neglect the personal and family relationships of older adults. Supporting older adults to maintain healthy relationships through later life will support them to maintain mental and physical health; will be likely to reduce financial burdens on the state – as people living alone in later life are significantly more likely to be living in poverty;¹⁸¹ and will shore up the supply of informal care for people in later life – an ever more vital resource in the context of pressures on social care budgets.

It will therefore be vital that, as we work to develop new services to support families in their relationships, towards achieving the Government’s aims around children’s life chances, that we include older people in this provision – recognising the role many older people play as grandparents in the lives of many children; the potential impact of breakdown in older adults’ relationships on wider families; and the potential impact that strains on relationships between older and younger adults (including those created by the burden on caring – e.g. within the so-called ‘sandwich generation’) within families may have on wider family dynamics.

It will also be important to consider how services to older people can be developed to embed the relational approaches that have been described throughout this report. Services which seek to recognise, support and build upon the pre-existing assets of people’s relationships, or which provide relational services – such as Shared Lives – have been shown to be extremely effective in supporting wider outcomes, yet too often services neglect or even put up barriers to older people’s relationships – for example in forcing lifelong couples to live separately at the point at which one partner develops care needs.

Example: Shared Lives and older people

Shared Lives has been providing opportunities for adults with learning disabilities and mental health issues to live their lives within a family setting with a Shared Lives carer for some years, and is now increasingly widening that offer to older people and to people living with dementia. There has been significant growth in the number of older people using Shared Lives in the last few years. Shared Lives Plus, the national membership organisation for Shared Lives schemes and carers, has been awarded a grant from the Big Lottery Fund to work with schemes to develop more services for older people.
Shared Lives enables people to live life to the full in their community, without having to live alone or in a care home. Individuals who need support are matched with compatible Shared Lives carers and families, who support and include an adult in their family and community life. In many cases that person moves in, to become a permanent part of a supportive household. The approach starts with a match, where a scheme will match a Shared Lives carer to an individual who wishes to live in a Shared Lives arrangement. These matches are based on compatibility, similar interests and potential for a real relationship. By getting a strong match, arrangements are more likely to be successful and often of appropriate can last many years. In Shared Lives positive relationships are at the heart of the aim of ‘living good lives.’

**Actions we can take:**

The Government should ensure that the roles played by older family members are explicit within its policies for family stability as part of the life-chances strategy.

The Government should extend training on relational approaches for frontline staff and commissioners to those working with older people.

Policy leaders including Public Health England (PHE), DH, and national voluntary sector organisations, should recognise the importance of personal and family relationships in their work on loneliness, recognising the role of formal relationship support in enabling older people to maintain the relationships that matter to them in later life.
7. Direct relationship support

2025 Vision:

6. The market for specialist support is thriving, as more people access services as a result of work to stimulate demand, widen provision, and coordinate resources. Central government has played a key role in promoting innovation, supported the development of clearer pathways, and encouraged help-seeking – creating an effective range of specialist support.

However much support for relationships is embedded in mainstream services to nurture good quality relationships, many people will still need more specialist and ‘direct’ support to promote relational capability, prevent relationship distress, and protect people at difficult times. The second layer of the whole-systems approach to supporting good quality relationships we envision, sitting behind relational mainstream services, is therefore direct provision of ‘formal’ relationship support. This is the primary contribution of the relationship support specialist sector to the ecosystem of support for relationships.

7.1. Stimulating the marketplace for adult relationship education

Preparing for strong and stable relationships need not end with school. Relationship education for adults to develop communication techniques, awareness about common strains and how to deal with them, and learn positive behaviours can support continuing development of relational capability and happier relationships. The range of relationship education programmes now available for adults has broadened out beyond marriage preparation, to include education for couples having a child together, struggling to balance work and family, and with health problems, and it can also be effective for more disadvantaged couples. There is therefore considerable potential to expand adult relationship education in order to support many more people to foster good quality relationships.

However, despite a promising evidence base, only a minority of couples participate in relationship preparation, mostly in religious settings. This is an under-developed market, with cultural barriers inhibiting demand (as we saw in Chapter Five). The concept is not well understood and is often confused with counselling for relationship difficulties, and there is a lack of information about what is available.

There is therefore a need for action to stimulate demand, for example by drawing on insights from behavioural science and ‘nudge’ theory to influence behaviour. One way in which this might be achieved would be to pilot waiving marriage registration fees (£70 per couple) for couples who attend accredited pre-marital relationship education programme, either nationally or in specific local authority areas. This could positively impact on cultural attitudes towards relationship education, normalising support, and encourage uplift in take-up. In addition to stimulating greater demand, this could also help to normalise help-seeking for relationship difficulties further down the line: couples who attend relationship education say they would be more likely to use relationship support services in future.

Marriage in particular is a highly significant life transition which most people at some
point undertake, and therefore also presents an important opportunity – at a time when people may be most open to it – for encouraging couples to think about how they might prepare for a lasting and fulfilling marriage. Civil registrars and clergy therefore have a potentially important role in encouraging people to consider relationship education, and the evaluation for the DfE showed that ‘marriage gatekeepers’ play a critical role: while only 25% of couples attending would have chosen to be there had it been left to them, 80% felt that attending had increased their understanding of how a healthy relationship is built and sustained, and 100% thought more couples should be encouraged to attend.\textsuperscript{188} Clergy often do currently play this role within religious communities; but this is not currently mirrored by civil registrars. With guidance and or training, however, registrars could play a vital role in signposting support.

Evidence demands action to stimulate the market: relationship education shows promising impacts on relationship satisfaction, communication and conflict resolution:

- Meta-analyses have found significant gains in communication and relationship quality\textsuperscript{189} – including RCTs showing participants were 40-50% better off in terms of relationship quality and 50-60% better off in terms of communication skills\textsuperscript{190} – as well as improved wellbeing;\textsuperscript{191}
- The recent evaluation for the DfE found Marriage Care’s marriage preparation was associated with statistically significant positive change in relationship quality and positive changes in wellbeing;\textsuperscript{192}
- UK research also shows attendees are generally positive about relationship education, reporting it encouraged them to think about issues they might otherwise not have considered, including expectations of each other and how they might cope with problems, with attendees underlining the message that ‘all relationships have to be worked at’.\textsuperscript{193}

**Actions we can take:**

The DWP should pilot training for civil registrars to support routine signposting to relationship education, by promoting understanding of the benefit of relationship education and how to refer marrying couples.

Working with the General Register Office, and local authorities, the Government should pilot waiving marriage registration fees for couples who have attended accredited pre-marital relationship education programmes.

### 7.2. Expanding access to relationship counselling and therapy

While a stimulated market for relationship education will support the development of good quality relationships, there will nonetheless remain an important role for relationship counselling and therapy for people who encounter difficulties in relationships – as we all do. While our vision for the future of support for good quality relationships is that we should ideally focus on promoting good quality relationships (which will help to lead to fewer relationships deteriorating), preventing relationship distress and protecting people at times of distress must nonetheless remain as vital forms of support for those who need additional direct relationship support through difficult times.

Relationship counselling or therapy has a robust evidence base behind it – we know it is
effective. However, we also know that access can be difficult and this is a small and fragile sector. It is therefore vital that government supports the sector to expand access. Furthermore, although counselling or therapy is effective, we also know it could be more effective still if accessed earlier: effectiveness largely depends on being accessed at the right time, before crisis, but (as noted earlier) it is often a last resort, meaning that breaking down cultural barriers as described in Chapter Five, is important to maximise its potential. Beyond this, expanding access involves: (1) stimulating the self-funding market; (2) increasing specialist support – as we expand on in the following chapter; and (3) ensuring access for disadvantaged groups as well as innovating to deliver through multiple channels – as we detail in Chapter Ten.

Government has put welcome resource into expanding access to counselling through DWP’s relationship support contracts for people experiencing difficulties, delivered with Relate, Marriage Care, TCCR, Contact a Family, PACE Health, and Asian Family Counselling Service. This has been a much-needed government involvement in the counselling marketplace, and there is a need for continued investment to stimulate the market for self-funded support to shift the costs away from government towards customers who are able to pay; support what is a fragile sector to innovate and explore new models of delivery (for instance, multi-channel delivery – which may also help to encourage self-funded support); and to support the sharing of learning to inform commissioning.

