The Relationships Alliance

Opportunities for Relationship Support: A set of diverse case studies

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The Relationships Alliance

The Relationships Alliance, a consortium comprising Relate, Marriage Care, OnePlusOne, and the Tavistock Centre for Couple Relationships (TCCR), exists to ensure that good quality personal and social relationships are more widely acknowledged as central to our health and wellbeing.

Our vision is a future in which strong and stable couple, family, and social relationships are the basis of a thriving society.

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Opportunities for Relationship Support: A set of diverse case studies - Executive summary

Introduction

This report from the Relationships Alliance[1] aims to identify a range of good practices and different approaches to supporting couple relationships. Illustrating the wide variety of services that are available to support relationships, the report outlines a number of distinct case studies; assesses the evidence of their effectiveness; and discusses the possibility of enhancing or replicating the positive results of these services.

The report will be of value to policy-makers, commissioners, and practitioners who are the key stakeholders in planning and delivering relationship support services.

Relationship support 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 that promote relational capability (see next), prevent relationship distress at key transitions, and support people at times of identified relationship distress. This support extends to people not currently in a relationship and to the quality of the co-parenting relationship between those who are separated.

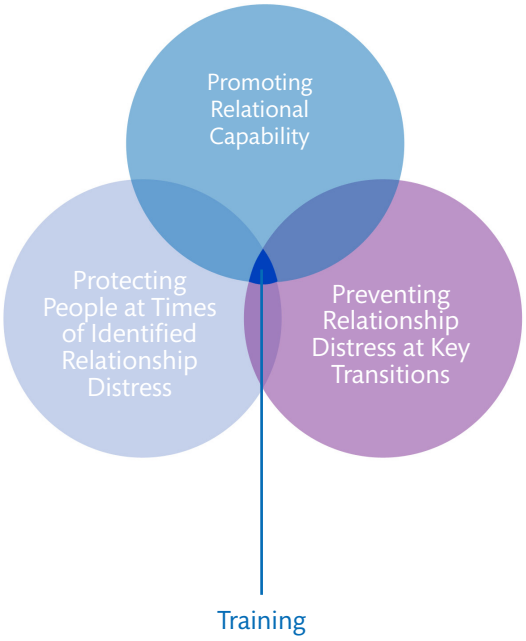
The Relationship Support Framework

In conjunction with the above definition, the Relationships Alliance views relationship support as encompassing a range of sources and operating through three domains:

- Promoting relational capability (i.e. the ability of individuals to initiate and maintain relationships influenced by early life experiences and the social and public policy context);
- Preventing relationship distress at key transitions (e.g. from youth to adulthood or first time parenthood); and
- Protecting people at times of identified relationship distress (e.g. through relationship counselling and therapy when the relationship is in crisis).

As illustrated in the diagram below, these three areas are not entirely distinct with some overlap between them. For example, an online information hub of relationships knowledge and advice will straddle, to some extent, promoting relational capability and preventing relationship distress at key transitions.

Relationship Support Framework



While acknowledging the overlap that does exist between the three main areas, for the purposes of this report, the examples of relationship support are presented per domain. There is also a further chapter on the training component which crosses over into the three main areas. This includes the training of specialist relationship counsellors and therapists, practitioners

1. The Relationships Alliance, a consortium comprising Relate, Marriage Care, OnePlusOne, and the Tavistock Centre for Couple Relationships (TCCR), exists to ensure that good quality personal and social relationships are more widely acknowledged as central to our health and wellbeing. Our vision is a future in which strong and stable couple, family, and social relationships are the basis of a thriving society.

'adding' relationship support to their existing remit, and a range of peer supporters and volunteers. Each of the chapters offers a selection of case studies of relationship support that characterise the respective domain of the framework. The more substantial examples tend to be long established successful interventions that have the potential to be replicated elsewhere. In addition, the report outlines some innovative, 'promising approaches' which may offer strong potential for providing relationship support in the future, but at present may lack evidence of effectiveness to the scale of the more established examples.

This executive summary provides a brief description of the 21 case studies – further description, theoretical background and evidence of effectiveness is included in the main report.

Chapter 1:

Promoting Relational Capability

Relational capability refers to the ability of individuals to initiate and maintain relationships. 'Initiating' captures the ability to form relationships as well as the ability to shape their course and make appropriate demands on them when required, for example, to elicit support over life's, sometimes, bumpy course. Maintaining relationships involves the skills and attributes required to nurture, enhance and sustain relationships across the different domains of life.

While relational capability, in the first instance, grows out of early experiences in the home, and is therefore responsive to the support provided to couples and families (Hansson et al., 2004), it is also influenced by the social and public policy context in which we operate. The case studies that follow refer to a potential culture change created at the political, societal, and individual level to engender environments that facilitate flourishing couple, family, and social relationships by supporting and sustaining relational capability. Promoting culture change can involve public information campaigns that promote help-seeking and support for relationships, and influence public policy and legislative change so that it actively works to strengthen relationships.

Within this context, this chapter also notes the importance of relationships education within SRE, and the commitment of the Relationships Alliance to address this through its forthcoming manifesto.

The three main case studies in this chapter are:

Changing the culture towards relationship support

This culture change activity led by OnePlusOne involves several strands, including: (a) creating a 'public conversation' about relationships across social network partners (Family Matters Institute [Dad.info], Netmums, Youthnet, TheStudentRoom, and Contact a Family) to help normalise issues around healthy relationships, relationship difficulties and relationship support; (b) a universal preventative and interactive 'tool' embedded in each partner's site tailored to each specific audience. The 'tool' is comprised of relationship development assessments, bespoke skills programmes, diaries and goal setting tools, examples of 'real life' relationship issues at work, light-touch support through emails and text messages from peer supporters or 'coaches', and additional support around life transitions available through links to partner websites (such as Marriage Care, Relate and TCCR); and (c) the creation of a relationship support business case for the workplace that builds on the evidence showing a positive association between relationship quality and work engagement.

Education and skills training provided by www.TheCoupleConnection.net

TheCoupleConnection.net is presented as an example in relation to its wide appeal in promoting relational capability through an online medium that offers choice to those who feel unsure or anxious about face-to-face services. The service aims to support parents and couples to actively and independently improve their relationship, as well as to develop their understanding of relationships, conflict management, and support. The service offers a 'live chat' with a mediator, relationship support newsletters, online courses, and ability to view and contribute to a relationship forum.

Campaigns in the context of relationships in later life

Relate's campaign on later life involved activities related to: (a) changing the terms of debate around ageing so that relationships are seen as a critical element of this; (b) influencing central government, local authorities, the ageing population, relationship support

providers, and employers to express greater support for relationships in later life; and (c) reaching out to people who are approaching retirement or who are newly retired to support them to nurture, invest in or revitalise their relationship as they prepare for ageing. This is a prime example of how promoting relational capability requires change at the public policy and wider political level. The activities included a national survey, a dedicated microsite to support older people, working in partnership with Gransnet, and producing a number of supporting publications. Importantly, this campaign shows the types of activities that can facilitate further campaigns with regard to relationship support.

Explore - run by the Students Exploring Marriage Trust, 'Explore' involves young people interviewing married couples to find out how long-lasting relationships work. It is added as an in-brief example of a promising approach to promoting relational capability.

Chapter 2: Preventing Relationship Distress at Key Transitions

This chapter focuses on preventing relationship distress at key transition points occurring within relationships. Transition points, or changes in circumstances (such as becoming a new parent or becoming unemployed), are known times for when relationships can come under pressure. The three main examples, where there are elements of promoting relational capability and preventing relationship distress, are:

Marriage preparation

Preparing people for the transition to marriage intends to help couples, through providing education and skills, to increase their chances of having healthy and stable relationships. The example focuses on the two types of marriage preparation offered by Marriage Care via 53 local hubs: 'Preparing Together' and the 'Facilitating Open Couple Communication Understanding and Study' (FOCCUS©), which are delivered by trained volunteers. Typical content includes: interpersonal communication, conflict management, factors that sustain and protect relationships, commitment and work-life balance, and the meaning of the marriage vows. Marriage preparation also has the potential to be tailored to customer circumstances and an example of delivery to the travelling community is outlined.

School counselling

The need for offering counselling in school is based on the increased incidence of mental health issues in young people and the link between mental health difficulties in younger life to those in adulthood (which may also contribute to difficulties within couple relationships). This example represents a school-based trial, where Relate counsellors delivered humanistic counselling[2] for up to 10 weeks with each session lasting around 45 minutes. Within the four trial schools, pastoral care teachers identified young people within the school who may benefit from counselling. As an extension of the face-to-face counselling, a more recent development has been a pilot study of Relate's online school-based counselling (iRelate), which involved 'live-chat', and was delivered in eight services across England.

Parents as Partners

Another case study explores Parents as Partners – an innovative programme based on Cowans' Supporting Father Involvement approach originating and robustly evaluated in the US (see Cowan et al., 2005, 2009, 2011). This programme, which is designed for vulnerable families, is currently being trialled in six London Boroughs and in Manchester by TCCR. Parents participate jointly in 16 group sessions and work on their couple relationship, individual sense of well-being, explore inter-generational family patterns, and improve their parenting skills. The group sessions are attended by several couples and are run by two facilitators (one male, one female). Each session is two hours long and involves exploring different themes through engaging exercises, discussions, and presentations. A key element of the programme is that, in addition to the group sessions, a family caseworker is linked to every family offering supplementary support between sessions with practical advice, behaviour change tasks, and motivation.

There are a number of in-brief examples that prevent distress at key transitions, as follows:

Let's Stick Together - provides relationship support to first-time parents, who are at a higher risk of break-up compared to non-parents.

2. In contrast to the psychoanalytical and psychodynamic approach to counselling which focuses on the unconscious mind, childhood events and difficulties are not given the same importance in the humanistic counselling process. Humanistic or person-centred counselling recognises the uniqueness of every individual.

Relationship support to people living with cancer - free counselling sessions to people diagnosed with cancer and their families living in the Manchester area, offered by Relate and Macmillan Cancer Support.

'Living Together with Dementia' - LTWD is a service for couples where one partner has a dementia, offering emotional support through the trauma of diagnosis and adjustment to the situation.

Mentalization-based treatment: 'Parenting Together' – this is a brief intervention of 6-12 sessions for parents, whether living together or separated, who are having difficulty parenting co-operatively and are in conflict over parenting issues. The service aims to develop the capacity for parents to understand their own and their co-parents feelings using mentalization-based therapy.

Splitting Up? Put Kids First - an innovative free online service where separated or separating parents can work together on how they will support and care for their child. The service includes an online parenting plan that helps parents think about care arrangements, share ideas, and record decisions, and a series of videos to help improve communication between parents.

What Next? The parents' guide to separation - a free, comprehensive, online service for separating and separated families, which gives parents the tools to positively manage the new realities of their family relationships.

Chapter 3: Protecting People at Times of Identified Relationship Distress

This chapter details well-established services that protect people at times of identified distress, with the aim to contain or limit the effect. The main case studies presented are as follows:

Psychological therapy for relationships

This example outlines psychological therapy (including counselling) delivered by four different organisations: Relate, Marriage Care, the Tavistock Centre for Couple Relationships (TCCR), and the Asian Family Counselling Service (AFCS). Although they have distinct approaches, they all have the ability to protect people at times of identified relationship distress.

Relate couple counselling delivered across 65 Centres in England, Wales, Northern Ireland, the Isle of Man, Jersey and Guernsey typically consists of an initial assessment followed by about six sessions on average (up to one hour each). Most of these sessions are offered face-to-face and a minority via telephone.

For Marriage Care, couple or relationship counselling is delivered across their 53 centres in over 100 locations the England and Wales. The majority of counselling sessions are delivered face-to-face with a very small minority of telephone counselling. Couples are offered six 50-minute sessions of counselling initially, with an option to continue according to client need.

TCCR provides relationship counselling, couple psychotherapy, and psychosexual therapy, in central London. The therapy is open-ended and based on a psychodynamic model which takes into account both the current situation and underlying issues that each partner brings to the relationship. TCCR is a centre of excellence for psychodynamic relationship therapy. The approach is grounded in psychoanalytic theory as TCCR believe couples often use the relationship to work things through that have been painful or traumatic in the past.

Finally, AFCS recruits counsellors from the main Asian communities who have an understanding of the different cultural customs and religions, and speak the major Asian languages. The aim is to provide sensitive and culturally appropriate counselling to Asian communities.

These services outlined above have been subject to a recent evaluation (Spielhofer et al., 2014).

Couple therapy for depression

Couple therapy for depression is derived from the NICE[3] guidelines' evidence base for the treatment of mild to moderate depression, where there is a distressed couple relationship that appears to be a factor in instigating, maintaining, or re-precipitating the depressive symptoms in one partner (Hewison et al., 2014, forthcoming). It is an intervention delivered in IAPT (Improving Access to Psychological Therapies) services consisting of 20 sessions focusing on a number of key areas in the relationship that reduce stress and enhance support: promoting acceptance; improving communication; coping with stress; managing feelings; changing

3. National Institute for Health and Care Excellence.

behaviour; solving problems; and revising perceptions.

In-brief examples related to protecting people at times of identified relationship distress include:

Psychosexual therapy - This service provides psychosexual therapy for individuals and couples who are suffering from a sexual problem or are experiencing difficulties in their sexual relationship.

Sex Addiction - this includes both sexual therapy (face-to-face and online) and specialised sexual addiction therapy service for helping people begin their recovery from sexually addictive behaviours, offered by Relate.

The Exeter Model for treating depression - a couple-based strategy that aims to both treat the couple distress and also the particular disorder, in this case, depression. Since it focuses on the couple interactions, many of which can be positive and supportive, it uses the strengths within couples as part of the effectiveness for treatment.

Chapter 4: Training

The 'core' to effective relationship support (see Relationship Support Framework) is the training of the people who deliver this support, including specialist staff and practitioners who are adding relationship support to their existing remit. The report outlines two main examples of training, as follows:

Training staff by the Tavistock Centre for Couple Relationships

TCCR supports the work of frontline practitioners and aims to foster an approach to family support and mental health service provision which takes the impact of coupe relationships on child and family functioning into account. TCCR also provides high level training up to doctoral level in psychodynamic/psychoanalytic couple counselling and psychotherapy. This example discusses a range of TCCR's current training programmes. These include training courses for healthcare professionals working in cancer care services, which focus on holding both partners' points of view in mind; and how to think of partner relationships and couple caretaking styles in attachment terms. TCCR also offers a foundation and advanced level training, together with online webinars, for children centre and early year's leadership staff. They also run training for staff working in CAMHS[4] services which provide an introduction to thinking about the couple dynamics using a psychodynamic framework. TCCR has also been involved in training Place2be senior practitioners and supervisors in working with aspects of the couple relationship in dealing with parents in schools.