International evidence from a host of studies, including several RCTs, indicates that relationship counselling or therapy can be effective in improving relationship quality, relationship satisfaction, conflict resolution skills, and wellbeing and mental health:

- Studies have found counselling to improve marital satisfaction (effect size d= 0.72), and couple therapy to have resulted in significant change in relationship satisfaction (d=0.60); A review of six previous meta-analyses comparing couple therapy with control groups, found people in therapy were better off than 80% of those in the control group, (overall mean d= 0.84); Clinical practice studies show couple therapy reduces relationship distress and improves mental health; The recent evaluation for the DfE found counselling resulted in statistically significant positive changes in individuals' relationship quality, wellbeing and communication, according to validated scores of relationship quality, communication and wellbeing, with the effect size particularly large for wellbeing (d=0.85 for Relate; d=0.74 for Marriage Care); The evaluation for the DfE also modelled cost-effectiveness, with an indicative calculation that Relate's counselling could save £11.40 for every £1 spent; A previous study of Relate’s counselling found a year later the counselling enhanced relationship quality even where not completed.

Although there are different modalities, research shows a number of approaches are effective at reducing conflict and improving communication, resulting in large reductions in relationship distress – although we know less about what works best for whom in what circumstances, and we need further research on this (which a What Works centre for relationships would help to achieve). Greater investment in relationship counselling could enable many more families to improve their relationships, and help to achieve

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1 Generally, effect sizes of up to 0.3 are regarded as small, up to 0.5 as medium, and from 0.7 upwards as large.
lower rates of relationship breakdown.

Additionally, however, it is important to increase understanding – among the public and policy makers – that counselling and therapy are not simply about relationship-saving: even where relationships break down, counselling can play an important role in supporting people to move on more positively. Many people who access relationship counselling actually do so for support with dealing with the emotional trauma of breakdown, and developing self-understanding.205 Counselling may therefore assist people going through separation to be more informed and to work together more collaboratively – which is so crucial to children’s wellbeing. There is therefore good reason for government to build in the option of counselling into separating families’ pathways – for instance, as part of an online interactive portal, as we have recommended.206 Similarly, this message needs to be conveyed in public awareness campaigns as recommended in Chapter Five to overcome misconceptions.

Actions we can take:

Central government should increase investment in relationship counselling and therapy to increase access, support innovation in the sector, and to support the sharing of learning to inform commissioning.

MOJ and DWP should work together to consider how to build counselling in as an expected step in the journeys of all separating families, accessed through a single point of entry for support for divorcing or separating families (as recommended in Breaking up is hard to do).

7.3. Ensuring children and young people have access to relational counselling

It is essential to our vision that emotional and therapeutic support for children and young people is available to all those who need it. Counselling for children and young people is a vital part of the support spectrum – both because there is increasing awareness of the prevalence of mental health problems and pressures on young people today, which we know have such potential to shape young people’s futures; and because interventions at this point have the potential to improve long-term outcomes, saving money as well as lives. However, we also know that to be most effective interventions need to be relational, seeing young people’s mental health in the context of their relational and familial environments.

In the first place, we need to expand access to children’s and young people’s counselling to reduce mental health problems – of which there has been increasing awareness over recent years and rising demand:

- One in ten children and young people live with a diagnosable mental health condition – around three in every school classroom;207
- 30% of young people are reported to ‘always’ or ‘often’ feel ‘down’ or ‘depressed’, and 21% feel they do not receive the support they need from school;208
- Two-thirds of young people attending school-based counselling are experiencing difficulties at ‘abnormal’ or ‘borderline’ levels, and have problems which have been present for a year or longer;209
- The lifetime cost of a single case of untreated childhood conduct disorder is
estimated to be approximately £150,000.\textsuperscript{210}

There is a strong evidence base (see below) showing counselling for children and young people to be effective at improving mental health and wellbeing. However, the We Need to Talk coalition has reported that despite progress in CYP IAPT, many children and young people are waiting for long periods for therapy, and although school-based counselling is one of the most accessible counselling services for children and young people (with a recent survey suggesting 61–85\% of secondary schools in England provide access),\textsuperscript{211} provision can be patchy, and many children do not have access to a counsellor at school.\textsuperscript{212} All secondary schools in Wales and post-primary schools in Northern Ireland provide access to school-based counselling services, and there is a statutory duty in Wales for authorities to provide access to school-based counselling services. In order to ensure availability of support for all who may need it, we recommend that the DfE makes access to counselling compulsory in all secondary schools in England.

Yet access alone is only part of the picture. We also need to maximise the opportunities for counselling to support good quality family relationships. But this support for children and young people has not thus far been integrated into the spectrum of relationship support, and the familial and relational sources of many young people’s mental health problems have often been under-recognised. Many of the problems children present with in counselling are symptoms of problems at home: a recent survey of over 4,500 children seen by CAMHS services found ‘Family Relationships Problems’ to be the biggest presenting problem – ‘severe’ or ‘moderate’ for over 25\% of children, and ‘severe’, ‘moderate’ or ‘mild’ for over 50\%.\textsuperscript{213} Similarly, a meta-analysis of evaluations of counselling in UK secondary schools found family issues were the largest presenting issue (by a factor of almost two).\textsuperscript{214}

What is required is therefore a relational approach, which sees counselling for young people as part of the spectrum of relationship support. Relational working in children and young people’s mental health services has the potential to reduce psychological distress and improve wellbeing. Greater emphasis within CAMHS on workforce development such that practitioners feel better equipped to recognise and address family relationship issues which lie at the heart of much child mental ill health would bear considerable fruit.

A substantial body of research shows counselling reduces depression, anxiety, and a range of other mental health problems:

- International research shows that school-based counselling and psychotherapy interventions significantly reduce distress.\textsuperscript{215}

- Recent small-scale randomised controlled trials of school-based counselling have found that at 6 and 12 weeks young people showed significantly lower levels of distress than those in a waiting list control group, and data from ‘real-world’ settings similarly indicate that counselling is associated with a significant reduction in psychological distress.\textsuperscript{216}

- A meta-analysis of 30 UK studies found counselling in secondary schools was associated with large improvements in mental health (mean weighted effect size = 0.81) and counselling may indirectly benefit students’ capacities to learn.\textsuperscript{217}

- A controlled trial of 73 young people undergoing school-based counselling found it was effective at reducing severity of depression, suicidal risk, and anxiety.\textsuperscript{218}
Actions we can take:

DfE should make access to counselling compulsory in all secondary schools

Central government departments should work together to provide relational training and CPD to the CAMHS workforce to help practitioners better recognise and understand the relational factors in children and young people's mental health and wellbeing and address family relationship issues

Local authorities, in partnership with schools and children’s and young people’s mental health service providers, should join-up children’s and young people’s mental health with support for families.

7.4. Joining up family relationship support for separating families

Within a life-course approach, support for good quality relationships must include support for families who separate to establish and maintain effective co-parenting relationships beyond separation. Today in England and Wales, 42% of marriages lead to divorce, and between 200,000 and 250,000 parents separate every year. Greater investment in provision and coordination of relationship support will help prevent many relationships from breaking down, but some relationships will still not be harmonious and some will always break down. This requires that where parental separation occurs, we prevent this from leading to ongoing conflict and bitterness which are so damaging for children.

The evidence is clear that the way in which the family functions before, during and after separation is crucial, and there are steps separating and separated parents can take to mitigate relationship breakdown and produce more positive outcomes for children. It is important, therefore, that policy supports family relationships to be as collaborative and harmonious as possible where separation occurs. Support here currently includes mediation (and other forms of out-of-court dispute resolution), Separated Parents Information Programmes, and other projects which provide targeted support to help parents who are no longer partners work together to provide nurturing family relationships for their children.

Relate’s recent report, Breaking up is hard to do: Assisting families to navigate family relationship support before, during, and after separation, deals in detail with the current state of family relationship support for separating families and argues for a more joined-up, holistic wrap-around system of support which places the families who access support at the centre. In particular, we have recommended a single point of access for information and support for separating families, with the primary route of access through an interactive online portal, and coordination of existing community-based support around separation within Family Relationship Centres to provide multi-disciplinary support before, during and after separation.

Example: Family mediation

Mediation is a form of dispute resolution that seeks to help couples to separate or divorce, helping to settle disputes over contact and living arrangements, child maintenance, property and money, without going to court. An impartial mediator assists the parties to plan or make arrangements around divorce or separation. Mediation can help to settle
disputes over contact and living arrangements, child maintenance, property and money, and achieve a smoother separation. It can help each partner to put forward their point of view and be heard by the other, and help them to express feelings without arguments. Mediation aims to strengthen communication and help both partners to make their own informed decisions. The evidence indicates that mediation can be effective at helping separated or separating parents:

- After accessing mediation, couples are more likely to reach agreement on child custody, report lower inter-parental conflict, communicate more frequently, and take a more cooperative approach to parenting.  
- Mediation achieves greater satisfaction with post-divorce outcomes, more contact between non-resident parents and children, more communication between parents and less conflict between parents.
- Studies indicate mediation is significantly more likely than litigation to produce high-quality divorce settlements.
- The Ministry of Justice has also recognised the benefits of mediation, estimating that the average time a mediation case takes to be 110 days compared with litigating cases which take 435 days on average.