Training frontline practitioners in universal preventative support

In response to some of the attitudes to seeking face-to-face support, there has been keen interest to develop innovative ways to translate the potential to improve relationships to those couples currently experiencing, or at risk of experiencing, relationship distress. One option, as shown in this example, is by equipping frontline professionals (such as family support workers, outreach workers, health visitors and GPs), who provide universal and targeted services to families, including those facing difficulties with finance, ill-health, and becoming parents. For these examples, there is an element of cross-over between promoting relational capability and preventing relationship distress at key transitions (e.g. for new parents).

The 'Relationship Support: An Early Intervention' training programme, implemented by OnePlusOne, is tailored to practitioners who work for, or in partnership with, Sure Start Children's Centres (SSCCs). The focus of the training programme is to enable frontline practitioners to: (a) recognise relationship difficulties; (b) respond using active listening skills and solution focused techniques in a time managed way; and (c) review the need for further support. The training is 'blended' in its approach using both online and face-to-face components. The online component covers: understanding couple relationships; supporting couple relationships; and skills practice. Further opportunities to practise the skills in implementing a Brief Encounters® approach and gain confidence in its application to their work setting is then provided during the later one-day workshop. The training programme has recently been subjected to a Randomised Control Trial (Coleman et al., 2014).

Conclusion

Accessing relationship support to strengthen the quality of couple, family, and social relationships enables individuals to reap the emotional support, health rewards, and financial benefits existing within

4 Child and Adolescent Mental Health Services.

partnerships. It also lessens the probability of the detrimental outcomes that are associated with a decline in relationship quality and the stresses encountered as part of a separation process. Providing a set of case studies of various ways to support relationships, that range from universal prevention to specialist and targeted support at time of crisis, is therefore an important concern for policy-makers, commissioners, practitioners, and the wider public.

Within this context, an overriding point to conclude is that relationship support comes in a wide variety of forms and this has certainly expanded in scope since the previous generation. Stemming from the case study evidence, the Relationship Alliance has suggested a Relationship Support Framework which captures this diversity, operating over three domains: promoting relational capability; preventing relationship distress at key transitions; and protecting people at times of identified relationship distress. The broad scope of the Relationship Support Framework is also shown by the inclusion of services aiming to improve the co-parenting relationship between separated parents, which is likely to affect child outcomes.

The report shows, within the Relationship Support Framework, the importance of foundation work to improving relationships. This involves ongoing campaigns and events to change the culture towards accessing relationship support and efforts to increase the emphasis to relationship support, particularly where the needs are distinct (for example, across the life-course including the increased recognition of managing long-term illness and caring responsibilities in later life).

A point of particular interest to policy-makers and commissioners is the scalability of the services outlined. It is of little surprise that the possibility for wider application of these services differs across the range of services available. The delivery of face-to-face relationship support more widely partly depends on the training of specialist staff in psychotherapy and counselling, as well as frontline practitioners who are able to add a couple relationship focus to their existing remit. Both examples have a sound and recent evidence base for effectiveness. Staff training, however, may be less of an issue for online services (exceptions being 'live chat', email and webcam counselling services), although there is a need to recruit professionals to moderate the service ensuring appropriate use and offering referral to specialist services where needed (and resources for web developers to keep the service dynamic).

Finally, the examples in this report highlight several more innovative, promising cases of relationship support, including online ones, that have intended to further the variety and target particular in need groups. Through time, and subject to sufficient resource to ensure robust evaluations, it is anticipated that the coverage of many of these pilots will be expanded and enhance the spectrum of relationship support. Running concurrently with a culture change towards seeing relationship support as 'a normal thing to do', this broadened scope will ultimately contribute to the improved well-being of more individuals, couples, families, and communities.

Introduction

This report from the Relationships Alliance aims to identify a range of good practices and different approaches to supporting couple relationships and situate them within a Relationship Support Framework (Figure 1). Illustrating the wide variety of services that are available to support relationships, the report outlines a number of distinct case studies; assesses the evidence of their effectiveness; and discusses the possibility of enhancing or replicating the positive results of these services. As such, the report is of use to policy-makers, commissioners, and practitioners who are the key stakeholders in the planning and delivery of relationship support services. Relationship support examples are not confined to those offered by members of the Relationships Alliance, but also include those provided by other organisations. Evidence will be drawn from both national and international sources.

At the outset, and to define the boundaries for the report, the notion of 'relationship support' must be examined. Although there may be various definitions of relationship support, for the purposes of this report, we define it as follows:

Relationship support 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 that promote relational capability[5], prevent relationship distress at key transitions, and support people at times of identified relationship distress. This support extends to people not currently in a relationship and to the quality of the co-parenting relationship between those who are separated.

Within the context of the above definition, it must also be acknowledged that the concept of relationship support has broadened over time. There is increased recognition of protective factors and universal preventative support in preserving good quality relationships to complement those services that are able to improve quality when relationships are in crisis.

The research and policy context

Providing support to improve relationship quality and prevent relationship breakdown where possible has received much recent interest. This is illustrated by the commitment of the coalition government to put funding for relationship support on a "*stable, long-term footing*" (Cabinet Office, 2010, p. 20).

An earlier report from the Relationships Alliance provides extensive detail to support the case for relationship support (Relationship Alliance, 2013). In summary, strengthening the quality of couple, family, and social relationships enables individuals to reap the social support, health, and financial benefits evident within partnerships (Halford et al., 2008; Murphy, 2007; Wilcox et al., 2005; Wood et al., 2007). Preserving relationship quality also lessens the probability of the detrimental outcomes that may occur once a relationship declines in quality (Neff and Karney, 2009; Reynolds et al., 2014b); the stresses encountered during the separation process (Amato, 2000); and the longer-term negative social, health, and financial consequences that may arise after separation (Coleman and Glenn, 2009; Mooney et al., 2009a). This link between relationship quality and health and well-being outcomes forms the bedrock to the importance of relationship support.

Relationship support also has wider implications and there has been much interest in the cost to taxpayers of relationship breakdown. The Relationship Foundation provides an annual 'Cost of Family Failure Index' (currently at £46bn) (Relationships Foundation, 2013), and proportions this through costs to housing, tax and benefits, health and social care civil and criminal justice, and education and young people not in education, employment or training. In more detail, it is widely acknowledged from reviews of international literature that conflict within relationships and during separation is unequivocally associated with physical and psychological ill-health, which can have a 'knock-on' effect to social and health support services for both adults and children (Coleman and Glenn, 2009; Reynolds et al., 2014a), as well as on engagement within the workplace (Burnett et al., 2012).

5 'Relational capability' is widely used in development, anthropology, and business, and is now being more commonly used in health and psychology. It is defined more comprehensively later in the report, but broadly refers to an array of skills and abilities enabling people to have 'flourishing human relationships', and to to attempt to influence public policy and wider cultural and social change.

With particular reference to commissioning, it is important to acknowledge the recent Public Health England report (2013) which, alongside the focus on infectious diseases and detrimental health behaviours such as smoking, poor diet, and alcohol use, identifies the following as one of its five high level priorities for 2013/14:

"Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency." (Public Health England, 2013, p. 6)

In recognition of this, a number of examples outlined in this report will make specific reference to relationship support services and initiatives that can help with the pressures of mental ill-health and dementia.

Furthermore, this report is set in the context of the growing recognition that, although levels of relationship quality may fluctuate through time (Lavner and Bradbury, 2010; Van Laningham et al., 2001), there is existing evidence indicating that relationship quality can also be stabilised and improved. For example, evidence particularly within the last decade shows the potential for changing the course of a couple relationship for the better, including reducing the frequency of destructive conflict within relationships (Faircloth et al., 2011; Reynolds et al., 2014b). Moreover, existing research demonstrates that relationship satisfaction and quality are likely to be shaped by individual traits and personalities, interactional communication skills, and external circumstances and events (Bradbury and Karney, 2004; Rusbult and Buunk, 1993). By changing the modifiable components to this model through relationship support, such as improving interactional skills, effective interventions have enabled people to exhibit a demonstrable improvement in relationship satisfaction (Halford et al., 2008; Hawkins et al., 2008; Schulz et al., 2006).

Additional evidence points to the importance of relationship support during difficult relationship transitions (Reynolds et al., 2014b). For example, arresting declines in relationship quality include providing relationship support for new or expectant parents, given that couples going through this transition are at risk of decreased relationship satisfaction (Mitnick et al., 2009). Although the measured outcomes and findings vary across these transition to parenthood programmes, several demonstrate enhanced couple relationship satisfaction following intervention (Cowan and Cowan, 2000; Feinberg et al., 2010; Halford et al., 2010; Schulz et al., 2006; Shapiro and Gottman, 2005).

Despite the evidence that relationships can be improved or prevented from entering a decline, some people are unsure or anxious about accessing face-to-face services. For example, British Social Attitudes Survey (2009) data show that 40% of people have sought any form of professional relationship advice throughout their life. However, of those who had considered seeking relationship advice, almost a third did not proceed as they thought it would not make a difference, and a further 12% because they felt embarrassed. Of all participants, 43% would not want anyone to know if they had seen a counsellor or a therapist (Anderson et al., 2009; Reynolds et al., 2014b).

Additional research also shows some people view using specialist relationship support services (such as counsellors, therapists, etc.) as the 'last resort' (Chang and Barrett, 2009; Simons, 1999; Walker et al., 2010). Attitudes underpinning this viewpoint are an admittance of 'defeat', in that the couple themselves have not been able to work out their relationship problems. Others raise concerns over being judged or over anonymity issues, as well as a sense that by the time relationship support became an option it was 'too late' (Coleman, 2011). In conjunction with these attitudes, it is acknowledged that people first tend to seek support from friends, families, and peers, rather than through relationship counsellors or therapists (Quinton, 2004).

Further research suggests that people perceive their own relationship and relationship support in different ways, across a spectrum, from those who see relationships as an inflexible entity to those who view their relationship as open to change and improvement, or protection at times of stress (Coleman, 2011). Those who believe they have potential to change their relationship, or hold a more 'developmental' view about their relationship, are more inclined to seek out relationship support. Consequently, holding a more 'developmental' perspective about relationships seems important in changing the culture towards relationships and relationship support (Coleman, 2011; Walker et al., 2010). Indeed, changing the culture to remove the barriers of accessibility, acceptability, and availability of relationship support has rightly received recognition through the Coalition government's pledge to "*make sure that couples are given greater encouragement to use existing relationship support*" (Cabinet Office,

2010, p. 20). In the early chapters of this report, efforts to address these stereotypes will be outlined.

Alongside the efforts to change the culture of attitudes towards relationship support, there has also been keen interest to create innovative ways to translate the potential to improve relationships at an earlier stage, or to those couples experiencing, or at risk of relationship distress. In response to this, the purpose of this report is to show the varied means of providing relationship support both at an early stage, in times of relationship difficulties, and post-separation.

The Relationship Support Framework

The Relationships Alliance views relationship support as encompassing a range of sources and operating through three domains:

- Promoting relational capability (i.e. the ability of individuals to initiate and maintain relationships influenced by early life experiences and the social and public policy context);
- Preventing relationship distress at key transitions (e.g. from youth to adulthood and first time parenthood); and
- Protecting people at times of identified relationship distress (e.g. through relationship counselling and therapy when the relationship is in crisis).

As illustrated in the diagram (Figure 1), these three areas are not entirely distinct with some overlap between the domains. For example, an online information hub of relationships knowledge and advice will straddle, to some extent, between promoting relational capability and preventing relationship distress at key transitions. Such examples will be made clear when applicable. Furthermore, the core of the framework is training people to deliver relationship support (including specialist staff, practitioners adding relationship support to their existing remit, and peer and community volunteers) – key in delivering all three of the components outlined in the framework.

Relationship Support Framework

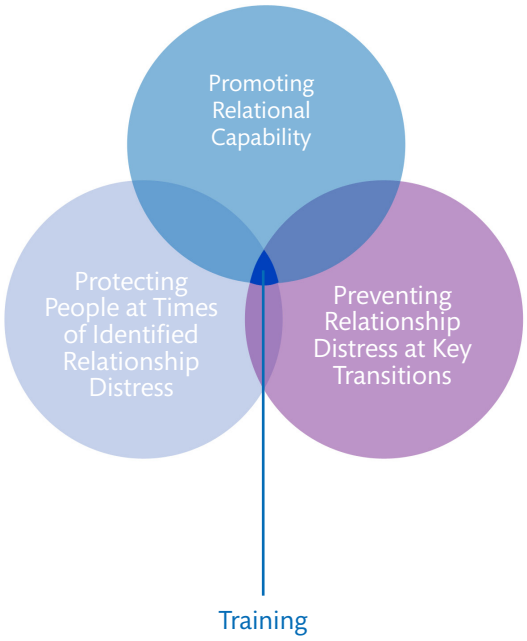


Figure 1

While acknowledging the overlap that does exist between the three main areas, for the purposes of this report, the examples of relationship support are presented per domain (one chapter per domain, plus a fourth chapter on training). The examples present an outline of the current state of the provision of relationship support in the UK context. However, it is a firm intention of the Relationships Alliance is to expand the coverage of these current examples, while at the same time,search for more innovative ways to provide relationship support in the future.

Report structure

In accordance with the Relationship Support Framework, Chapter 1 focuses on promoting relationship capability, or the ability of individuals to initiate and maintain healthy relationships; Chapter 2 concentrates on preventing relationship distress at key transitions (e.g. the transition from youth to adulthood); and Chapter

3 presents examples of protecting people at times of identified relationship distress (e.g. relationship counselling and therapy where the relationship is in crisis). Chapter 4, outlines the training of frontline support workers, counsellors and therapists, as well as peer supporters and volunteers; and, finally, Chapter 5 concludes the report by presenting key points for consideration in future policy and practice development.

Each of these chapters offers a selection of leading case studies of relationship support that characterise the respective domain of the framework. These substantial examples tend to be established successful interventions that have the potential to be replicated elsewhere. These examples include a complete description, theoretical foundation, and evidence of effectiveness. In addition, some innovative, often 'promising approaches', which may offer strong potential for providing relationship support but at present may lack evidence of effectiveness to the scale of the larger examples presented above, will be added in brief. It is important to acknowledge that all case studies largely consist of specific services, activities or interventions, rather than the less 'professional' support from friends and family.