**Actions we can take:**

MoJ and DWP should work together to create a single point of access into information and support for separating families, as part of work to implement the wider recommendations made in our report *Breaking up is hard to do.*
8. Targeted support

2025 Vision:

7. There is increased support to access help for at-risk groups going through difficult transitions which place relationships under particular strain. Providers, supported by government, continue to innovate offering new services and building models for partnership which can be replicated and linked into the web of wider provision.

At the most acute end of the spectrum of support – behind the previous two layers of universal-level support embedded in mainstream services and direct relationship support for those who need additional support – we also need to see support targeted at specifically vulnerable groups. This involves creating more tailored packages for people at particular risk, alongside other services or as part of wider interventions for people with more complex needs. However successful the primary and secondary levels are at promoting good relationships and preventing distress, some people will still always need more tailored support to address particular difficulties.

This has been recognised by government, for example in DWP’s very welcome funding of targeted support for particular groups through Contact a Family (for parents of disabled children), Asian Family Counselling, and PACE Health (for LGBT relationships), for example. However, there are many more groups for whom targeted support could be vital – for example, people with long term health conditions, ‘troubled’ families, offenders and their partners, to name but a few examples. This chapter therefore explores some examples of the many forms of relationship support targeted at specific vulnerable groups. These are not at all exhaustive; we simply illustrate what this must look like for three particularly vulnerable groups: people with long term conditions, ‘troubled’ families, and offenders and their families.

8.1. Ensuring relationship support for people with long term conditions

People living with long term health conditions – as well as their carers, families and partners – need specialist support tailored to the specific challenges they face. A life-course approach to support has to include long term conditions: today 17.4% of the population is aged over 65, which is driving a big increase in long term conditions and nearly two-thirds of people today die from cancer and cardiovascular diseases. Living with these conditions often involves profound challenges for relationships; yet strong relationships can also aid recovery or prevent deterioration, and we therefore need to see relationships brought centre-stage in support for people with long term conditions, their partners, and families.

In recent years there has been increasing recognition of the ways in which good quality relationships are protective factors which shield us from the effects of long term conditions, aid recovery, and can even prevent illness in the first place; while poor quality relationships are a risk factor. On the other hand, long term conditions also often have a considerable impact on personal relationships.

However, while there are innovative examples bringing relationship support into health provision for people with long term conditions and their carers and families, these are too
few and far between. We therefore need to see relationship-centred whole-systems approaches which recognise how relationships and experiences of health intertwine.  

One area of particular promise has been the recognition of how mental health is impacted by (as well as impacts on) relationships – for example in the National Institute for Health and Care Excellence’s (NICE) backing for Couple Therapy for Depression, the only NICE-recommended talking therapy which focuses on the couple. This is in principle available through the NHS, funded by Improving Access to Psychological Therapies (IAPT), and the data show it is very effective at aiding recovery from depression, out-ranking the far more common Cognitive Behavioural Therapy.

However, provision of Couple Therapy for Depression is very patchy, and the latest data show it accounts for just 0.3% of sessions delivered in IAPT (and just 0.62% of sessions delivered at the high intensity level), 50% of IAPT services do not offer this intervention at all, and the We Need to Talk coalition found 58% of people who received therapy through IAPT were not offered a choice of the type of therapy they received.

We know Couple Therapy for Depression works: the most recent IAPT statistics show that couple therapy achieved a recovery rate of 52.0% (against the national IAPT target of 50%, and the national IAPT recovery rate which is currently 44.8%), compared to Cognitive Behavioural Therapy (the bulk of IAPT work) which achieved a recovery rate of 44.1%. TCCR has achieved recovery rates of 56.5% across their clinical couple therapy services, and Relate Mid Thames and Buckinghamshire, working with Healthy Minds (the Buckinghamshire IAPT service) have achieved recovery rates consistently around 65% – well above the national average and among the best in the country.

Some services are now wrapping Couple Therapy for Depression into wider wellbeing provision.

Example: Relate Norfolk and Suffolk - Wellbeing Service

Wellbeing Norfolk & Waveney is a partnership between Norwich and Central Norfolk MIND, West Norfolk MIND and Great Yarmouth & Waveney MIND, Norfolk & Suffolk NHS Foundation Trust (which provides a wide range of health and social care services, specialising in mental health and wellbeing) and Relate Norfolk & Suffolk. The Norfolk and Suffolk NHS Foundation Trust is the lead contractor, with Relate chairing the operational board. Commissioned by the 5 local NHS CCGs for 5 years, the service has been designed by patients, GPs, psychologists, local mental health charities, supported by NHS managers. The providers are expert clinicians and therapists from Norfolk and Suffolk NHS Foundation Trust working in partnership with Relate and three local mental health charity Mind services.

The wellbeing service combines a standard IAPT service with a much wider package involving broader wellbeing support (including relationship support alongside employment etc) and works with people with both higher and lower level needs than IAPT usually can. Wellbeing Norfolk & Waveney offers help and support to improve wellbeing and manage stress, low mood and anxiety. The aim is to reduce the onset of mental ill health, prevent deterioration and promote recovery by offering a range of flexible services tailored to meet your specific needs. Services, provided in community settings, include a wide range of workshops and courses, talking therapies, including counselling and cognitive behavioural therapy, and access to social networks. In addition, peer supporters
- known as Ambassadors – promote wellbeing and helping others to support the formal services provided.

This service shifts away from ‘secondary mental health care’ to a community care focus, combining clinical interventions with broader community support that enables people to socially recovery from mental health problems. By treating as many patients as early as possible within community settings, it aims to help avoid admissions into mental health units and offer better outcomes for people, offering locally based support before their problems become too great. Early data showing recovery rates of 70%.

In order to ensure that as many people as possible are most effectively helped to deal with depression, government needs to ensure that the IAPT programme offers meaningful choice across the full range of evidence-based therapies, including Couple Therapy for Depression. Actions to achieve this could include:

- Guidance and training for: (1) commissioners, with the support of their local Strategic Clinical Network, to ensure that they understand the benefits of the full range of NICE-recommended IAPT therapies and the importance of meaningful choice; and (2) service providers and referring agencies (e.g. GPs) to ensure that people are offered an informed choice of therapy from the NICE-recommended psychological therapies.
- Improved information for people accessing IAPT services to ensure that individuals can make choices about the psychological therapies that are best for them.
- Including indicators on choice among IAPT users in commissioning frameworks or the CCG Assurance Framework, for instance.

Supporting people living with depression to improve their relationships is one part of the picture; but so too is relational work with other long term conditions, many of which present particular challenges to relationships and require a specialist response. For example, good quality relationships can slow the rate of decline in people with dementia, even delaying admission to hospital or care homes, while lack of positive interaction between couple carers and people with dementia is predictive of patient survival, with those experiencing less positive interaction likely to die earlier.

**Example: Living Together With Dementia**

The Tavistock Centre for Couple Relationships (TCCR) runs an intervention specifically created to improve the life experience and mental health of older couples living with dementia. ‘Living Together With Dementia’ (LTWD) targets both the person diagnosed with dementia and their partners, and focuses on the relationship between them. It comprises both an intervention for couples with dementia and a professional training package for staff in that intervention, designed for psychological therapists, counsellors and others, working in the mental health and social care of older people in statutory and voluntary services.

LTWD aims to help people living with dementia to manage the trauma of the diagnosis, the loss and the changes it brings and to maintain, or recover, the protective aspects of the relationship – which research indicates are to do with emotional contact and understanding, positive interactions, shared activity and involvement and the overall quality of the relationship between the partners. The programme draws on the...
relationship as an asset to both partner’s health and wellbeing, helping couples to live healthier lives at home.

This is a pilot programme running until 2015, and the evaluation is pending; however, TCCR draws on evidence that closer couple relationships reduce cognitive decline, and that the most effective interventions focus on both the patients and the caregiver. Preserving and nurturing the couple relationship can reduce couple stress and improve the health and wellbeing of both individuals, and evidence shows the quality of couple relationships is of crucial importance in determining when or whether the person with dementia goes into residential or hospital care – and even how quickly they decline and die.

The links between relationships and long term conditions apply equally to physical conditions. Yet here too support which addresses people’s relationships is often sparse. Research indicates a perceived lack of support to address relationship problems when common medical issues or medical conditions cause relationship stress. Macmillan’s research similarly highlighted how support for people with cancer often does not address their relationships and loved ones.