Some examples will include relevance to separating and separated parents. It is important to understand that supporting relationships is not exclusive to 'intact' relationships (married, cohabiting couples, etc.) but also extends to establishing effective, working relationships between parents who are no longer partners, as well as those looking to form new partnerships. This is particularly important because of the evidence demonstrating that the nature of the relationship between parents who are no longer together is extremely influential in affecting child outcomes. There is a strong association between couple relationship breakdown and poor child outcomes (Coleman and Glenn, 2009; Hawthorne et al., 2003; Mooney et al., 2009a) and evidence that some children are affected more than others (Flowerdew and Neale, 2003; Fomby and Cherlin, 2007; Hawthorne et al., 2003; Maclean, 2004; Mooney et al., 2009a). When considering the moderating factors that influence how much children are affected by relationship breakdown, there is a strong case for this being mediated, at least to some extent, through the parent-child relationship (Hawthorne et al., 2003; Mooney et al., 2009a). Therefore, warm, authoritative, and effective parenting, supported by a positive relationship between both parents, is considered to be one of the most potent means of reducing the negative impacts on children.[6]

6 For further evidence of programmes supporting separating and separated parents see Sigal et al. (2011).

Chapter 1: Promoting Relational Capability

There exists a wealth of compelling evidence of a profound link between healthy or well functioning relationships and health and well-being (Holt-Lunstad et al., 2010; Ryff and Singer, 2000; Umberson and Montez, 2010). Considering evidence from research on relationship distress and ill-health, social support, social capital, resilience, and asset approaches to health, it is clear that healthy relationships, both within the family unit and across different networks, such as kinship, friends, and neighbours, have a significant influence on individuals' happiness, health, and well-being (Bartley, 2006; Coleman and Glenn, 2009; Foot and Hopkins, 2010). Relationships also form an important strand in our understanding of what enables individuals and communities to flourish in the face of risk, challenge, and adversity (Seaman et al., 2014) or, in other words, what fosters resilience.

Looking further afield in areas such as public services, education, health and social care and relationships between practitioner, clinician or provider and those with whom they work can explain a significant proportion of why and whether those interventions are successful (Bell and Smerdon, 2011). In the workplace too, relationships influence individual and organisational performance (Carter et al., 2011). The capacity to establish and maintain relationships is a fundamental human strength, or capability, that opens the door to life's social goods. Or as Ryff and Singer (2000: 31) state, "*interpersonal connection is essential to human thriving*".

But what of individuals who do not possess the 'relational capability' required to establish those essential interpersonal connections? Their opportunity or 'capability' to live a full and healthy life, or 'be and do what they have reason to value' (Sen, 1999), is denied, or severely curtailed. Grounded in the belief that health and longevity are central to political debates about the state's responsibilities in the arena of social justice (Venkatapuram, 2011), in a forthcoming paper OnePlusOne develops the concept of relational capability and argues that supporting relational capability should form a cornerstone of public policy. Societies and governments concerned with the well-being of their citizens must pay attention to the capability of their citizens to form and maintain the relationships that are essential to their health and well-being, recognising that, alongside other basic capabilities, such as access to nutrition, interpersonal flourishing is a cornerstone of individual flourishing.

Relational capability, therefore, refers to the ability of individuals to initiate and maintain relationships. 'Initiating' captures the ability to form relationships, as well as the ability to shape their course and make appropriate demands on them when required, for example, to elicit support over life's, sometimes bumpy, course. Maintaining relationships involves the skills and attributes required to nurture, enhance and sustain relationships across the different domains of life. That may require empathy, understanding, the ability to see the other's perspective, friendliness, and altruism (see Carpenter, 1993). Work remains to be done on defining what relational capability means in practice in different realms of life. In other words, what does a relationally capable employee look like compared with a relationally capable student or a relationally capable partner? In doing so we can begin to refine and target appropriate strategies and interventions to promote relational capability.

One strategy is to influence the social context in which we establish and manage our relationships. While relational capability, in the first instance, grows out of early experiences in the home, and is therefore responsive to the support provided to couples and families (Hansson et al., 2004), it is also influenced by the social and public policy context in which we operate. The case studies that follow refer to a potential culture change created at the political, societal and individual level to create environments that facilitate flourishing couple, family, and social relationships by supporting and sustaining relational capability. Promoting culture change can involve public information campaigns that promote help-seeking and support for relationships, and influence public policy and legislative change so that it actively works to strengthen relationships. This includes 'taking relationship support out of the private space of the home' into the public domain where discussing relationships and accessing relationship support is

normalised and where people seek input from a wide spectrum of intervention, at one end offering self-help measures, to the other end of therapeutic interventions.

Moreover, such policy and public campaigns can also raise the profile of population sub groups (e.g. those in later life, or those facing long-term health conditions, etc.) that developing policy needs to be aware of and support accordingly. This activity typically involves campaigns, innovations, or services that will benefit people both in terms of the characteristics of healthy relationships, as well as impress on the importance of dealing with issues early on, when they first arise.

Also at a broad level, promoting relational capability must draw reference to teaching young people about relationships and relationship skills through the PSHE (Personal, Social, Health and Economic education) curriculum in schools. As Sex and Relationships Education (SRE) is contained within the non-statutory PSHE within the National Curriculum, it too is not a compulsory requirement to deliver this through schools (beyond the more biological aspects as part of National Curriculum Science). In terms of promoting relational capability, the non-statutory relationship education is thus a focus of the forthcoming 2014 Relationship Alliance manifesto. In relation, although this chapter draws on one example of relationship education in schools, there is a general lack of evidence of case studies with demonstrable evidence of effectiveness in this area.

The case studies in this chapter provide various ways in which relationship capability can be promoted. The three main examples focus on: changing the culture towards relationship support; education and skills training provided by www.TheCoupleConnection.net; and public awareness campaigns in the context of relationships in later life.

For these and other case studies cited throughout the report, they will consist of four main components:

- A brief introduction;
- Evidence-base and theoretical underpinning;
- Service description;
- Evidence of effectiveness.

Case Study 1.1 - Changing the culture towards universal preventative support

Introduction

In conjunction with the coalition government's pledge to "make sure that couples are given greater encouragement to use existing relationship support" (Cabinet Office, 2010, p. 20), the Department for Education (DfE) recognised that relationship support is commonly seen as something that couples only take up if they have significant problems, which is often too late to make a difference. Consequently, the DfE funded a number of culture change activities to encourage couples to see accessing relationship support as an ordinary and acceptable way to strengthen their relationship, rather than just something which is sought at crisis point. This example presents a number of culture change activities led by OnePlusOne that commenced in 2013.

Although many of these activities detail provision of access to support for individuals, part of this remit is to encourage culture change at the broadest of levels, by influencing public policy to be more supportive of relationships and to promote legislative change that can facilitate this.

Evidence-base and theoretical foundation

Central to the evidence base for this culture change in relationship support is making people aware that they can strengthen their relationships and view that relationship support is a 'normal thing to do'. Also, there is a need to raise awareness that there are many other forms of relationship support beyond 'counselling'. In achieving these goals, it is important to draw on the research evidence demonstrating that people hold different perspectives about relationships. Although all relationships are subject to change and transitions, some people tend to see them as fixed entities, whereas others recognise that relationships evolve and change through time. Rusbult et al. (1993), for example, identified two distinctive perspectives - 'relationships fixed' and 'relationships grow'. Similarly, other research (Coleman, 2011) has distinguished between those who hold a developmental versus a non-developmental perspective about relationships. A 'developmental'

perspective conveys the belief that relationships are dynamic and go through changes over time. A 'non-developmental' perspective is associated with the belief that relationships are constant and unchangeable entities and that they stay the same over time.

Critically, those with a 'developmental' perspective are more aware of what makes their own relationship work (e.g. closeness and time together, independence, providing support for each other, or communicating effectively). They also recognise more often the importance of 'working' on a relationship and that such 'work' can make a difference (Coleman, 2011). They are, therefore, more likely to access relationship support at an early stage and to view this support in a wider sense than just counselling. By contrast, a 'non-developmental' perspective is apparent where people tend to avoid confrontation with their partner by subjugating their own needs and by resigning themselves to a dissatisfying relationship, thus failing to resolve arguments. In direct opposition to the 'developmental' perspective, they commonly hold a belief that a couple could not learn to improve their relationship (Coleman, 2011).

Similarly, Bradbury et al. (2010) notes that 'relationship-specific beliefs' are characterised by the significance of 'locus of control' in understanding how relationships succeed or fail. He notes parallels to the 'developmental' perspective, with these people believing they have the capability to bring about desired changes in their relationship (indicative of an internal, rather than an external locus of control which is characteristic of the 'non-developmental' group). In order to change the culture towards a greater acceptance of relationship support and to seek this at an early (pre-crisis) point, fostering such a developmental perspective and an internal sense of control about relationships appears to be key.

The culture change process involves several levels of change: altering beliefs (people believe they can do something to strengthen their relationships at any stage); changing behaviour (seeking help sooner and in different ways); and finally domain (relationship dialogue enters new domains where it was previously unpopular or excluded from). (See Figure 2)

Service description

With the aim to change the culture in this manner, this initiative looks to provide couples with relationship support as a preventative measure which raises awareness that stress points are common for all couples, and that relationships need working on to maintain satisfaction over time. More specifically, the service aims to help couples, before they experience entrenched difficulties, to:

- identify and build on the strengths in their relationship;
- equip them to manage stressful circumstances/ transitions before they arise; and

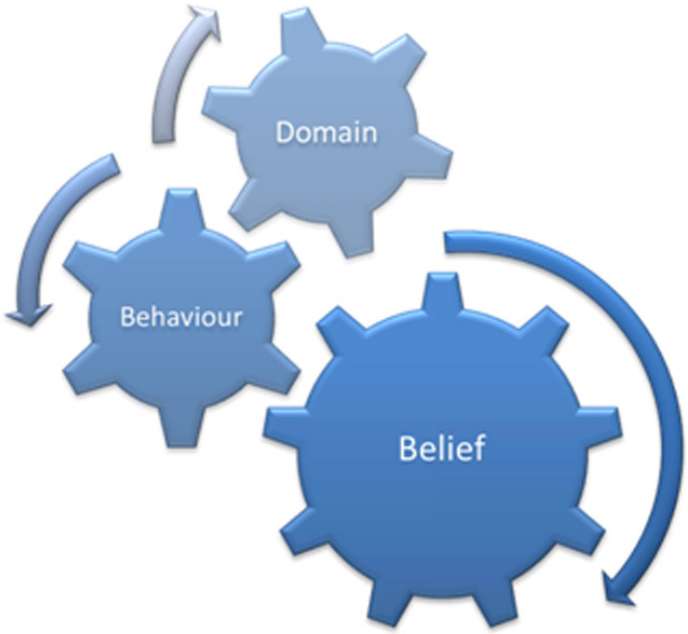


Figure 2: The Culture Change Process

- see relationship difficulties and access of relationship support as normal.

There are three complementary strands of this project: public conversation activities; a universal preventative relationship tool; and a relationship support business case involving collaborations with major UK employers.

To reach a substantial and diverse audience (necessary for culture change), the service is working in partnership with major social network providers including Family Matters Institute, (Dad.info), Netmums, Youthnet, TheStudentRoom, and Contact a Family. Each partner brings extensive reach amongst unique audiences (around 9 million unique users per month in total), enabling OnePlusOne to target key population groups, such as fathers, new partners, established couples, young people, new parents, and parents of children with additional needs. OnePlusOne is also collaborating with Working Families and through them with several major UK employers (Chelsea and Westminster Hospital NHS Trust, London School of Economics, McDonald's, Metro Bank, and National Grid) on fostering a good work-home relationship environment.

The three strands of the culture change project involve the provision of different types of support and services:

Strand 1: Aims to create a positive and supportive 'public conversation' about relationships across all the social networks named above, normalising issues related to relationship difficulties and relationship support. The typical nature of this conversation is via the relationship forum on each one of the partner sites, engaging the users in various activities such as 'positive conversations', polls, surveys, etc.

Strand 2: An interactive 'tool' embedded in each partner's site tailored to each specific audience and comprising:

- Relationship development assessments;
- Bespoke skills programmes;
- Diaries and goal setting tools;
- Examples of 'real life' relationship issues at work– including interviews, accounts, and case studies;
- Light-touch support through emails and text messages from peer supporters or 'coaches'; and
- Additional support around life transitions available through links to partner websites (such as Marriage Care, Relate, and TCCR).

The development of improved communication skills in the interactive 'tool' follows a Behaviour Modelling Training (BMT) approach. BMT uses visual demonstrations of behaviours to promote knowledge and skills acquisition and improvement in attitudes, intentions and self-efficacy. BMT applies the principles of Bandura's (1977) Social Learning Theory to a learning environment, whereby, a change in belief about one's ability to successfully execute a given behaviour will mediate the demonstrated behaviour and the initiation and maintenance of that behaviour. Social Learning Theory has four core components described as attentional, retentional, reproduction, and motivational. Within the context of BMT and the interactive 'tool', attentional processes involve modelling stimuli through videotapes and retentional processes include transfer to the long-term memory through symbols that depict the skills and mental rehearsal of these. Reproduction involves practising the skills learned (for example, among friends or colleagues), and motivational involves the skills being reinforced (for example, through feedback or communication with people in similar situations). Essentially, BMT programmes involve the provision of information, an outline of the skills to be acquired, modelling of these skills including setting goals to use particular skills, practice, and implementation in 'real-life' followed by feedback. From a meta-analysis of 117 published and unpublished studies (a total of 279 effect sizes) of adult training programmes that used BMT, Taylor et al. (2005, p. 706) conclude that BMT is an effective psychologically-based training intervention that has been used to produce sustainable improvements in a diverse range of skills.

Strand 3: Building on a survey of over 2000 employees demonstrating a positive connection between relationship quality and work engagement (Burnett et al., 2012), a third strand is the creation of a business case for relationship support across the workplace. A group of employer representatives are working with OnePlusOne and Working Families to produce this business case showing the benefits of proactively supporting the relationships of employees. It intends to be a major driver of change in workplace culture by focusing on: creating an evidence base supporting the benefits of supporting emotional well-being of employees; developing and trialling policies and guidance for employers on ways of supporting relationships of employees; and producing a web-based toolkit and e-learning module for managers and HR professionals.