Although too few and far between, there are innovative examples of relationship support which indicate the way ahead.

**Example: Relationship support for those affected by cancer**

A cancer diagnosis can have a major impact on relationships. Macmillan’s research found a third of people with cancer said that their relationships were put under ‘enormous’ strain, quarter experienced difficulties with their partner as a result of diagnosis, and four-in-ten people living with cancer also said that their sex life suffered as a result. Relate and Macmillan Cancer Support are working together to offer free specialist relationship counselling, including psychosexual counselling and telephone counselling, to people affected by cancer – including people with cancer, their families and carers. The service aims to help individuals, couples and families make relationships work better; help people talk to each other; help them to develop coping strategies and get ‘back to normal’ when cancer treatment is finished; and provide help with sexual problems resulting from surgery, treatment, altered body image, tiredness, or anxiety.

Relate has been working with their clinical team, trustees and Macmillan to develop measures to evaluate the service and to note the changes people experience as a result of counselling. The results look promising: in Greater Manchester, for example, 73% of service users said it had a positive impact on their relationships and 76% said they were better able to cope with relationship difficulties.

Since the evidence linking relationships and health is now clear, we need to see preventative mental health and wellbeing support provided to people living with long-term conditions, their carers/partners, and families. As we stated earlier in Chapter Four, national frameworks are a vital tool in transmitting national Government’s message around supporting relationships to the local level. Accordingly, we need to see the commitment to relationships embedded in the vital health frameworks, and this should flow through to lower level frameworks for commissioning etc., to make it clear that relationships matter.
DH could also issue guidance to local Health and Wellbeing Boards on the importance of relationships as determinants of health, in particular for people with long term conditions, to encourage Boards to address the relationship support needs of local people with long term conditions and address this in Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Similarly, the establishment of targets by the NHS for the numbers of people living with a long-term health condition having access to support for their relationships as a part of person-centred care would help to drive supply to meet the evident demand, as with our ageing population more and more of us live with long term conditions.

**Actions we can take:**

*DH should ensure that the full range of NICE-approved evidence-based therapies, including Couple Therapy for Depression, becomes available in 100% of IAPT services to ensure patients are offered choice of therapy.*

*Central government should issue guidance for Health and Wellbeing Boards and Directors of Public Health to encourage them to see couple, family and social relationships as part of their core work, as key determinants of health and wellbeing – especially for people with long term conditions.*

*The relationship support and long term conditions sectors should work in partnership to provide innovative support for people living with long term conditions*

8.2. **Putting relationships at the heart of the ‘Troubled Families’ Programme**

At the highest-need end of the spectrum of support are interventions for families with multiple complex needs. Here we envision support for good quality relationships built into interventions, with support to strengthen family functioning and relationships at the heart of attempts to turn families’ prospects around. The major central government-led programme here is the ‘Troubled Families’ programme – a welcome initiative which builds on the earlier ‘Think Family’ agenda to address inter-generational disadvantage and end cycles of family dysfunction and deprivation. However, unless this programme adopts an explicitly relational approach, it will nonetheless be something of a missed opportunity. This is not necessarily about ‘bolting-on’ relationship support such as counselling; rather it is about provision across the programme as a whole being rooted in a good understanding of family functioning and the role of relationships.

There are strong indications that couple conflict and family relationship difficulties are among the root causes of many of the issues that the ‘Troubled Families’ Programme aims to address. In the expanded programme, families included must have at least two problems out of: parents or children involved in crime or anti-social behaviour; children who have not been attending school regularly; children of all ages, who need help, are identified as in need, or are subject to a Child Protection Plan; adults out of work or at risk of financial exclusion or young people at risk of worklessness; families affected by domestic violence and abuse; and parents or children with a range of health problems.248

These issues often have their roots in dysfunctional family relationships.

- Children’s exposure to parental conflict can result in increased anxiety, depression, hostility, anti-social behaviour and criminality.249
• The quality of the relationship between parent and child has been shown to be linked to the quality of the relationship between the parents, with parents whose couple relationship is troubled being less likely to have an effective, authoritative parenting style.

• 41% of offenders report witnessing violence in their home as a child.

• People who have experienced homelessness are more likely to have encountered family breakdown as a child.

• Separation from a biological parent, high family conflict and multiple transitions into new families have been shown to all be equally associated with increased involvement in crime by men.

• Approximately a third of the families in the programme experience domestic violence and nearly half are lone parent families, many of whom will be navigating difficult co-parenting relationships with an ex-partner.

Programme director Louise Casey has observed that “Many of the people interviewed were just not very good at relationships – unsurprising perhaps in light of their own upbringings.” Since the research indicates it is the quality of the co-parenting relationship, rather than simply the individual parenting skills of each parent, which has the most profound effect on family functioning and children’s outcomes, there is a strong case for work in the Troubled Families programme to provide support for parents’ couple and family relationships. For example, parenting approaches which incorporate a focus on the parental relationship are more effective in maintaining couple relationship quality, reducing harsh parenting, reducing academic, social and emotional behaviour problems in children, and reducing parenting stress. As yet, there is no national focus or leadership on relationships within this programme.

The Troubled Families programme presents an important opportunity which should not be missed. A number of pathfinder local authorities could be selected by DCLG to pioneer effective relationship support work through their Troubled Families teams, demonstrating the effectiveness of innovative solutions that address relationship difficulties in turning around the lives of troubled families. The learning from these pathfinder areas could then be showcased across the programme, including through the development of new guidance and training for local Troubled Families Coordinators to understand the importance of couple and family relationships for the success of the programme (e.g. for achieving improved family functioning and more effective parenting), the interventions that work to reduce conflict and improve relationship quality, the availability of local support, and how local authorities can understand and measure their success in this area.

Actions we can take:

DCLG should work with pathfinder areas to test relational approaches to turning around the lives of troubled families and then roll out learning across the wider programme.

The Government should extend training on relational approaches to Troubled Families Coordinators.

8.3. Relational approaches to rehabilitation of offenders

Finally, we need relational approaches to custody and reducing re-offending. Running
through all of the above has been the importance of moving beyond a focus on individuals as isolated units to an approach which considers individuals in the context of their relationships. And this must apply to the rehabilitation of offenders just as it does to people with long term conditions.

There is increasing awareness of the role of families and relationships in reducing re-offending and re-integrating ex-offenders back into the community and normal life. The Ministry of Justice’s research found good evidence that interventions which aim to improve family relationships and parenting can reduce re-offending for young offenders. This review found promising evidence that approaches which focus on family and intimate relationships may contribute to reducing re-offending among adults, highlighting in particular that facilitating family visits and home leave for prisoners. Furthermore, evidence indicates that strengthening family ties can reduce the likelihood of reoffending by two-fifths, and researchers have found clear effects of separation patterns on offending, with men’s offending reducing when they get married and increasing when their marriage breaks down.

**Example: Building Stronger Families programme**

‘Building Stronger Families’ (BSF) was developed by charity Time for Families – now a part of the Prison Advice and Care Trust (Pact). It is a six-day course over six weeks, aimed at strengthening prisoners’ relationships with their partners, and reducing the risk of couples breaking up – since while good relationships can be crucial in helping an offender reintegrate into the community and help reduce reoffending, if a relationship breaks down during a prisoner’s sentence they are more likely to reoffend upon exiting prison.

BSF was developed from a validated relationship training programme from the US, the Prevention and Relationship Enhancement Programme (PREP). It helps couples tackle poor communication, arguments over parenting and money management. Using a mixture of activities, group work and couple discussions the course aims to improve the way couples communicate, talk about their children and handle disputes over money. Prisoners and their partners work together to learn skills to strengthen their relationships. The programme has had over 1,800 participants in prisons across the UK.

Evaluation of this programme has shown a significant effect on prisoners’ and partners’ relationship satisfaction as measured by the ENRICH communication scale. Furthermore, information provided by the Ministry of Justice on a sample of 144 participants showed that reoffending rates were, on average, 10 percentage points lower than a similar group of non-participants. BSF has also been approved by the National Offender Mentoring Service, ISMG.

There is therefore a powerful case for embedding support for good quality relationships within prisons and developing a relational approach to rehabilitation which puts the ability to form and maintain healthy relationships at the heart of ex-offenders’ reintegration into the community. This is of course an area of policy and a sector in flux; however as government reviews the rehabilitation landscape, it should ensure that relationships are at the heart of rehabilitation, with evidence-based support for prisoner’s and their partners’ relationships to develop relational capability and strengthen family relationships built into national frameworks in order to ensure more stable funding for projects, as well as help to coordinate provision within prisons with provision in the community. Putting relationships at the heart of rehabilitation in this way may prevent
many prisoners’ relationships from breaking down – with significant wins in terms of reducing recidivism.

**Actions we can take:**

MOJ should build support for prisoners’ relationships into national rehabilitation frameworks, putting prisoners’ relationships at the heart of their reintegration into the community.
9. A role for employers

2025 Vision:
8. Businesses recognise the economic and productivity benefits to be gained by promoting good relationships at work and supporting employees to maintain their personal, family and social relationships; employment policy encourages healthy work-life balance.

It is crucial to widen out relational thinking not only to individuals themselves and professionals in public services with whom they come into contact, but also to employers, who are vital agents in major spheres of our lives. So many of our waking hours are spent at work that to ignore this sphere of activity would be to neglect a major source of stress on relationships – as well as significant potential for supporting employees to sustain strong and healthy relationships. Furthermore, given the economic significance of relationships, it is vital that employers are brought into the picture and are supported to recognise that there are both self-interested reasons (i.e. productivity) and benevolent reasons for caring about relationships. A whole-systems approach to supporting good quality relationships therefore must involve communicating to employers the importance of their role, both in terms of how work lives impact on family lives (which matters for individual and for national policy reasons) but also how family lives and relationships in turn impact on working lives.

In the first instance, employers who are focused in productivity ought to support healthy work-life balance and family-friendly working, as work and family life and relationships are intimately related. But secondly, employers should also support good quality relationships within the workplace: if employees are supported to develop relational skills this will also furnish them with the skills to develop productive relationships with each other, clients or customers at work too.

The work-family link runs in both directions. On one hand, pressure at work can spill over to create pressure in family relationships. Working long hours can mean:

- Increased strain on relationships;\(^\text{263}\)
- Relationship breakdown;\(^\text{264}\)
- Arguing with partners;\(^\text{265}\) and
- Increased family conflict\(^\text{266}\) – especially for parents of pre-school children;\(^\text{267}\)

Similarly, when work-related mobile phone use spills over into family life, this is linked to higher levels of distress and lower levels of family satisfaction.\(^\text{268}\)

On the other hand, relationship problems at home also have an impact on work, including lower job satisfaction, greater likelihood of wanting a new job, greater psychological strain, increased somatic/physical symptoms, higher depression, and greater likelihood of burnout.\(^\text{269}\) OnePlusOne’s research found that the degree to which people are engaged in and fulfilled by work is associated with the quality of employees’ couple relationships.\(^\text{270}\) TCCR’s research with senior HR staff in London also found that 95% agreed couple relationship difficulties affect work performance, and a third come across employment issues related to employees’ relationships with partners every 1-6 months (and 2/5 come
across it every 6-12 months). 271 Research also indicates a positive link between flexible working patterns and improved work-life balance, reduced stress, improved performance at work, improved employee relations, higher employee commitment and motivation, reduced absenteeism and increased productivity. 272

This therefore gives employers strong reasons to be interested in employees’ work-family balance. Since home life can be a significant driver of motivation and performance at work, employers have a clear motivation for thinking relationally and supporting employees to balance work and family relationships effectively, alongside an altruistic one to look after employees’ wellbeing.

9.1. Supporting genuinely family-friendly working

The evidence indicates, therefore, that relationship quality and work engagement are positively associated and significantly predict each other, with high or low levels in either correlating respectively with high or low levels in the other. 273 Interestingly, work-life negatively impacting on family-life has a stronger negative influence on both work engagement and relationship quality than vice versa: stress from work exerts greater negative impact on work performance and family life than does stress originating from family life. 274 An increase in work pressures may therefore create a ‘negative feedback loop’ for employers – increased work stress is likely to have negative impact on relationships at home, which, in turn, decrease work engagement, while alleviating pressures at work can establish a virtuous circle that benefits both. 275

This means it is clearly in employers’ interests to do what they can to improve employees’ relationship quality (such as offering relationship support, reducing working hours, or supporting flexible working, etc.) And since the impact of work on family has the strongest link to work engagement and relationship quality rather than vice versa, it would also seem that employers may be best-placed to address work-family conflict and family-work conflict. 276

However, employers’ responses must go beyond paying lip service to ‘flexible working’. Far from ‘flexible working’ being the silver bullet for family-friendly work, some studies actually suggest flexible working is correlated with slightly lower, not higher, levels of relationship quality – likely due to higher conflict between work and family life as boundaries between the two blur. 277 And some studies indicate that informal work support (e.g. a supportive supervisor) is more important in reducing work-family conflict than formal flexible working. 278 Thus what is key is not the typology of the working arrangements (whether it is full-time, part-time, ‘flexible’, etc.) but rather the extent to which genuine balance is achieved between work and relationships – yet government policy to date has focused on the working arrangements more than their quality. A voluntary ‘family friendly employer’ quality mark, developed in partnership with employers, assessed not only by outputs (such as flexible work policies) but also, crucially, by outcomes (such as employees’ satisfaction with work-life balance) would help to lead the way and encourage employers to think relationally by signalling those employers leading the way.

9.2. Expanding relationship support for employees

Employers may also provide relationship support to employees. There are indications that some employers are open to this: in one study, almost half of employers said they would consider offering relationship counselling to employees if presented with compelling
evidence of the links between work performance and couple relationship problems\textsuperscript{279} – although employers primarily refer employees to individual counselling rather than couple counselling, whereas evidence suggests individual counselling is less effective for relationship difficulties.\textsuperscript{280} There are gaps in many employers’ awareness of this link and how to respond appropriately, which training could help to bridge.

9.3. Supporting workplace relationships

Additionally, employers also have a key role to play in terms of how employees relate to one another at work and in supporting workplace relationships. Thinking relationally in the workplace is not just about how home life and work life interact. Rather, it also extends to relationships within the workplace. For example, workplace mindfulness has been found to enhance social relationships in the workplace, ultimately boosting task performance,\textsuperscript{281} thus achieving benefits for employers (improved productivity, decreased absence) as well as for employees (reduced stress/anxiety, increased resilience and emotional intelligence, improved communication, and better workplace relationships). According to research by the Work Foundation, strong relationships in the workplace are one of the main features of ‘good work’ — work that maximises employees’ health and wellbeing, which in turn are linked to productivity, reduced sickness absence and staff turnover.\textsuperscript{282} There is therefore a compelling case for training targeted at HR departments to help them see the importance of relationships in the workplace and think about how they might best support them.

**Actions we can take:**

The DWP should work to develop a Family Friendly Employer quality mark, in partnership with employers and the relationship support sector, which emphasises measuring outcomes (i.e. satisfaction with work-family balance) rather than outputs (flexible work policies).

Employers should promote relationship support for their employees.

Employers should explore ways of supporting good quality relationships in the workplace, including training for HR departments.
10. Ensuring accessibility of support

2025 Vision:

9. People are able to access the support they need when they need it, and in the way that works for them. There is seamless access to a spectrum of support for relationships, delivered by a range of providers. Local communities benefit from access to local hubs for family and relationship support which coordinate and co-locate provision, with clearer entry points and support pathways. Providers are responsive to their clients and innovate to find new channels for delivery to reach more people.

Central to achieving our 2025 Vision is the widening of access to support for relationships across the spectrum. A thriving marketplace for support for good quality relationships requires finding new ways of reaching customers, making support more easily accessible, with clear and well-understood gateways into support. This means breaking down current barriers to entry. We have already set out our vision for reducing the cultural barriers to support (in both public culture and professional sub-cultures), in terms of stigma, etc., through a cultural movement for relationships in Chapter Five, and this will help to reduce cultural barriers. But we also need to address accessibility and affordability hurdles.

If we do not make support more accessible, all the investment in provision will nevertheless leave many people in need untouched. And if we do not ensure affordability, there will always be many people – crucially, often those with the greatest needs for support – simply unable to take up the support available.

Our recent report on joining up family relationship support before, during, and after separation made the case for a much more coordinated approach to support for separating and separated families, joining relationship support up with family justice. This vision for holistic, wraparound support for good quality cooperative family relationships beyond separation was centred on coordinating different parts of the system, and a key recommendation was the bringing together existing community-based support services into single centres to provide multi-disciplinary support for relationships in all their forms.

Crucially, they also have a vital role to play in providing accessible and joined-up relationship support in the community right across the life course – and hence they are similarly a key pillar of our 2025 Vision.

10.1. Coordinating support in the community: Family and Relationship Centres

As we have indicated in several places, increasing accessibility of support could be improved by joining-up provision, coordinating or co-locating existing resources in the community. Government should therefore pilot Family and Relationship Centres to test how existing, disparate providers across the spectrum could be encouraged to coordinate and consolidate their support to provide a multi-disciplinary range of services across the life course from one place (physical or more virtual), increasing accessibility for the customer.