Evidence of effectiveness

The project on changing the culture towards universal preventative support started in March 2013. Although there is an inextricable problem of measuring a change in culture, there are some early indications of effectiveness available in the short time frame since project commencement.

The public conversation strand of the Culture Change project entails taking the services to where people are by having a conversation promoting a positive/developmental perspective of relationships. This provides the target audiences with an understanding of the principles of strong relationships and normalising the approach to working on relationship satisfaction.

Based on its long-term work in the area of relationship support and practice development, OnePlusOne has delivered additional training to partner site moderators in facilitating a positive and supportive 'public conversation' across their forums and social networks, enabling them to provide further guidance and referrals to their users. In return, the project partners are committed to increasing the quantity and quality of interactions with users on the subject of strengthening relationships and taking positive early action. They have long-term experience and established expertise of effective approaches to share messages with their audience groups across a wide range of issues. OnePlusOne has also regularly delivered to the partners a set of key messages and supporting evidence assisting them in producing compelling content propositions with the aim of engaging their audiences and encouraging them to discuss relationships more openly. Since the public conversation was launched in April 2013, 20 240 people have been engaged in this conversation and exposed to the strengthening relationships messages being generated through the different online networks.

The universal interactive 'tool', which is the second strand of the culture change initiative, aims to convey the principles of healthy relationships in ways that provides couples with the raw materials they need to keep their relationship strong. The tool conveys the principles of strengthening relationships and looks to encourage the developmental perspective outlined above. To date, 2578 have viewed the tool (making a total of 3202 visits) which is currently available through five web services.

Building on the previous survey mentioned above (Burnett et al., 2012), changing the culture of relationship support in the workplace has progressed by identifying gaps between organisational policies and statements regarding relationship support, and the actual experiences of employees. This has involved a period of desk-based policy review followed by a series of focus groups with employees and HR professionals from five case-study organisations: Chelsea and Westminster Hospital NHS Trust, London School of Economics, McDonald's, Metro Bank, and National Grid. Results have since been shared by revisiting HR professionals from the above organisations. A conference is planned in summer 2014 to review the outcomes of this project and assess the extent to which it has contributed to a reduction in the disconnect between organisational policies and employee experience.

All strands of the culture change programme have also been supported by a rigorous marketing and PR campaign, to spread the interest and importance attached to couple relationships. Since the start of the project, around 250 media 'hits' have been achieved,[7] including national and regional newspapers, radio, online and television pieces. Topics used to generate the 'hits' have included: 'babyquake' (surviving the transition to parenthood); money worries; friends with benefits; long distance relationships; and couple conflict. The estimated possible reach achieved through this marketing and PR campaign is around 175 million people (based on the circulation figures of the respective media) with an equivalent value of approximately £750,000 (based on what it would cost to advertise the content). Part of this work has also involved contacting Housing Associations (reaching a potential audience of over 1 million residents). Discussions have been held with 83 of these so far, some using OnePlusOne's own materials in their communication networks (blogs, magazines, etc.).

7 As of end of February 2014.

Case study 1.2 - www.TheCoupleConnection.net

Introduction

TheCoupleConnection.net has been one of the partner sites used in the culture change programme discussed above to create a public conversation and to host the interactive 'tool'. TheCoupleConnection.net is presented as an example here in relation to its wide appeal in promoting relational capability through an online medium that is able to overcome the attitudinal barriers to accessing face-to-face, particularly therapeutic, services held by some people. The relationship dialogue and support over the internet is also particularly appealing to men who are hard to reach groups for direct face-to-face contact and support (Asmussen et al., 2007). For example, online resources are also able to overcome another obstacle of face-to-face services, related to the predominance of women in the relationship support professions, which may contribute to this resistance from men (Ghate et al., 2000).

The interactive web-based service, TheCoupleConnection.net, was launched in 2008. Over the following six years, more than 1.5 million users have accessed the site, with an average of 40-45,000 unique users per month.[8] Currently (as of February 2014) 14,668 people have registered for the service and are able to receive the full range of services it offers such as access to a live chat with a mediator, receiving relationship support newsletters, registering for online courses, or being able to contribute to online forums. The service aims to support parents and couples to actively and independently improve their relationship, as well as to develop their understanding of relationships, conflict management, and support.

Evidence-base and theoretical foundation

First established in a practitioner-parent context, the Helping Process is the theory underlying the service provided by TheCoupleConnection.net. The Helping Process is defined as having five stages:

1. Exploring the issue through information;
2. Developing understanding;
3. Making plans;
4. Making changes;
5. Reviewing.

Consequently, the online service has been constructed with the goal of providing people with the capacity to make 'reliance on professional intervention unnecessary because people have been helped to develop the coping strategies that can enable them to manage on their own' (Braun et al., 2006, p. i). This approach perceives helping as a process that assists people to explore and become more aware of how problems are created. If needed, it will help people find alternative and more effective ways of making sense of, and dealing with, the difficulties they confront (Braun et al., 2006, p. 2).

Braun and colleagues (2006) suggest that the most effective method of applying the Helping Process is a partnership including active involvement, shared decision making, complementary expertise, agreement of the aims and processes, mutual trust and respect, openness and honesty, clear communication, and negotiation. It is essential that parents engaging with services understand the Helping Process, so that they are able to negotiate the implementation of the approach in a way that is appropriate and acceptable to them.

Service description

TheCoupleConnection.net is designed so that it supports individuals coming to the website with a specific relationship problem or issue. They are able to explore information about their issue through reading articles and watching different visual media. There are approximately 235 articles and 85 videos available on the service. The most viewed areas of content are the relationship forum, articles, quizzes, and relationship

8 Defined as the number of different users (or more specifically different IP addresses) accessing the service.

insights (a compilation of short video clips that explain the psychological mechanics behind the changes that happen in relationships). Based on the most read articles in January 2014, the issues most relevant to those seeking support on the web site were related to: the loss of intimacy, lack of sexual desire, controlling partners, legal fees and documents in marriage preparation, and psychologist perspectives on affairs and jealousy.

Understanding of one's own situation can be gained through this information and from discussing the issue with other users in the forum, which encourages learning from the interpretations and experiences of others. The forum is moderated by relationship counsellors who are also able to provide more one-to-one advice through the 'listening room'. The making of plans and changes may be chosen through self-help exercises provided by the site, as well as potentially putting into practice suggestions the community have provided. Over recent years new opportunities for behaviour change training have been added and the users can access free online courses. An example is the video-driven 'How to argue better' course which imparts the development of necessary communication skills to diffuse conflict and the learning of ways to achieve compromise. Other courses include 'Changes for me and us' - helping couples to preserve their relationship quality following the transition to parenthood. Finally reviewing, through the use of a personal diary and/or completion of assessments across several time points, allows the individual to be aware of the progress made and to keep a record of the changes that have taken place.

The service stresses that not everyone should use it: it is not designed for people whose relationship is in deep distress. Consequently, there are numerous links to more specialised services and forum moderators are also able to refer users to other services when appropriate.

Evidence of effectiveness

The service has been subject to numerous evaluations including an annual survey and a more detailed survey every few years. Evidence of effectiveness is also generated by registration data, whereby people are asked to rate their relationship satisfaction every six weeks. In terms of effectiveness, this subsection will outline user profile, service value, impact, and relationship satisfaction. Individual courses hosted on TheCoupleConnection.net are also subject to their own evaluations.

(a) User profile

Of the 14,668 people registered at the time of writing, 77% are female (a notable 23% male), and the average age of a user is 31years (ranging from 16 to 79 years). The majority of people (91%) describe themselves as being in some form of relationship. A total of 43% are parents – this is interesting in terms of early intervention potential to help the remaining 57% of people to prepare for possible parenthood in the future.

(b) Service value

The value people ascribe to the service illustrates how online service provision can overcome some of the barriers towards more traditional forms of relationship support. From the most recent substantial survey (2011), users valued getting support anonymously (77% ticked this from a list of benefits), getting support quickly (68%), and getting support at any time of the day (67%). Other preferred benefits included getting advice free (67%), being able to get things 'off their chest' (57%), and not having to see someone face-to-face (54%). As one person commented in an online focus group:

"The biggest attraction for me is not so much the anonymity, but because it is free, and I can use it from home (while my daughter sleeps) and don't have to make appointments to see anyone. As a new Mum, appointments are possibly the biggest fear I have, as I can't predict when my daughter will sleep, and when I can go out / can't go out."

These values were evident in users' overall satisfaction with the service. Over three-quarters (76%) were either satisfied or very satisfied with the service; 79% would recommend it; and 83% would use it again.

(c) Service impact

From the 2011 substantial survey, 87%[9] said that they understood more about why relationships work/don't work, and 80% said that they were now more aware of how relationships affect parenting. Greater confidence was reported in making changes to their relationship (73% agreement). This was further reflected through 80% understanding more about their partners' point of view, and 70% managing arguments better. Around three-quarters said that the service had helped to improve their relationship (72%), whilst slightly over a half (51%) believed that it had helped save their relationship. These impacts are illustrated by a comment from one of the online focus group participants:

"Well yes, I actually left my account logged in and my husband read what I put! But we talked it out, I cried a bit and we sorted it out with face to face communication."

(d) Relationship satisfaction

As part of the registration to the service, users are asked to complete a shortened version (10 questions) of the Golombok-Rust Inventory of Marital State (or GRIMS-S), which is designed to measure the relationship quality of an adult couple relationship (Rust et al., 1986). Registered users are then invited to complete this same questionnaire every 6 weeks, to see how their relationship state may have changed since using the service.

At registration, data from 2,779 people recorded an average GRIMS-S score of 13.36 out of 30 (SD = 5.40) whereby a lower score indicates a worse relationship state. A total of 185 people repeated the GRIMS-S questions, and the average score had improved to 14.81. Results showed a statistically significant increase between GRIMS-S scores at registration compared to the first follow-up three months later ($F[1, 183] = 4.48$, $p < 0.05$). Interestingly, the mean scores were shown to increase more substantially among women (from 13.49 at registration to 15.03 at follow-up), compared to men (12.54 at registration to 13.33 at follow-up).

In conclusion, TheCoupleConnection.net offers a means to access self-help relationship support and overcomes many of the barriers surrounding stigma, cost, availability, and accessibility. Theoretically grounded in the 'Helping Process' approach, the service appears to be operating well with an excess of 14,000 new users each month. Registration data and cross-sectional surveys show that the service is valued and has a positive impact on people's relationships.

Case Study 1.3 - Relationship campaign work on relationships in later life

Introduction

In considering the collaborating social networks, the previous examples of promoting relational capability cover a number of activities principally targeting younger people and new parents. This example from Relate focuses on another point of the life-course – later life – and at the importance of relationships during this time. It demonstrates how promoting relational capability requires change at the public policy and wider political level, to facilitate evidence-based legislative direction that can meet the needs of these sub-groups. Through this campaign work, the intention is to influence public policy to be more supportive of relationships in later life. In terms of wider application, many of the strategies used to campaign in this area could be used to promote relational capability in other groups or areas of relationship support available in later life.

Evidence-base and theoretical foundation

This campaign commenced at a time when there was increased concern regarding care provision and the cost to the public purse over the ageing population in the UK. There are now more pensioners than there are children under 16, and by 2025 half of the UK adult population will be over 50. However, core to the campaign was to move away from the negative 'demographic time bomb' discourse and, instead, to focus on the positive aspects of relationships in older life.

The physical and psychological health advantages and social benefits of relationships outlined in this report's introduction extend to life in older age. The campaign is based on the unequivocal evidence that strong relationships are the key to a happy and productive later life, and that they represent a significant and untapped asset in terms of preparing our society as a whole for ageing. Healthy relationships make people happier, stronger, and more resilient as they

9 'Agreed' or 'Strongly Agreed' to a five point scale questions in this section.

grow older. They can reduce the negative impact of ill health and contribute towards care, productivity, and community life (Sherwood and Faulkner, 2013). Moreover, in their collection of essays on ageing, Sherwood and Faulkner (2013) cite evidence from a survey conducted by Relate and Ipsos MORI (2013)

83% of people over 50 agreed that strong relationships with family and friends was the most important factors for a happy retirement.

revealing that 83% of people over 50 agreed that strong relationships with family and friends was the most important factor for a happy retirement.

In conjunction with the health and social benefits, there has also been recent research emerging about relationships in later life, suggesting a need for a greater recognition of these relationships, which this campaign seeks to achieve. Firstly, between the years of 2007-09, divorce rates have risen by 4.2% whilst they fell during the same period for people under 60 (ONS, 2012). Secondly, according to Age UK, 33% of older people report feeling lonely, with this figure increasing to half for those aged over 80, whilst 30% of over 60s see family members less than once a month (Vass, 2010). Thirdly, there has been a rise in the Sexually Transmitted Infection rates among people aged over 50 (von Simson and Kulasegaram, 2012).

Service description

The campaign commenced in February 2013 with the objectives (which could be applied to other campaigns) to:

1. Change the terms of debate around ageing so that relationships are seen as a critical element of this;

2. Influence central government, local authorities, the ageing population, relationship support providers, and employers to express greater support of relationships in later life;

3. Reach out to people who are approaching retirement or who are newly retired to support them to nurture, invest in or revitalise their relationship as they prepare for ageing.

To meet these objectives, the following activities took place:

- Worked with Ipsos MORI to survey over 1,000 people over 50 years of age about their expectations, concerns, and views about their couple, family and social relationships as they grow older (Relate and Ipsos MORI, 2013). The survey found that there are three pillars to a good later life – good health, financial security, and strong personal relationships.
- Developed a dedicated microsite to support older people, which included a relationship checker: www.retirementtogether.org.uk.
- Partnered up with Gransnet, the online community for grandparents, to promote the campaign and offer advice in real time. This included adverts hosted by Gransnet which directed to people to www.retirementtogether.org.uk, (Relate's dedicated site for older people). Gransnet also hosted two live web chats with Relate counsellors, allowing the profile to be raised with the target audience directly.
- Worked with think-tank New Philanthropy Capital (NPC) to research and publish a public policy report based on findings from the English Longitudinal Study of Ageing, called 'Who Will Love Me When I'm 64?' on the importance of relationships in later life, which was launched in the House of Lords.[10] This report highlighted the contrast between the relationships of 'baby-boomers' and preceding cohorts of older people, and discussed the implications around different policy areas.
- Produced a series of five videos of older people talking about different aspects of their experience of relationships in later life.[11]
- Worked with Mature Times to survey over 2,000 people over the age of 55 (Mature Times and Relate, 2014) about their sex lives and collaborating with Mature Times to produce The Mature Times Guide to Relations.
- Commissioned a group of experts and commentators to write essays on their own

10 The report can be accessed at: http://www.relate.org.uk/policy-campaigns/publications/who-will-love-me-when-im-64-importance-relationships-later-life

11 The videos are available at: http://www.youtube.com/playlist?list=PL7sMMyAOMv6BjirVy336vcWepNu7wIZ9A

experiences and views of relationships in later life (Sherwood and Faulkner, 2013). One of the reasons for commissioning these essays was to begin to show the breadth of experience and diversity within this group that we call 'older'.