In Australia, Family Relationship Centres were introduced on a large scale, with substantial federal government funding, but the basic concept could be achieved in the
UK using existing community-based infrastructure such as Children’s Centres (as we explained in Chapter Six), Wellbeing Hubs, and relationship support providers, thereby minimising the ongoing revenue requirements. Making full use of existing resources in this way would mean investment would be primarily in brand and outreach.

As we observed earlier, DfE’s forthcoming review of Children’s Centres presents an important opportunity for considering the potential for these valuable community resources to be built upon to offer families wrap-around family and relationship support across the life course coordinated from one place (not always necessarily co-located under one roof, but having a shared vision and coordinated practice). There is some scope for DWP’s ‘Local Family Offer’ pilot\textsuperscript{284} to trial aspects of this on a small scale (the tender included “the role of Children’s Centres supporting couple counselling provision and integrating with health services”), but this is only one potential dimension for this work to include in the selected local authorities, and it will not deliver a sustained focus on building on Children’s Centres in a relational way. Accordingly, it is important that DfE gives consideration to this in its review and drives reform nationally.

### Actions we can take:

DWP, DfE and DCLG should work together with local authorities to pilot coordinating existing community-based family support into Family and Relationship Centres to bring together a holistic, integrated, wraparound system of support within the community.

### 10.2. Developing new ways of accessing support, creating a multi-channel offer

Accessibility of support is clearly vital to ensure that everyone who needs support can get it. Local coordination is one way of improving this; the other is to open up new delivery channels. Support for good quality relationships needs to keep pace with modern life, and the future of support must mirror that of technological advances and the way we buy and access services in other fields.

Technological innovation can give users greater control in how and when they access support, which may be particularly important for people who have difficulty travelling or who work antisocial hours, for instance. Growing evidence indicates people want to access services from their own home, when it suits them. A survey of users of the online service, CoupleConnection.net,\textsuperscript{285} for instance, showed users valued its accessibility at any time (68%), as well as the fact it was free (67%). The anonymity which online support offers can also help to overcome stigma: 50% said they would never use face-to-face services,\textsuperscript{286} and there is increasing demand for online services over face-to-face services from some audiences precisely because of this anonymity,\textsuperscript{287} with 77% of CoupleConnection users indicating this. It is therefore very welcome that government has invested funds in expanding digital delivery of relationship support, and we need to see support providers ensuring multi-channel delivery becomes the norm.

### Example: The Couple Connection

OnePlusOne’s The Couple Connection is an interactive, web-based service aimed at promoting relational capability. It is designed to support individuals who come to the website with a specific relationship issue and enable them to explore information about
this by watching videos, reading articles, doing quizzes, and chatting to other users through the forum, as well as chatting directly online for up to 15 minutes to moderators who have a counselling background through the private chat tool ‘The Listening Room’. An evaluation showed that 87% of users said they understood more about why relationships work or do not work as a result of this service, and 80% said that they were more aware of how relationships affect parenting.  

The CoupleConnection also has a private chat service called the Listening Room. The user can log onto the service (which runs from 9 – 10 pm every day) and speak with a moderator, who has a counselling background, for up to 15 minutes. The moderators help the user explore and understand what is going on in their relationship. A survey by OnePlusOne found that 43% of adults would not want anyone to know that they had seen a counsellor. Many people feel as though they need someone to talk to about their relationship, but are too embarrassed to seek relationship advice from friends, family or a counsellor. There is also a cost implication for most professional help. The Listening Room is designed to help people who feel as though they have nobody to turn to and need a listening ear.

Example: Live Chat

Relate provides a range of digital services including ‘Live Chat’ counselling, now Relate’s most commonly accessed support service, which provides the opportunity to communicate by internet with a trained counsellor in real time through an instant messaging function. Sessions are one-off and usually last around half an hour. This service is completely free. Since its inception, Relate has seen an increase in the number of users accessing Live Chat, with it peaking in 2012/13. Between 2009/10 and 2013/14 Relate’s Live Chat service saw a 991% increase in users.

Example: Relate’s Online Family Dispute Resolution Tool

Relate has developed an online tool for family dispute resolution which is adapted from state-of-the-art online dispute resolution technology used by eBay and PayPal. Users visit a website where they’re guided through a series of stages which ultimately lead them to a separation plan. Along the way, they can call on quality assured support from specialists like lawyers, family mediators and relationship counsellors.

It starts with a smart ‘problem diagnosis and information’ step. This helps couples understand what the key issues will be that they will need to work out as separate and what support for dispute resolution they might need. A personalised/customised report also links them to some of the best existing online advice provision from organisations like Citizens Advice, Cafcass, Advice Now and many others.

Couples also have the option to move to the direct resolution of their separation disputes. In the first instance a technology-facilitated negotiation process gives them the best chance to resolve their disputes by themselves. They work together towards reaching a separation plan that covers children, finance, property issues and so on. Trials in other jurisdictions show high levels of user satisfaction with this self-help tool/approach.
If a couple gets stuck they can easily access affordable professional support online for legal advice, and for help with managing conflict and the emotional stress of separation. Parents will be able to continue to use the service after their separation as they learn to be parents apart.

Relate are working towards a blended model where users can chose how they want to engage with service providers – online, face-to-face or both.

**Actions we can take:**

Providers of relationship support should explore how to use a range of channels to improve clients’ access to services, drawing on insights from the research to understand the mechanisms for stimulating the self-funding market for relationship support (see Chapter Five).

Central government and social investors should work together to create new specific funding streams to support innovation in the relationship support marketplace.
11. **Breaking the cost barrier**

**2025 Vision:**

**10. Affordable or free support for good quality relationships is available to disadvantaged groups and those most at risk of experiencing relationship distress and/or its negative consequences.**

Our recommendations so far have focused on expanding support for good quality relationships across the spectrum by stimulating demand, widening provision and improving cross-referrals, as well as building relational approaches into mainstream provision. However, even if we effectively address all these issues, cost will nevertheless prevent many people from accessing support.

Affordability of available support is also of particular importance given the Government’s welcome focus on the role of safe, stable and nurturing relationships in tackling social injustice in its forthcoming life chances strategy. Relationships are a clear social justice issue, because they are so closely entwined with our wider capabilities and life chances. Those without good quality relationships, as we saw in the Chapter One, are often disadvantaged. They tend to experience poorer health and wellbeing, greater economic insecurity, and overall lower outcomes; they have lower social capital and reduced access to the connections which can bring better jobs, friends, and peers; and many are thus excluded from full participation in the ordinary life of society and from opportunities for feeling valued.

It is now recognised that poverty and relationships are often interlinked (with the causal pathways running in both directions): we know that good quality relationships can help prevent poverty, while poor quality relationships can entrench it, but also that experiences of poverty and financial strain, in turn, can grind down relationships and lead to deterioration and relationship breakdown – entrenching disadvantage yet further. And this means that ensuring affordability of support (and free access for many) must be at the centre of government’s approach, if supporting relationships is to help tackle poverty and inequality: no one must be prohibited from access by finances.

Financial barriers are different barrier from willingness to pay (which we have already made recommendations to address), but while we know financial barriers exist, information is currently lacking on where the line falls between people who could be encouraged to invest in their own support (using ‘nudge’ theory as suggested earlier, for instance) and those who, for all the encouragement or incentives, would nonetheless face a financial barrier. The market for support is currently under-developed, and demand under-stimulated. This therefore means that the actions we have proposed in Chapter Five are important to shed light on the financial barriers, as well as in their own right.

11.1. **Ensuring targeted subsidised/free support for vulnerable groups**

While this is not the case for all forms of support (some of which are free), the cost of many more established ‘formal’ relationship support interventions such as counselling can be prohibitive for low-income couples – unless commissioned as public services. Providers typically operate a pay-what-you-can-afford model to ensure services are as accessible as possible, but providers also report increasing demands on services, not always matched
by clients’ ability to pay the full cost. For example, Relate practitioners have reported increasingly seeing couples delaying accessing support or not finishing courses of counselling because of money worries during the recent Great Recession as well as increasing numbers forced to remain living together despite having decided to split up, unable to bear the cost of setting up different homes. Relate Centres have also reported an increase in the number of couples who are unable to make any or only a limited contribution to access services. These experiences are mirrored across the sector.