Evidence of effectiveness

The campaign is ongoing, although the evidence of effectiveness to date is as follows: there have been 225 media mentions for the campaign, including key coverage in The Daily Mail, The Guardian, The Times, The Telegraph, BBC Breakfast, Daily Express, Economist, Financial Times, and Therapy Today. There have also been 1,330 views of the relationships in later life videos, 5,785 unique visitors and 20,359 page views to www.retirementtogether.org.uk, and 4,791 users of the relationship checker on www.retirementtogether.org.uk. Local take up of the campaign includes a road show event in Relate Birmingham to raise awareness of the issue and a specialist 'Relationship MOT' for the over 50s at Relate Avon.

In-brief illustrations / promising approaches to promoting relational capability

The three examples presented above are shown to be established successful interventions that have the potential to be scaled up. What follows now, is a brief outline of an innovative, 'promising approach' which may offer strong potential for promoting relational capability. However, at the present evidence of effectiveness to the scale of the larger examples presented above is still being collected. This additional approach to promoting relational capability, Explore, focuses on young people.

Case Study 1.4 - Explore [12]

As noted in the introduction to this chapter, although a key part of promoting relational capability, there are few case studies with demonstrable evidence of effectiveness in this area. 'Explore' is a programme provided by the education charity Students Exploring Marriage Trust in collaboration with local schools. As part of this programme young people interview married couples giving them an opportunity to find out how a long-lasting relationship like marriage works. Explore applies the principle of 'learning by experience', where young people lead their own dialogue to investigate the relationships of ordinary married couples. Marriage is used as a case study for a long term committed relationship and the young people are supported in drawing conclusions from these dialogues as to the moral components and life skills that produce enduring and healthy relationships, family life, and marriage in today's society.

The 'learning by experience' methodologies used by Explore were developed by the Grubb Institute of Behavioural Studies and are applied through workshops, half-day conferences, and class sessions. At the centre of the methodology is a series of dialogues between volunteer couples and a small group of young people. The couples present their relationship as a case study for examination and the agenda of this exploration is established by the young participants. Couples who are prepared to answer any questions put to them by young people about their relationship, family life, and marriage are invited to these events and are offered brief training by the adviser-coaches. Couples attend only one or two events per year to ensure freshness and spontaneity in the dialogue. Each 'learning by experience' session is facilitated and supervised by a trained adviser-coach.

The local Explore groups have organised sessions for over 45,000 young people in over 180 schools and 18 prisons. The work in schools and colleges usually takes place in years 10 to 13 within the educational curriculum and syllabus for Personal, Social and Health Education (PSHE), Citizenship, and Religious Education (RE). In 2002 Explore expanded its focus into prisons, in particular Young Offenders and Juvenile Institutions. Consistent with the rehabilitation of offenders and prevention of re-offending policy of the Prison Service and National Offender Management Service, Explore's workshops provide additional educational opportunity for the development of communication and decision-making skills. Involving small groups of six to 12 participants, the prison workshops operate on an entirely voluntary basis. They take place over a period of several weeks with each session lasting at least two hours, which enables the group to meet and question a number of different couples.

Independent evaluation of Explore is regularly conducted, including a report by the Tavistock Centre for Couple Relationships (TCCR) concluding that: Explore achieves its aims; that the young people rate their participation in Explore events very high;

12 The majority of this information was cited from http://www.theexploreexperience.co.uk/.

acknowledging the positive influence on their thinking and that the method creates a safe and conducive learning environment (Shmueli et al., 2005).

Conclusion to Chapter 1

In this opening chapter, a number of approaches to promoting the valuable asset of relational capability have been illustrated. As will become clearer through later chapters, this first chapter has covered some of the often overlooked innovations, such as policy and press campaigns raising awareness about relationship support for specific groups and attempting to remove the stigma towards accessing relationship support held by some people. Without this groundwork, it could be argued that many of the innovations outlined in the following chapters may not have received the interest that they currently do. In a similar fashion to policy campaigns, the innovations in online support do not face the exact same scalability issues that characterise most of the other examples to be detailed. Online support, like TheCoupleConnection.net, can attract large numebrs of beneficiaries at no cost to the individual (in time or finance), although it does still rely on resources to ensure the content remains dynamic. Also, placing online support in services that are not perceived as relationship support sites (in a 'side door' approach), to those groups that might particularly benefit such as young people, new parents, and parents of children with special needs marks important foundation work towards changing the culture, with people beginning to see the take-up of relationship support as an acceptable and promising 'thing to do'.

Chapter 2: Preventing Relationship Distress at Key Transitions

This chapter focuses on preventing relationship distress at key transition points occurring within relationships. In conjunction with the Relationship Support Framework, these services are typically used to prevent potential problems from developing or escalating, particularly at known 'change or challenge' trigger points, such as the transition to marriage and/or parenthood, loss of employment, or increasing conflict between partners. These services aim to offer skills education, support and advice, and possible referral to further more specialist help, if deemed appropriate. The three main examples to be presented in this chapter are marriage preparation (in preparation for the transition to marriage), services supporting young people within schools (transition to adulthood), and a programme to help new parents resolve relationship issues that can affect their ability to parent their children effectively (transition to parenting). As in Chapter 1, the discussion of each example includes evidence-base and theoretical foundation, service description, and evidence of effectiveness. A number of smaller promising approach examples are also added.

Case Study 2.1 - Marriage preparation

Introduction

Marriage preparation is the provision of relationship education, including skills development, prior to the transition to marriage. Several marriage preparation programmes have been widened to include relationship education both prior to, and after, marriage. For example, Couple Relationship Education (CRE) initially started as an intervention prior to marriage, but has since been offered to couples at various stages of their relationship. In assessing the nature and effectiveness of these programmes it is, therefore, important to make the distinction between purely pre-marital education and other forms of relationship education.

Evidence from international studies, several involving the review of other studies, shows promising impacts of CRE, notwithstanding the criticisms of sample homogeneity and lack of long-term follow-up (e.g. Halford et al., 2008; Quirk et al., 2013). For example, Halford et al. (2008) sums up these effects as follows:

"Meta-analyses consistently show that skills-training CRE is associated with large effect size increases in relationship skills (d>0.7)...Skills-training CRE is also associated with small to moderate short-term effect size increases in relationship satisfaction, with larger effects evident in couples that initially have lower levels of satisfaction." (Halford et al., 2008, p. 500).

Turning our attention to pre-marital programmes, the evidence is similarly positive. For example, Stanley et al (2006) found from a random survey conducted in the US that participation in pre-marital education was associated with decreased odds of divorce, lower conflict, and higher levels of relationship satisfaction. Similarly from a Randomised Controlled Trial (RCT), Laurenceau et al. (2004) showed that pre-marital education was associated with a decrease in negative communication. Also, a RCT of online pre-marital education showed positive outcomes in terms of relationship satisfaction, commitment, and opinions/feelings/readiness for marriage (Larson et al., 2007).

The example in this report illustrates pre-marital education in the UK and, alongside its theoretical foundation, will importantly assess whether these positive outcomes from international evidence are replicated in this country's setting.

Evidence-base and theoretical foundation

The basis for pre-marital education stems from the belief that the quality of the communication and conflict management early on in a relationship is associated with the quality and health of the relationship over time (Markman and Rhoades, 2012). By learning the skills to preserve the quality of the relationship prior to marriage, pre-marital education has its roots in Social Learning Theory (Bandura, 1977), whereby people are able to learn the skills delivered ('instructed') by their programme leader. According to Social Learning Theory, people must be able to attend to the skilled behaviour, and they must

be able to remember the information and reproduce the behaviour when needed. They must also be sufficiently motivated to reproduce this behaviour when needed.

Pre-marital education also has elements of Social Exchange Theory (Homans, 1958) underpinning it, by recognising that the education is delivered to couples in preparation for being married and living together as a couple. The purpose of this social exchange is to maximise the benefits of being together as a couple and minimise the costs or risks towards maintaining their couple relationship. Pre-marital education, by instilling valuable learning and skills, serves to increase and maintain the benefits of being together as a couple and negate the possibility of the increasing costs or risks to the relationship.

Empirical support for these theories is well established in this context, with education and skills development early on in a relationship being likely to pay dividends to the couple in the future (Halford et al., 2008).

Service description

Marriage preparation intends to help couples, through providing education and skills, to increase their chances of having healthy and stable relationships. Pre-marital education should be viewed as having elements of promoting relational capability (illustrating the overlap in the Relationship Support Framework between these two elements of support) with its aim to keep 'happy couples happy' (Markman and Rhoades, 2012), rather than work with couples either at risk of, or presently, in distress.

Marriage Care, a national faith-based organisation, is the largest single marriage preparation provider in England and Wales. It offers two types of marriage preparation via 53 local hubs: 'Preparing Together' and the 'Facilitating Open Couple Communication Understanding and Study' (FOCCUS©), which are delivered by trained volunteers. In 2013, Marriage Care delivered marriage preparation to 2,879 couples.

The Preparing Together course draws on principles from Bowlby's attachment theory (1969) by encouraging couples to see their relationship as a secure base, providing those who failed to form a secure attachment in childhood with a means to repair the deficit. Strategies used for improving communication and negotiating difficulties are taken from PREP (Prevention and Relationship Enhancement Program) developed by Markman and Colleagues (2004). The Preparing Together course usually involves a one-day group workshop (possibly spread over two half days or two evenings). Typically, around 10 couples attend each course and it is usually facilitated by two or more trained facilitators depending on the size of the group. The course comprises presentations by the leaders, group discussions, and discussions between each couple. Couples are also given a set of printed materials to work with and then take home. The focus is on developing skills and behaviours needed for a good relationship and exercises include exploring and developing realistic expectations of marriage, how the relationship may change over time, positive communication skills and other skills that may strengthen the relationship, and effective conflict management.

From a recent evaluation of Marriage Preparation in the Catholic Community (Coleman, 2012), over 90% of providers of Marriage Preparation stated that they delivered the following areas of content with either 'moderate' or 'strong' emphasis:

- Interpersonal communication;
- Conflict management;
- Factors that sustain and protect relationships;
- Commitment and work-life balance;
- The meaning of the marriage vows.

By contrast, FOCCUS © is a personalised consultation using a research-based questionnaire developed and patented by FOCCUS Inc.[13] Marriage Care holds a licence to train facilitators in the use of the questionnaire in England and Wales. This intervention utilises an inventory-based assessment and feedback from a trained facilitator approach. Each member of the couple completes a questionnaire, either online or at an initial meeting with a Marriage Care FOCCUS© facilitator. The questionnaire consists of around 170 statements to which they tick either 'agree', 'disagree', or 'uncertain'. Using a remote analysis of the results, the trained facilitator will meet with the couple for one to two hours to discuss the findings from the analysis. The session focuses on helping couples to recognise differences or similarities in attitudes or expectations and each session is shaped by the couple's needs.

Marriage preparation also has the potential to be tailored to customer circumstances and needs. In 2012, Marriage Care working with the Roman Catholic Diocese of Westminster, developed a set of guidelines for preparing Traveller couples for marriage. Travellers have a long

13 http://www.foccusinc.com/research.aspx

shared history, value system, language, set of customs, and nomadic tradition which makes them a distinct ethnic group. Family life is highly valued and marriage, in particular, is a core value within the Traveller community.

Some Traveller couples, particularly those for whom a wedding has been 'drawn down' (arranged), might find it difficult to adjust to life together in the first year or so of marriage and this can involve arguments and in some cases separation. However, like settled couples, the more Traveller couples can be helped to discover each other's hopes and expectations for their marriage and gain an understanding of the transition they are facing, the more likely that they will successfully negotiate the difficulties they encounter.

Marriage Care developed a course specifically for Travellers, designed to be used over two sessions, lasting 60 – 90 minutes each. As many of the participants may not have completed formal schooling, pictures and cartoons are used to stimulate discussion, as well as visual aids, stories, and imagery, which can be used to good effect when working with Traveller couples. Trained volunteers from Marriage Care are available to support parishes and pastoral workers who are involved in arranging a Traveller marriage, by seeing couples for this part of their preparation.

Evidence of effectiveness

As part of the Government investment of £30m for relationship support interventions over two years, the Department for Education funded an evaluation of relationship support interventions, including Marriage Care's marriage preparation services. [14]

For marriage preparation, there was a significant positive change for those receiving Preparing Together as shown through pre- and post-survey (WEMWBS[15] : d[16]=0.20). For those completing a FOCCUS© questionnaire and attending a FOCCUS© session with a facilitator, the analysis identified a positive change in relationship quality (DAS-7[17]: d=0.22).

Qualitative interviews with clients provided further insight into the benefits of receiving marriage preparation experienced by couples. In particular, couples receiving FOCCUS© marriage preparation were able to document many ways in which they were able to air and address tensions and unvoiced concerns in their relationship during sessions with a trained facilitator. Attending Preparing Together was often appreciated as an opportunity to confirm couple's commitment to each other and appreciate the importance of communication, which may explain the changes in well-being observed in the survey (Spielhofer et al., 2014). For example:

"The conversations have had an impact... We're a bit more open minded in the future. [They] helped us pinpoint each other's weaknesses when it comes to communication and so on and that helps us. Once you understand someone's shortcomings in a conflict you can then look out for them: 'Oh wait, I'm doing that. Oh wait, you're doing that'. It has improved the way we communicate with each other." (Preparing Together, male, 30, 3-5 years in relationship).

In addition, 88% of couples who attended Marriage Care's marriage preparation services found them useful, despite the fact that only 25% had wanted to attend from the start. Significantly, of the 243 Marriage Care clients interviewed post-course, all said that they believed every engaged couple would benefit from attending some form of marriage preparation.

The research also explored whether people's attitudes towards accessing relationship support in the future changed and found that, for marriage preparation, in what was a relatively short intervention, either a day or a couple of sessions, people's attitudes towards accessing relationship support were changed. They found that a positive experience of a relatively small relationship support intervention such as marriage preparation can change attitudes towards accessing support in the future and working through problems rather than separating. For example:

"100% yes. I think before having the session I would probably have talked to my mum about it or anybody who'd have listened instead of talking to [my partner] initially. I would never in a million years have considered – and neither would [my partner] – seeking an external agency to discuss problems." (FOCCUS, female, 30, 3-5 years in relationship).

Finally, the evaluation study also showed that marriage preparation services (in particular the FOCCUS© intervention) were found to be cost effective, providing substantially greater saving to society than they cost to deliver. The researchers estimated that for every pound spent on the Marriage Care FOCCUS©

14 https://www.gov.uk/government/publications/relationship-support-interventions-evaluation

15 The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), to assess psychological well-being.

16 An effect size is the strength of the statistical relationship between, in this instance, receipt of Preparing Together and well-being. Cohen's d, in this instance, outlines that an effect size of 0.2 to 0.3 might be 'small' and around 0.5 as 'medium'.

17 The Dyadic Adjustment Scale short form (DAS-7), to assess relationship quality.

marriage preparation, there is a benefit of £11.50.

In conclusion, pre-marital education delivered in England and Wales has similar value to that reviewed previously in the international literature. It is important to note that improvements in well-being and relationship quality are particularly significant given the 'ceiling effect', whereby couples in preparation for marriage are likely to report high levels in both measures at the outset (compared to distressed couples). Finally, the cost-benefits are particularly noteworthy in terms of scalability, although this also partly depends on the availability of trained providers which has, in some instances, shown to be an important issue in delivering marriage preparation (Coleman, 2012).

Case Study 2.2 - School counselling

Introduction

Mental health problems are becoming increasingly prevalent in children and young people (Green et al., 2005). Mental health difficulties in younger life are linked to problems in adulthood (Kim-Cohen et al., 2003) and it is also known that mental health problems in adulthood are linked to relationship problems in adulthood (and vice-versa) (Relationship Alliance, 2013). Indeed, maternal mental health has been shown to be a determining factor for child outcomes following separation (Coleman and Glenn, 2009), as well as a contributing factor for (and a consequence of) relationship distress (Reibstein and Sherbersky, 2012; Relationship Alliance, 2013).

Developmentally, young people accessing school counselling may have taken their first steps on the transition to adulthood. For example, they may be embarking on first romantic or sexual relationships, be developing or be in the final stages of their educational careers, and may be experiencing changing relationships with parents or other family members as they gain independence. Attainment of such developmental milestones provides some of the context around the mental-health needs of young people (Patel et al., 2007). As with adults, many of the stressful life events that can trigger the onset of emotional or behavioural problems in school children stem from problems with relationships (Goodyer et al., 1990). Previous research on school-based counselling among children of secondary age found that 'family' issues were by far the most common presenting issue for children accessing support (Cooper, 2009). And among those who enter counselling, improvements in wellbeing and relationships were the most frequent reported changes (Cooper et al., 2010).

As an illustration, it is suggested that borderline personality disorder may demonstrate particularly strong associations with relationship functioning, insofar as it is characterised by impulsivity, affective instability, and inappropriate or intense anger, features that carry importance in an interpersonal context (Whisman, 2009). Additionally, from a survey conducted by Mind and Relate (2013), people with mental health problems and their partners revealed, amongst other pressures such as financial and employment issues, that mental health issues did put the most strain on relationships. Four in five people (80%) with mental health problems surveyed said it had affected their sex life, with loss of libido and feeling unattractive or self-conscious being the main issues.

With the effects of young people's mental health potentially extending into adulthood, this example from Relate outlines a localised pilot trial of school-based counselling. Although categorised here as preventing relationship distress at key transition points, that between youth and adulthood, it clearly has some cross-over to both promoting relational capability (Chapter 1) and protecting people at times of distress (Chapter 3).

Evidence-base and theoretical foundation

This school-based counselling trial is based on competences for humanistic psychological therapy (Roth et al., 2009). In contrast to the psychoanalytical and psychodynamic approach to counselling which focuses on the unconscious mind, childhood events and difficulties are not given the same importance in the humanistic counselling process. However, as with psychoanalytic and psychodynamic approaches, humanistic or person-centred counselling recognises the uniqueness of every individual, as well as assuming that everyone has an innate capacity to grow emotionally and psychologically towards the goals of self-actualisation and personal fulfilment.

The assumption underlying this approach is that young people have the capacity to successfully address difficulties in their lives if they have an

opportunity to talk through these problems with an empathic, supportive, and independent adult. School-based humanistic counsellors use a range of techniques to facilitate this process, including active listening, empathic reflections, inviting clients to access and express underlying emotions and needs, and helping clients to reflect on and make sense of their experiences and behaviours. Clients are also encouraged to consider the range of options that they are facing, and to make choices that are most likely to be helpful within their given circumstances.

Humanistic counsellors work with the belief that it is not life events that cause problems, but how the individual experiences life events. How we experience life events will in turn relate to how we feel about ourselves, influencing self-esteem and confidence. The Humanistic approach to counselling encourages the client to learn to understand how negative responses to life events can lead to psychological discomfort. The approach aims for acceptance of both the negative and positive aspects of oneself. Note that Chapter 3 has more detail about approaches to counselling and therapy.

Service description

From a report on a school-based trial (Pybis et al., 2014) counsellors delivered the school-based humanistic counselling for up to 10 weeks with each session lasting around 45 minutes. This was performed by Relate in four schools in an urban area in England. Within these schools, pastoral care teachers identified young people within the school who may benefit from counselling. This was determined by those scoring five or more on the Emotional Symptoms Sub-scale of the self-reported Strengths and Difficulties Questionnaire (Goodman et al., 1998). It was necessary that the counsellors had experience of working with young people and had the ability to use a humanistic approach (training was available if required). To assess competencies, the four counsellors were assessed for adherence to school-based humanistic counselling.

As an innovation of the face-to-face counselling model, a more recent development has been a pilot study of Relate's online school-based counselling (iRelate), which involved 'live-chat', and was delivered by eight Relate Centres across England.

Evidence of effectiveness

The evaluation of the face-to-face school-based counselling aimed to overcome some of the acknowledged problems from previous evaluations of school counselling, where studies had low numbers of participants, limited longer-term follow-up of outcomes, inadequate screening leading to participants not being representative of those students who would require counselling, and the counselling not always provided by an independent third sector organisation distant to the research team.

The primary outcome measure to assess effectiveness was the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) (Twigg et al., 2009). Secondary outcome measures were the Strengths and Difficulties Questionnaire (psychological difficulties), the Rosenberg (1965) Self-Esteem Questionnaire, the Moods and Feelings Questionnaire (depression), and the Goal-Based Outcomes tool (attainment of personal goals).

The random allocation to an intervention or control group enhanced the evidence of effectiveness. A total of 42 young people participated in the trial, with 21 randomised to the counselling arm and 21 to a waiting list control arm. Also with regards to the limitations of previous studies, participants were assessed at six weeks, 12 weeks, and six months after the counselling.

Benefitting from this design, the results can be interpreted with some confidence (although partly compromised by the low sample numbers). At the six week assessment participants who had received the counselling improved significantly more than those in the waiting list control on the primary YP-CORE measure. This effect was no longer significant at the 12-week assessment. Nevertheless, gains in psychological wellbeing were sustained and in some cases improved upon after six months.

From the evaluation of the online (iRelate) school-based counselling, it was clear that this has the potential to complement the face-to-face offer. The online service was able to attract people reporting different issues to the face-to-face offer, mainly in the form of people with more anxiety/stress issues and less anger issues, as well as a greater proportion of people from Black and Minority Ethnic (BME) backgrounds. People were generally satisfied with the offer, and data from 66 people who completed two or more YP-CORE forms reported a small but significant reduction in psychological distress. Results

from this pilot study suggest that this online approach has the potential to be a valuable addition to the more traditional face-to-face school-based counselling.

This example identifies a number of issues that need to be addressed prior to replicating the programme more widely. These include finding ways to attract schools, having sufficient numbers of eligible participants within schools, ensuring counsellors adhered to school-based humanistic counselling, and minimising the drop-out of participants at follow-up (compounded by the school calendar).

In conclusion, school-based counselling in this pilot study showed promising effects, although there were limitations as regards sample size. These promising effects are pertinent given the potentially longer term benefits, with young people's mental health closely associated to mental health in adulthood. Minimising psychological distress at an early age may well impact positively on the ability to forge stable couple relationships in later life.

Case study 2.3 - Parents as partners

Introduction

Parents as Partners is an innovative programme which focuses on using the parents' relationship as couples and co-parents to help both parents work together to improve collaboration and positive parenting. The project focuses on key relationship transitions including that to first-time parenthood, children prior to nursery, and children progressing through school years.

Based on the Cowans' Supporting Father Involvement approach (see Cowan et al., 2005, 2009, 2011; Schulz et al., 2006) originating in the US, the programme is currently being trialled in six London Boroughs and Manchester with a view to being rolled out to other areas of the country after the development phase (March 2014). The trial of Parents as Partners is delivered by the Tavistock Centre for Couple Relationships (TCCR) in conjunction with Family Action in the UK, and aims to support parents who are experiencing difficulties, including hard-to-reach and vulnerable families.

Evidence-base and theoretical foundation

Couple relationship distress has substantial negative effects on children's externalising and internalising behaviour and on school achievement (Cowan et al., 2011; Relationship Alliance, 2013; TCCR, 2012). There is also a strong link between the quality of the relationship between parents and the quality of their parenting (Clulow and Donaghy 2010; Reynolds et al., 2014b). The existing evidence suggests that parenting programmes addressing the parental couple and their relationship can be very effective in improving child outcomes (Cowan et al., 2005, 2009, 2011; Schulz et al., 2006). Hence, the Parents as Partners parenting programme focuses on using the parents' relationship as couples and co- parents (in the context of parental separation) to help both parents work together to improve collaboration and positive parenting (Tavistock Centre for Couple Relationships (TCCR), 2014). It focuses on the whole family, not solely on parent-child interactions and parenting skills, in order to make changes to the overall family environment so that whole families' lives can be changed. Parents as Partners aims for a transformative effect on hard-to-reach families, particularly in some cases where there are active child protection concerns, in an attempt to interrupt the cross-generational transmission of vulnerability (TCCR, 2014).

The TCCR Parents as Partners programme uses a group rather than a couple-by-couple intervention format. This approach stems from the view that group dynamics have power 'to normalize what happens to families' (Cowan et al., 2011, p. 249). Sharing the experiences of others facing similar challenges helps to reduce expectations for self and partner to more realistic levels; leads to new solutions to old problems; and to increased abilities to regulate negative emotions (Cowan et al., 2011). This approach also demonstrates to couples undergoing the same life transition that they face similar challenges and stresses and provides social support during these difficult times (Cowan et al., 2011).

The programme content and curriculum is shaped by a 5-domain risk-protective model developed by Cowan and colleagues (2011), with each domain having shown strong associations with children's adaptation as follows: (1) parents' individual adaptation; (2) couple relationship quality; (3) relationship quality in parents' families of origin; (4) quality of parents' relationship with the child; (5) and the balance between life stressors and social supports (Cowan et al., 2011, p. 241).

Service description

Parents participate jointly in 16 group sessions and work on their couple relationship, individual sense of well-being, explore family patterns that have been passed on through the generations, and improve their parenting skills (TCCR, 2014). The group sessions are attended by several couples and run by two (male and female) facilitators. Each session is 2 hours long and involves exploring different themes through engaging exercises, discussions, and presentations. A key element of the programme is that, in addition to the group sessions, a family caseworker is linked to every family offering supplementary support between sessions with practical advice, behaviour change tasks, and motivation. The programme is designed to work with parents in various circumstances, including those struggling with domestic violence, mental health or drug and alcohol problems (provided the issues are not severe), and is also an appropriate intervention for separated, divorced, and LGBT (Lesbian, Gay, Bisexual, and Transgender) parents.

Within the UK, the programme is free and is currently delivered by TCCR in conjunction with Family Action practitioners in Westminster, Southwark, Camden, Islington, Greenwich, Lewisham, and Manchester. It can be attended by couples over the age of 18 with children between 0- 11 years of age. Parents are screened prior to participation to check the severity of problems they might be experiencing (e.g. in relation to violence, mental health, and drug or alcohol abuse). Other services are suggested for those experiencing more severe problems that cannot be addressed sufficiently by the Parents as Partners Programme.

The initial outreach and referral phases of the programme have been challenging but the retention rate has been high – 92% (TCCR, 2014).

Evidence of effectiveness

Although the evidence from the UK administration of the Parent and Partners trial is currently being generated, there is supporting evidence on the programme's effectiveness emanating from the US. The Parents as Partners Programme is based on the Cowans' 'Supporting Father Involvement' approach and the evidence of its effectiveness stems from a number of longitudinal studies carried out by the Cowans and colleagues, which demonstrated the positive effect of group couple-focused training received at various stages such as the transition to parenthood and the child's transitions to nursery and secondary school (Cowan et al., 2011; Schulz et al., 2006). Their studies of several preventative interventions to enhance children's wellbeing (Becoming a Family project, Schoolchildren and Their Families project, and Supporting Father Involvement project) demonstrated both the immediate and long-term effects of such programmes.

The first study, 'Becoming a Family', involved a Randomized Clinical Controlled Trial of a group intervention for couples making the transition to first-time parenthood. Couples expecting their first child were randomly assigned to intervention (n = 28) and comparison groups (n = 38) to assess the efficacy of a couples' intervention and examine marital satisfaction trajectories across the transition to parenthood. The results showed that a couples' group meeting for 24 weeks from mid-pregnancy to three months postpartum prevented the decline in marital satisfaction experienced by the no-treatment controls until the first child had completed kindergarten (Schulz et al., 2006).

The second study, 'Schoolchildren and Their Families Project', assessed the effects of a couples' group intervention for parents received in the year before their first child entered nursery and directly compared parental programmes with and without a couple focus. Couples were randomly assigned to a 16-week couples' group or a low-dose comparison condition (an opportunity to consult once a year for three years with the male and female staff team that conducted their initial interview). Those who agreed to participate in a couples' group were further randomly divided into two variations of the groups in which the focus in the open-ended part of each meeting was on couple relationship issues or on parent-child issues. Curricula were otherwise identical.