Given the evidence for the bi-directional link between poverty and relationships, there is a strong argument for government to continue to invest in supporting relationships for low-income people or those at risk of poverty and to ensure free or heavily-subsidised access for particularly vulnerable groups to ensure equal access and help reduce cycles of disadvantage. There are vulnerable points where we know people’s relationships come under additional strain, such as unemployment or severe debt (see below). We cannot risk such people being unable to access support due to prohibitive costs and thereby face yet greater relationship strain (with all that can entail in terms of wider disadvantage and social inequalities) – so these points are particularly ripe for government investment.

We therefore urge the Government to trial schemes to ensure access for those unable to pay, such as a relationship support credit schemes targeting at-risk groups by offering free access through GPs and other system ‘touch points’ (health visitors) up to a cost of £200 per couple, to be redeemed against relationship support providers accredited by Government through a quality kite mark or approved provider framework offering reassurance to couples and local referral agencies. Another option would be to pilot an offer of digital access codes for online services, to expand the market, create new channels to access and ensure universal provision of quality services. Criteria could be created to establish the most effective channels to be targeted and to ascertain the main points of contact with those undergoing transitions associated with relationship distress, but could include GP surgeries, Job Centres, debt counselling, Citizens Advice, etc. These codes could offer access to a range of services from self-help and peer support to services such as Live Chat, email counselling, and other forms of online provision. Digital access codes for online provision would also enable triage functions to open routes into deeper support for good quality relationships for those who need it.

The compelling evidence that poverty and financial distress increase the risk of relationship distress and relationship breakdown makes this a priority:

- Studies show recessions are associated with increased conflict and marital tension, and people who are disadvantaged economically are considerably more likely to experience relationship deterioration and breakdown.
- Lower-income households are most likely to be characterised by lower relationship satisfaction and are more likely to have arguments about money – which tend to be more pervasive, problematic, recurrent, and remain unresolved than other arguments. (Even in relatively prosperous times, arguments over money predominate as a source of conflict.)
- Reduced income and economic strain increase hostility and decrease ‘warm’ marital and family interactions, which reduce relationship quality.
- Unemployment tends to reduce self-esteem and worsen mental and physical health, which in turn impact on relationships – with male unemployment particularly likely to diminish relationship satisfaction. UK studies suggest male unemployment can increase the probability of relationship breakdown...
by 33 per cent and female unemployment by 83 per cent, with financial insecurity the primary driver.\(^{301}\)

- Income pressures increase the risk of relationship breakdown, while improvements in financial situations decrease it.\(^{302}\)
- Couples in households caught in problem debt which is unsustainable, unsecured, or where debt becomes a source of worry, are twice as likely to experience relationship breakdown,\(^{303}\) while households able to completely pay off debt are likely to experience significant and substantially improved relationship quality, even after accounting for changes in income.\(^{304}\)

### Actions we can take:

Central government should fund pilot initiatives to test out the most effective ways of targeting relationship support to vulnerable groups, including vouchers and digital access codes.

\(^{4}\)Although the author stresses that this gender difference is not statistically significant.
12. How do we get there? Practical steps on the way - 1 year, 5 year, 10 years

Summary of vision points and recommendations

1. There is a joined-up approach to supporting good quality relationships which is shared across central and local government, and there is a relational focus to policy making across government. The Family Test is routinely applied, and policy makers consider couple, family and wider relationships as part of this work.

2. Central and local government work together to deliver on shared objectives in relation to supporting good quality relationships as part of the wider wellbeing agenda.

3. Supporting good quality relationships is written across local and national strategies for adult and child health and wellbeing, with outcome measures at national level, good data informing a relational approach to joint strategic needs assessments, and strategic commitments across health and wellbeing boards, implemented by a range of authorities working alongside specialist organisations.

We need:

A relational lens to national policy: the Family Test

**Government should ensure the Family Test is routinely and transparently applied (i.e. departments publish Family Test impact assessments of all domestic policies).**

Local policies subject to a family test

**Central government should encourage local authorities to apply the Family Test when considering new local policies and in the commissioning cycle.**

Local leadership and local relationship strategies

**The Government should undertake capacity building work to support local authorities in developing local strategies for supporting good quality relationships, for example through a ‘family friendly communities’ programme.**

**The Government should work with Health and Wellbeing boards to identify, build upon and share examples of good practice in developing local relationship strategies.**
strategies.

Data to inform relational policy

As part of its work to develop new indicators for family stability, the Department for Work and Pensions should insert validated a measure relationship quality in a national survey such as Understanding Society to gather data at national and local levels.

Government should expand the What Works Network to include a What Works centre for relationship support to refresh and extend the evidence base and support dissemination of learning.

Reflect the importance of relationships in national frameworks

Government departments responsible for key frameworks, including in particular the Department for Health, should identify how indicators of relationship quality and stability could be inserted into national outcomes frameworks.

A joined up national strategy for supporting relationships

Central government should develop a cross-departmental national relationships strategy, feeding into the forthcoming ‘life chances’ strategy, to deliver joined-up national leadership and a shared vision for promoting good quality relationships.

Government departments including in particular CLG and DWP should work together to develop a programme of support, in partnership with the Local Government Association and others to build expertise in whole-systems approaches to supporting relationships at the local level.

4. The Government has taken up the challenge, working in partnership with the voluntary sector, to drive culture change around relationships, creating a social movement for good quality relationships throughout society, tackling stigma and encouraging take-up of support across the board, and particularly stimulating the self-funded market.

We need to:

Reduce stigma and normalise support

Cultivate ‘developmental’ attitudes

A public education campaign to catalyse a social movement for quality, stable relationships as the basis of individual wellbeing. This should be supported by Government, but led by the third sector, and ultimately owned by a wide range of
businesses, community groups and grassroots activists.

Joint working between the relationship support sector and the Government to draw on insights from ‘nudge’ theory and behavioural insights to design ways to effect public cultural change and stimulate demand, such as a ‘first session free’ relationship support scheme.

The DWP should commission work to understand the mechanisms for stimulating the self-funding market for relationship support.

Overcome barriers in professional cultures

Investment in training and guidance for frontline practitioners to support them to identify relationship distress, confidently and appropriately talk to service users about relationships, know what support is available, and make appropriate referrals.

5. Promoting good quality relationships is embedded in mainstream services. Frontline professionals understand the importance of good quality relationships to individual and community health and wellbeing, and take responsibility for supporting and promoting them, recognising the signs of relationship problems, and knowing how to refer individuals for support.

We need to:

Promote relational capability from the start: Relationships Education in schools

All children and young people should have access to good quality Relationships and Sex Education, as a compulsory part of the National Curriculum, taught by specialist teachers or third sector experts

Build relational healthcare: the role of health professionals

The Department of Health should develop national guidance for healthcare professionals, building on DWP’s work, to support them to identify relationship distress, talk to patients about relationships, and make appropriate referrals.

The Department of Health should incentivise GPs and other health professionals to appropriately refer patients facing relationship issues to relationship support, through national assurance and payment frameworks.

Reach new parents: building support for good quality relationships into
DWP should work with DH to provide cross-government leadership in coordinating relationship support with perinatal provision, embedding the learning from DWP’s perinatal pilots.

Local commissioners should coordinate or co-locate relationship support provision with perinatal support and birth registration.

**Treat families as families: Family and Relationship Centres**

DWP, DfE and DCLG should work together with local authorities to pilot coordinating existing community-based family support into Family and Relationship Centres to bring together a holistic, integrated, wraparound system of support within the community.

DfE’s review of Children’s Centres should recast these as Family and Relationship Centres, with relationships at the core. Provision should be built upon a relational way of working throughout and include couple and family relationship support.

Local commissioners should ensure that supporting parents’ inter-parental couple or co-parenting relationships is at the heart of parenting support interventions.

**Recognise relationships in later life**

The Government should ensure that the roles played by older family members are explicit within its policies for family stability as part of the life-chances strategy.

The Government should extend training on relational approaches for frontline staff and commissioners to those working with older people.

Policy leaders including PHE, DH, and national voluntary sector organisations, should recognise the importance of personal and family relationships in their work on loneliness, recognising the role of formal relationship support in enabling older people to maintain the relationships that matter to them in later life.

6. The market for specialist support is thriving, as more people access services as a result of work to stimulate demand, widen provision, and coordinate resources. Central government has played a key role in promoting innovation, supported the development of clearer pathways, and encouraged help-seeking – creating an effective range of specialist support.

**We need to:**

**Stimulate the marketplace for adult relationship education**
The DWP should pilot training for civil registrars to support routine signposting to relationship education, by promoting understanding of the benefit of relationship education and how to refer marrying couples.

Working with the General Register Office, and local authorities, the Government should pilot waiving marriage registration fees for couples who have attended accredited pre-marital relationship education programmes.