This study involved a baseline pre-intervention assessment (pre-nursery) and four major follow-up assessments (in nursery, and then in school years one, four, and nine). At each assessment time, self-reports of marital satisfaction were provided independently by both mothers and fathers; couple communication was observed in a laboratory setting at four assessment periods (not in the first grade year); and longitudinal data were collected from the children's teachers and a Child Behaviour Adaptive Inventory was used to rate the adjustment of the study children and their classmates (Cowan et al., 2011, 2005). The results showed that fathers from the parenting-focused group

were significantly warmer and more engaged with their children one year later; mothers showed more structuring behaviour when the child encountered difficult tasks; children showed more positive self-descriptions and displayed fewer withdrawn or anxious behaviours (Cowan et al., 2011, 2005). There was a value-added impact of participating in the groups with a focus on couple relationship issues – these were the only parents who showed reduced conflict in problem-solving discussions and improvements in parenting style. Furthermore, their children showed higher levels of achievement on individually administered achievement tests and lower levels of teacher-rated externalising behaviour (Cowan et al., 2011, 2005).

A 10-year post-intervention follow-up study demonstrated that the advantages of parents participating in groups with an emphasis on couple relationship issues, persisted over time (Cowan et al., 2011). There were positive effects on marital satisfaction of both parents and on children's adaptation (hyperactivity and aggression), with the effects of the couple-focused intervention being stronger than of the parenting-focused one (Cowan et al., 2011).

The third study on 'Supporting Father involvement' looked at a couple-based programme aimed at enhancing fathers' engagement with children, and also demonstrated the benefits of couple-based approaches. In this study, 289 couples from primarily low-income Mexican American and European American families were randomly assigned to one of three conditions and followed for 18 months: 16-week groups for fathers, 16-week groups for couples, or a 1-time informational meeting. Compared with families in the low-dose comparison condition, intervention families showed positive effects on fathers' engagement with their children, couple relationship quality, and children's problem behaviour (Cowan et al., 2009). Furthermore, participants in couples' groups showed more consistent, longer-term positive effects than those in fathers-only groups with intervention effects being universal across family structures, income levels, and ethnicities (Cowan et al., 2009). Participants in the parents' group performed better than any of the other groups in terms of relationship quality satisfaction and parenting stress (Cowan et al., 2009).

In summary, Cowan and colleagues (Cowan et al., 2011, 2009, 2005; Schulz et al., 2006) demonstrated the immediate and long-term benefits of couple interventions on relationship quality, parent-child relationships and child-related outcomes. Their work also shows that better results can be achieved from couple-based training in comparison to one-parent training, as well as couple relationship training versus parenting-focused ones. The evaluation of the UK trial of the Parent and Partners programme is currently being undertaken.

In-brief illustrations / promising approaches to preventing relationship distress at key transitions

The three examples presented above are shown to be established successful interventions that have the potential to be scaled up. As in the previous chapter, a number of in-brief illustrations will be added as follows. These too may have the potential to be scaled-up although some, as pilot studies, may require more time for evidence of effectiveness to be established.

Case study 2.4 - Let's Stick Together

Bristol Community Family Trust (BCFT) developed 'Let's Stick Together' (LST), which aims to provide relationship support to first-time parents, who are at a higher risk of break-up compared to non-parents, with the transition to parenthood seen as a time where pressure is placed on the relationship (Mitnick et al., 2009).

LST consists of a single one hour session, often delivered to first time-parents as part of existing post-natal groups. The emphasis of LST is on learning about positive relationships and prevention rather than treatment of existing problems. Each session focuses on three topic areas: behaviour patterns to avoid; different ways of expressing and experiencing love and affection ('Love Languages'); and how to involve fathers in parenting.

In Bristol, the switch from NHS post-natal to Sure Start Early Years provision, as well as funding cuts, have seen BCFT numbers fall from a peak of 900 first-time mothers per year to under 600 in 2012. Nationwide, delivery has, however, been increasing, due to the programme now being provided through the UK-wide charity, Care for the Family. From the DfE evaluation of relationship support work (Spielhofer et al., 2014), attending a short LST session was not associated with any statistically significant positive changes in relationship quality, well-being, and communication (compounded by a small

sample of 78 mothers completing pre- and post-session forms), although many participants reported positive impacts of attending several months afterwards.

Case study 2.5 - Relationship support to people living with cancer [18]

A cancer diagnosis can have a major impact on relationships with partner and family and on sexual intimacy (Cardy et al., 2006). Relate and Macmillan Cancer Support are working together to offer free counselling sessions to people diagnosed with cancer and their families living in Manchester area. The support is available to individuals, couples, and other family members including children, parents, or siblings. It focuses on changes and problems with relationships arising from the cancer diagnosis; difficulties talking to and supporting each other; problems talking about cancer to children, or parents and other relatives; challenges in getting 'back to normal' when cancer treatment is finished; and problems with sexuality resulting from surgery, treatment, altered body image, tiredness, or anxiety.

More recently the service has been extended with a pilot 'drop in' service at the Macmillan Information Centre at University Hospital of South Manchester and with relationship support services to people living with cancer in Wales provided by Macmillan and Relate Cymru. Relate and Macmillan have been working to develop measures to evaluate the service and to note the changes people experience as a result of counselling. This has included the collection of data from evaluation questionnaires. So far, feedback about the help provided by the counsellors from both service users and professionals has been positive.

Case study 2.6 - Living together with dementia [19]

Some of the relationship support services outlined in this report have included those specific to young people. To complete this life-course perspective, the following in-brief illustration captures an issue which people may face, usually (but not always) in older life: that of dementia.

Provided by the TCCR, 'Living Together with Dementia' (LTwD) is a service for couples where one partner has a dementia, offering emotional support through the trauma of diagnosis and adjustment to the situation. It aims to address the 'secondary disablement' that often accompanies dementia, so that people are helped to function as well as they can. In dementia, people gradually lose the capacity to carry out daily activities and they become more dependent. The LTwD approach aims to enable people with dementia to continue to play an active role for longer and to help couples to learn to adjust to the disease and to continue with everyday activities together, thus supporting interdependence rather than dependence.

The LTwD is offered to people over the age of 65 with a diagnosis of probable Alzheimer's Disease, or other dementia, who are married/in civil partnership or in a long-term relationship. Couples are seen by therapists who specialise and train in this area of work. An initial consultation appointment is followed by six sessions and then a review to assess whether further help is needed. The service is unique in that it targets both the person with dementia and their partner, focussing on the relationship between them and the couple together, which is crucial. By helping to preserve the relationship between partners, carer stress and breakdown is reduced and the life experiences and mental health of both partners are improved.

At present this LTwD is currently being piloted by TCCR, and it is too soon to provide any robust evidence of effectiveness.

Case study 2.7 - Mentalization-based treatment – 'Parenting Together' [20]

As shown earlier in the introduction, inter-parental conflict, whether living together or not, has a detrimental impact on child well-being and development (Faircloth et al., 2011; Reynolds et al., 2014a; TCCR, 2012).

Mentalization-Based Treatment (MBT) is an evidence-based model (Bateman and Fonagy, 2008) which has a theoretical frame of reference including both a developmental model with its basis in attachment theory, a theory of psychopathology, and a hypothesis about

18 Much of this information was cited from http://www.relategms.co.uk/relate_gms_cancer_support.html.

19 Much of this information was cited from http://tccr.ac.uk/services/2012-03-20-14-49-08/living-together-with-dementia

20 Much of this information was cited from http://www.tccr.ac.uk/research-publications/tccr-research-projects/194-parenting-together-a-service-development-and-research-project

the mechanism of therapeutic action. It has an ever growing robust evidence base for a range of populations to treat a variety of difficulties and conditions.

Drawing on this model, Mentalization-based Therapy for Parental Conflict – Parenting Together (MBT-PT) is a relatively new therapeutic intervention, having been first piloted in 2007. It is a brief intervention for parents, whether living together or separated, who are having difficulty parenting co-operatively and are in conflict over parenting issues (Hertzmann and Abse, 2009a, 2009b), the intervention was developed in response to research demonstrating that child-focused conflict between parents is especially damaging for children (Davies et al., 2002; Goeke-Morey et al., 2007; Jenkins et al., 2005; Shelton and Harold, 2007).

This intervention supports good mentalizing, which is not only the capacity to accurately read one's own or another's inner states of mind and feeling, but also a way of approaching relationships that reflects an expectation that one's own thinking and feeling may be enlightened, enriched, and changed by learning about the mental states of other people. More specifically, this attitude is characterised by an inquiring and respectful stance in relation to other people's mental states; an awareness of the limits of one's knowledge of others; reflecting a view that understanding the feelings of others is important for maintaining healthy and mutually rewarding relationships; and an expectation that we will hear and take into account other people's perspectives, needs, and feelings and that they will respond in similar ways to our perspectives, needs, and feelings. MBT-PT can be used as a stand-alone intervention, or its ideas and techniques can be 'added-on' by practitioners already providing some other form of couple, parent, or family therapy approach. Whereas all psychological therapies are likely to increase mentalizing indirectly, MBT-PT is specific as it places the enhancement of mentalizing itself as the central focus of treatment.

Whilst for many couples these difficulties in parenting co-operatively can be addressed in the context of ongoing therapeutic work, there are some couples who identify particular difficulties and who seek help for them specifically in order to improve their parenting alliance. The service is arguably most appropriate among parents who are in dispute with each other following separation. Many of these couples have separated acrimoniously and, whilst they unsurprisingly usually eschew couple/family therapy, they often need some help to address their co-parenting difficulties, which is what MBT-PT aims to address. Indeed, as the aim of MBT is to "enhance capacities of mentalization and to make [people] more stable and robust so that the individual is better able to solve problems and to manage emotional states (particularly within interpersonal relationships)" (Bateman and Fonagy, 2012, p. 274), MBT-PT is a particularly appropriate intervention for this client group.

'Parenting Together' consists of a 12 sessions model for parents and a 2-3 day training programme for a range of professionals is also available. Now that the service is being well utilised (more than 100 parents benefitted in 2011), it is being evaluated within a Randomised Controlled Trial design with findings due later in 2014.

The next two examples are more specifically related to support for parents who are in the process of separating or who have separated. As noted in the introduction, relationship support also extends to increasing the co-parenting relationship between parents who are no longer together or are separating. The development of a co-parenting relationship is central in affecting child outcomes. There is a clear overlap between these services and those protecting people at times of identified relationship distress (chapter 3).

Case study 2.8 - Splitting Up? Put Kids First

'Splitting Up? Put Kids First' is an innovative free online service where separated or separating parents can work out together how they will support and care for their child. This is the first online parenting plan that helps couples communicate in a business-like way and make arrangements about their children. Available 24 hours a day, the service is designed to help people settle arrangements around childcare issues without the stress of legal costs and is suitable for both parents who have been to court and those who have not.

Parents are invited to identify the stage at which they are in making child arrangements (e.g. have not really started making arrangements yet; having some difficulties with arrangements; finding it impossible to agree on any arrangements; things have been working but there might be problems ahead) and receive guidance based on their particular situation and information on how 'Splitting Up?' might help them. After registration, the service offers two main features: a parenting plan tool and a communicating better tool. Parents can also personalise

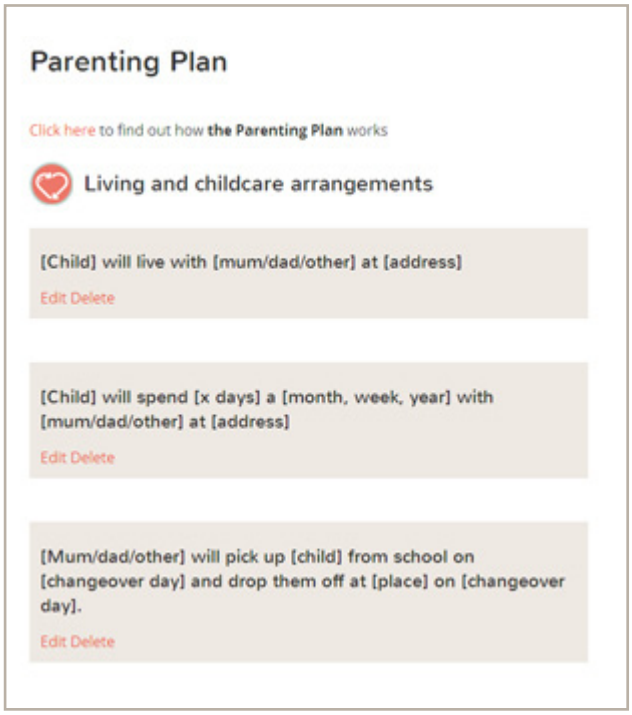
the service by selecting up to four issues about their co-parenting relationship that they are struggling with the most and also to select a key aim they want to achieve via the parenting plan. This personalises the content of the 'Splitting Up?' service and directs parents to the most relevant aspects based on the needs they have identified.

a) The Parenting Plan

This is an online tool that helps parents think about arrangements, share ideas, and record decisions. Separated parents can work on their plans using a template or can create their own from scratch. The service compares the suggestions of each parent and highlights where they do not match up. Parents can then make changes and click to agree or disagree. The plan can be modified as things change.

b) Communicating Better

Agreeing on the content of a plan and putting it into action in daily life can sometimes be difficult. 'Splitting Up? Put Kids First' also provides short videos and suggestions to help parents think about the most successful way to communicate, negotiate and solve problems. These are divided into three steps: Get Ready, Talk it out, and Sort it out. For some parents these skills-based videos will provide essential learning to help communicate with their



ex-partner and populate their parenting plan.