**Expand access to relationship counselling and therapy**

Central government should increase investment in relationship counselling and therapy to increase access, support innovation in the sector, and to support the sharing of learning to inform commissioning.

MOJ and DWP should work together to consider how to build counselling in as an expected step in the journeys of all separating families, accessed through a single point of entry for support for divorcing or separating families (as recommended in *Breaking up is hard to do*).

**Ensure children and young people have access to relational counselling**

DfE should make access to counselling compulsory in all secondary schools.

Central government departments should work together to provide relational training and CPD to the CAMHS workforce to help practitioners better recognise and understand the relational factors in children and young people’s mental health and wellbeing and address family relationship issues.

Local authorities, in partnership with schools and children’s and young people’s mental health service providers, should join-up children’s and young people’s mental health with support for families.

**Join up family relationship support for separating families**

MoJ and DWP should work together to create a single point of access into information and support for separating families, as part of work to implement the wider recommendations made in our report *Breaking up is hard to do*.

7. There is increased support to access help for at-risk groups going through difficult transitions which place relationships under particular strain. Providers, supported by government, continue to innovate offering new services and building models for partnership which can be replicated and linked into the web of wider provision.
We need to:

**Ensure relationship support for people with long term conditions**

DH should ensure that the full range of NICE-approved evidence-based therapies, including Couple Therapy for Depression, becomes available in 100% of IAPT services to ensure patients are offered choice of therapy.

Central government should issue guidance for Health and Wellbeing Boards and Directors of Public Health to encourage them to see couple, family and social relationships as part of their core work, as key determinants of health and wellbeing – especially for people with long term conditions.

The relationship support and long term conditions sectors should work in partnership to provide innovative support for people living with long term conditions.

**Put relationships at the heart of the ‘Troubled Families’ Programme**

DCLG should work with pathfinder areas to test relational approaches to turning around the lives of troubled families and then roll out learning across the wider programme.

The Government should extend training on relational approaches to Troubled Families Coordinators.

**Build relational approaches to the rehabilitation of offenders**

MOJ should build support for prisoners’ relationships into national rehabilitation frameworks, putting prisoners’ relationships at the heart of their reintegration into the community.

8. **Businesses recognise the economic and productivity benefits to be gained by promoting good relationships at work and supporting employees to maintain their personal, family and social relationships; employment policy encourages healthy work-life balance.**

We need:

**To support genuinely family-friendly working**

The DWP should work to develop a Family Friendly Employer quality mark, in partnership with employers and the relationship support sector, which emphasises measuring outcomes (i.e. satisfaction with work-family balance) rather than outputs.
Employers to promote relationship support for employees

Employers should promote relationship support for their employees.

Support workplace relationships

Employers should explore ways of supporting good quality relationships in the workplace, including training for HR departments.

9. People are able to access the support they need when they need it, and in the way that works for them. There is seamless access to a spectrum of support for relationships, delivered by a range of providers. Local communities benefit from access to local hubs for family and relationship support which coordinate and co-locate provision, with clearer entry points and support pathways. Providers are responsive to their clients and innovate to find new channels for delivery to reach more people.

We need to:

Coordinate support in the community: Family and Relationship Centres

DWP, DfE and DCLG should work together with local authorities to pilot coordinating existing community-based family support into Family and Relationship Centres to bring together a holistic, integrated, wraparound system of support within the community

Innovate to develop new ways of accessing support, creating a multi-channel offer

Providers of relationship support should explore how to use a range of channels to improve clients’ access to services, drawing on insights from research (see Chapter Five)

Central government and social investors should work together to create new specific funding streams to support innovation in the relationship support marketplace.

10. Affordable or free support for good quality relationships is available to disadvantaged groups and those most at risk of experiencing relationship distress and/or its negative consequences.
We need to:

**Ensure targeted subsidised/free support for vulnerable groups**

Central government should fund pilot initiatives to test out the most effective ways of targeting relationship support to vulnerable groups, including vouchers and digital access codes.

**Whose responsibility?**

Supporting good quality relationships is ultimately everyone’s responsibility. We all share in the benefits of better health, increased wellbeing, and improved productivity that result when people have happy, healthy personal, family, social and professional relationships. And we all bear the costs of relationship breakdown.

However as this report has set out there are real challenges to be overcome in the next ten years if we are to realise our vision for supporting relationships.

The Government has set out an ambitious agenda to improve family stability as a means of enhance children’s life chances, but there is a significant gap between this ambition and the current capacity of services, both within and without the relationship support sector, to meet the need for support to achieve this; and there is little indication that local authorities, businesses and the voluntary sector yet have the capacity or inclination to step into the current voids.

It is therefore clear, that in the short term, there will be significant work for central government to lead, in driving forward a step change in capacity to meet its agenda. The relationship support sector stands ready to work closely with the Government to do this. However, if this agenda is to be fully embedded, we will, over time, see a gradual shift in the nature of locus of action on this agenda. This is sketched out below:

**In year one**

**National government:** is in the lead, developing and funding significant programmes to: create culture change; to improve professional awareness; to widen access to formal relationship support provision, in particular to vulnerable groups; to pilot innovations; and to develop new frameworks and infrastructure.

**Local government and health authorities:** are growing their role, capacity and expertise. Cutting edge areas (including those involved in the Local Family Offer) are showcasing new approaches, and sharing learning with others.

**Businesses:** are being drawn into the conversation. The work to develop a new quality mark is encouraging them to showcase best practice in supporting quality relationships; and they are being drawn into work to promote culture change.

**Civil society:** is beginning to be mobilised on a larger scale, with relationship support specialists working closely with government to provide expertise and insight. The wider voluntary sector is being encouraged to think relationally (stimulated by the growing focus on this agenda from within government), building links with relationship support...
experts to create relational services for their diverse clients.

**Individuals:** are being encouraged to join the social movement for good quality relationships, and are becoming more willing to talk about their relationships.

### By year five

**National government:** is consolidating the work of the last five years, by focusing heavily on disseminating learning and findings and replicating good practice; as funding for formal relationship support increasingly comes from more diverse sources the emphasis for national government has moved to focus on particular priority groups.

**Local government and health authorities:** are starting to take the lead. The case for supporting relationships as part of their core business is more widely understood, and as strategies are reviewed, Health and Wellbeing Boards are increasingly building support for good quality relationships into their work.

**Businesses:** are proud to trumpet how they support their staff’s relationships both at home and at work; and are able to articulate the benefits to business.

**Civil society:** is increasingly funded through diverse streams to provide a range of support for healthy relationships. Social investors are increasingly supporting this area. The relationship support sector is growing and thriving, and increasingly works in partnership with other specialist organisations to support them to think and work relationally.

**Individuals:** are beginning to feel more comfortable talking about relationships and the support they need within them. The self-funding market is developing, with those who are able to pay for formal relationship support knowing where to get the services they need, understanding the value of these services and increasingly being prepared to pay for them.

### 2025 onwards

**National government:** continues to monitor progress in supporting good quality relationships through the various outcome frameworks into which this is built. While it continues to provide some direct funding in this area, this is focussed on continued innovation in reaching particular priority groups.

**Local government and health authorities:** take a real lead in this area; with local strategies for relationships delivered through Family and Relationship Centres in every community. Local authorities take a relational approach to everything they do because they understand that this makes sense and leads to good outcomes.

**Businesses:** are fully engaged in the business of supporting relationships and can articulate the benefits to their business.

**Civil society:** continues to provide specialist support for relationships as part of a thriving marketplace, in which the vast majority of support is self-funded, but services are available to those who might otherwise be unable to access them; and tailored services are made available to those with particular needs. It is able to draw on diverse sources of funding, attracting income from trading in services; charitable donations; social
investment; local authority commissioning and central government support for innovation and targeted delivery.

**Individuals:** own their own relationship issues and understand how to get help when they need it. Those who can afford to pay for support know where to get the services they need, understand the value of these services and are prepared to pay for them.
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This report is part of a series of reports published by Relate that set out our view on a variety of topics relevant to our work. The positions contain our overarching key messages on a given subject and provide some context including supporting evidence, relevant statistics and the policy and legal background.

More research reports dealing with other relationship issues can be downloaded from www.relate.org.uk/research

For further information on the issues raised in this report please email policyandresearch@relate.org.uk

**About Relate**

Relate is the UK’s leading relationship support organisation, serving more than one million people through information, support and counselling every year. Our vision is a future in which healthy relationships are actively promoted as the basis of a thriving society.

We aim to develop and support healthy relationships by:

- delivering inclusive, high-quality services that are relevant at every stage of life
- helping couples, families and individuals to make relationships work better
- helping both the public and policy makers improve their understanding of relationships and what makes them flourish.

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