'Splitting Up? Put Kids First' was launched in December 2013 and is thus very much in its infancy but the current uptake is promising. Although it is still too early to assess the effectiveness of the service, there are in built pre- and post-use evaluation indicators to help achieve this. Indicators of success focus on ease at communicating with child(ren)'s other parent, as well as ease at reaching agreements over contact arrangements, child maintenance, financial arrangements, as well as getting support when child matters arise. [21]

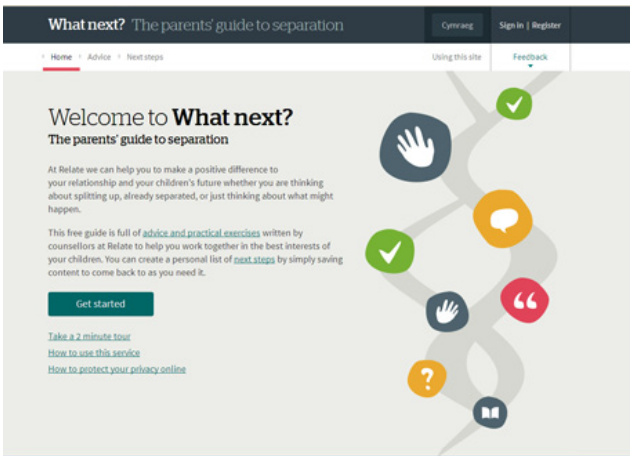
Case study 2.9 - What Next? The parents' guide to separation

'What Next? The parents' guide to separation' is a free, comprehensive, online service for separating and separated families, which gives parents the tools to positively manage the new realities of their family relationships, all in one place. Additionally, the programme encourages family based arrangements amongst former couples.

The interactive and responsive platform gives parents practical information, advice and guidance relevant to their situation, and supports them, step by step, towards the best outcomes for their children. The service also gives users the option of compiling a list of helpful activities specific to them, as well as signposting to additional services and support.

21 More details about Splitting Up? Puts Kids First can be found at http://www.splittingup-putkidsfirst.org.uk.

The service is designed to help families have positive relationships even if they are separated. This includes relationships between children and each of their parents, as well as between the separated parents and wider step-families where applicable.[22] As with 'Splitting Up? Put Kids First', the recent launch of 'What Next? The parents' guide to separation' has meant it is too early to provide any evidence of effectiveness.



Conclusion to Chapter 2

This chapter of the report has advanced the scope of relationship support by taking into account times when relationships make a substantial transition and may come under strain. It is well recognised that the trajectory of a couple relationship across the life-course is far from static and that most relationships report fluctuating levels of relationship quality. This chapter has included examples in preparation for such transitions (note how preparing people for the transition to marriage crosses over in the Relationship Support Framework to Promoting relational capability) as well as those actually experiencing some degree of stress during a transition (such as schools-based counselling for those transitioning to adulthood). Whereas these aforementioned transitions are more gradual, this chapter has also included examples where the transitions have a more immediate impact on relationships – for example, becoming a first-time parent or having a partner diagnosed with cancer, dementia, or other illness. These events undoubtedly place risks to a relationship, however, they also indicate an opportunity to receive the right kind of support that can prevent an irreversible detrimental impact on the relationship.

Particularly in terms of dementia occurring most often later in life, considerations about scaling up these types of services are particularly relevant amidst an ageing population. However, unlike the previous chapter, these services depend far more on the increased number of trained professionals to deliver this support.

This chapter closed by outlining two innovative online services for those parents who are in the process of separating or who have separated. This, like the above illustrations, should be seen as a time of potential risk (primarily for children), but also a point at which timely support could pay dividends to the future well-being of a new generation.

22 The service can be accessed at http://whatnext.relate.org.uk/.

Chapter 3: Protecting People at Times of Identified Relationship Distress

This chapter details services that protect people at times of identified relationship distress, with the aim to contain or limit the effect. This commonly involves people or couples at crisis point who may not have accessed support previously, or if they had, it may have been unable to stem the tide of diminishing relationship quality. From the research noted in the introduction to this report, it is understood that these more professional or specialist elements of support may be considered 'too late' for some having, in hindsight, realised that support at an earlier stage may have been more beneficial (Coleman, 2011). Moreover, the majority attitude is that relationship counsellors may be seen as the 'last resort' for support, once advice from other sources has been exhausted. Hence, the challenge for such services is substantial, although as this chapter demonstrates, one that has been met.

In this chapter, two main examples are presented where counselling and therapy has, indeed, been effective as demonstrated by recent evaluation evidence. As for earlier chapters, each main example will include evidence-base and theoretical foundation, service description, and evidence of effectiveness.

Case Study 3.1 - Psychological therapy for relationships

Introduction

Psychotherapy, in this context, aims to help people improve their understanding of the relationship troubles they may be facing with the ultimate goal of improving the quality of their relationship, or making an informed choice over whether the relationship should continue. This is an in-depth treatment for couples who are having difficulties in their relationship and want to explore how these problems have arisen and what interferes with making improvements.[23]

Psychotherapy and counselling are terms often used interchangeably and, while they both seek to promote positive change, they are different in their approach. Counselling is a specific type of therapy in its own right.

This example outlines the theory, description, and recent evidence of effectiveness of relationship therapy (including counselling) from four sources: Marriage Care, Relate, the Tavistock Centre for Couple Relationships (TCCR), and the Asian Family Counselling Service (AFCS). Although the therapeutic approach differs across these organisations, this example brings together the commonalities in their theory, description, and evidence for effectiveness.

Evidence-base and theoretical foundation

There are four main models of couple therapy used in the UK: Cognitive Behavioural; Emotion-focused and humanistic; Psychodynamic/psychoanalytic; and Systemic. All types of couple therapy recognise the interrelations between communication, behaviour, and emotion, though they each emphasize different elements of it. Couple therapy has a supportive and prophylactic role to play in the treatment and management of individual symptoms in addition to being the treatment of choice in relationship distress. Couple therapy is supported by NICE guidelines as a treatment for depression and an integrative version has been developed as Couple Therapy for Depression by TCCR for use in the NHS (Hewison et al., 2014). Couple therapy is available as short-term, focused, treatment and as long-term, exploratory, treatment and has a strong evidence-base for effectiveness (Sexton et al., 2013).

Cognitive behavioural couple therapy is an overall term for a range of different treatments which share key elements. It is based on a number of social and psychological theories, such as social learning theory and cognitive psychology which emphasise the importance of interactions with the environment, and the feedback loop between the individual (with their own ways of perceiving the world and their own set of skills in influencing it), and others around them (who respond positively to some behaviours, so encouraging them, and negatively to others,

23 Similar relationship counselling is also available for those couples who have separated , for example see http://www.relate.org.uk/relationship-help/help-separation-and-divorce

so discouraging them). Although this implies that couples are part of a system of interaction, cognitive behavioural couple therapy differs from systemic couple therapy in that it emphasizes additionally the role of individual cognitions and attributions of meaning to behaviours. It recognises that patterns of interaction and response to relationship demands are ingrained from past experiences ('overlearned') and that they may result in extremely anachronistic interpretations of the current relationship, giving rise to disturbing behaviours, thoughts and feelings in one or both of the couple that are difficult to shift.

Problems in couples arise when the balance between behaviours and how they are interpreted, is felt to move from largely pleasing and rewarding, to largely displeasing and punishing; the way in which they do so is seen as unique to the couple. Couples may suffer from a lack of relationship and communication skills, or they may be poor or patchy at putting the skills they do have into use. Similarly, couples will bring a set of pre-existing assumptions and beliefs about what a relationship is, which they will make use of in an automatic or unexamined way to interpret the behaviours of their partner. The theory holds that changing the nature of these automatic cognitions and ways of processing the information received will lead directly to positive changes in both emotion and behaviour. As a result, this form of therapy focuses on relatively small, behavioural interactions between the couple, examining how they are received and categorised by each partner, and aiming to minimise those that are negative and maximise those that are positive. Problem solving skills are developed or enhanced. Some cognitive behavioural therapists will also use elements of Emotionally Focused therapy, in order to give the couple greater abilities to manage their affective responses to each other.

Emotionally Focused couple therapy has its roots in Attachment theory (Bowlby, 1969), which puts relating at the heart of human survival. Attachment theory has investigated the kinds of attachment relationships infants and children make and shown how they lead to either secure or insecure dependency on another. Where dependency needs have been met sufficiently as a small child, the individual is able to live with a greater degree of autonomy in their lives, able to relate to others without needing to be too fused to them or too self-sufficient. An inner sense of secure attachment enables continual adjustment to the world and to the challenges of relating; this sense of security comes from the repeated experience of emotional responsiveness and recognition from the primary caregiver. This emotional responsiveness includes anger and distress, as well as concern and love, and it is the engagement with emotional life which is important as it allows the small child to know that the other is a person like themselves, with a mind that registers feelings and which can manage the difficulties and joys of emotional awareness. Where dependency needs have not been sufficiently met – or met in an inconsistent way, the child will grow up with an insecure attachment, uncertain whether they are existentially safe in the world, or whether another person can truly be relied upon or not. In adult couple relationships, the anxiety may well manifest itself as anger and rage, and the avoidance may well be seen in hostility (and the attribution of this to the partner), which even gets triggered when the partner themselves shows distress or their own dependency needs, making for stormy and difficult relationships.

Emotionally focused couple therapy seeks to enhance secure attachment ways of experiencing emotion and reduce the anxiety or avoidance that comes with insecure ways. It is based on the assumption that it is the degree of emotional security in the relationship which is key to meeting adults' innate needs for being in a reliable, responsive and reciprocal relationship. As indicated, it sees difficulties in the couple as stemming from unrecognised demands for closeness and from patterns of managing emotional experience that are maladaptive, and it sees these as in a constant state of adjustment and change. It attempts to intervene by directly changing the experience of emotional relating in the couple.

Psychodynamic and psychoanalytic couple therapy are similar in that both assume the presence of processes operating between the couple which are unconscious to them both, but which exert a powerful influence on their cognitions, affects, attributions and overall experience of what a couple relationship is for and like. These unconscious processes are seen as having their roots in the childhood and background of the respective partners, including their conscious and unconscious experience of their parents' couple relationship and their reactions to it. This is similar to elements of the Systemic approach to couple therapy, though there are differences in assumptions and technique. Although the roots of the unconscious processes lie in the past, each part of the couple will be actively engaged in something in the present.

The understanding of this takes different forms according to the theoretical orientation of the therapist: some will focus on the manifestation of internalised representations of the parents – imagos of the internal parental couple – and the way they seem to encourage or prohibit particular ways of relating; others will focus more on the state of mind of the couple, by which is meant the way in which the couple as a couple and as individuals approach their emotional life at any particular moment. This is not so much the nature of any emotion that may be being expressed, but the inner attitude to it in each of the couple, no matter which one is feeling it at that point: is dependency or neediness treated with contempt or sympathy; are loving feelings cut off prematurely or allowed to flower despite the difficulties; is anger met with indifference or a struggle for acceptance, and so on.

Key to the psychodynamic/psychoanalytic understanding of the couple relationship is the idea that it is a 'phantasy' relationship i.e. a relationship permeated with unconscious projections onto, and in part accepted by, each other. This means that one partner will manifest emotions, thoughts and behaviours that actually belong to the other partner, forming a complex interlocking system of experience that can be very difficult to unravel. This projective system will be further complicated by the unconscious fit between the couple: what are they trying to achieve in forming a relationship with each other over and above falling in love? Some couples will be attempting to find someone with whom they can develop emotionally, others will be seeking someone who will protect them from the need to change, in a defensive relationship.

Systemic couple therapy, like Cognitive Behavioural couple therapy, is an overall term that covers a range of different theoretical positions that share common features. Most obviously there is a focus on a system of interaction, and the ways in which the couple act as though responsibility for the system lies with one or other of them. In particular, there may be a focus on the patterns at work in the families of origin of the couple, including a focus on family 'secrets' or on specific behaviours or roles that seem to be repeated through the generations. Some systemic couple therapists also consider the role that the individual has, focusing on the strengths and difficulties (including personal psychopathology), that are brought into the couple system; others see these as more of a manifestation of the action of a wider-arching system, so downplaying or dismissing the individual.

Systemic therapists (in a way similar to cognitive behavioural and psychodynamic/psychoanalytic therapists) assume that any behaviour has a role and a meaning in the system – in effect that there is a purpose to a behaviour, no matter how reactive it appears. Part of the work of the therapy is to identify why this behaviour has been utilised at this point, and draw the couple's attention to what they are doing and how it has its origins in the different systems at work in the relationship. The couple then have the opportunity to change their actions and so change the system.

Attention is also paid to the use of language by the couple – both at the level of specific content (including the kinds of words chosen) and the level of process or what the language is meant to do in the couple system. Typical language patterns are used to manage distance/closeness; act aggressively or submissively in the relationship; deal with reactions or responses to the partner; act defensively to what are perceived as attacks of one kind or another; and manage levels of intimacy.

220 trained volunteer counsellors deliver couple/relationship counselling across most of the 53 Marriage Care centres in the UK

Service description[24]

The support provided by Relate, Marriage Care, TCCR and AFCS all differs slightly. In 2012-2013, Relate delivered over 240,000 couple relationship counselling sessions, the majority of which were face-to-face and a minority via the telephone. Relate, the largest provider in England, Wales and Northern Ireland, delivers couple counselling, family counselling, and sex therapy across 65 centres. Sessions typically consists of an initial assessment followed by about six further sessions on average (up to one hour each). However, the number of sessions provided can vary depending on the nature of the issues being addressed. Clients

24 Much of this description and evidence of effectiveness is credited to the recent evaluation of relationship support organisations, for details see Spielhofer et al. (2014)

pay according to their ability up to a maximum of about £40 per session, and local Centres set their payment scale to reflect the local context. The cost to the organisation is about £70 per session.

For Marriage Care, couple or relationship counselling is delivered by 220 trained volunteer counsellors across most of the 53 Marriage Care centres in the UK. Clients self-refer to Marriage Care, mostly through a national telephone appointment service based in Nottingham. The majority of counselling sessions are delivered face-to-face with a very small minority of telephone counselling. Marriage Care's model of counselling is integrative, using concepts from the Person Centred, Psychodynamic, Family Systems, Cognitive Behavioural and Emotionally Focussed Therapy (EFT) approaches. Couples are offered six 50-minute sessions of counselling initially. Following a review in the sixth session, further sessions are agreed depending on need. Clients are not asked for a set fee for attending counselling but are instead asked to provide a donation – on average Marriage Care receives a £17 donation per session (including gift aid), although the direct cost to the organisation is about £63 per session.

The Tavistock Centre for Couple Relationships (TCCR) offers a range of services including relationship counselling, couple psychotherapy, and psychosexual therapy, alongside tailored innovative services for parents, divorcing partners, and for couples where one partner has dementia (see other examples in this report). TCCR provides support to over 3000 people each year. Most (around 80%) receive relationship counselling delivered on a regular weekly basis by one counsellor in a 50-minute session. Around 14% receive psychoanalytic psychotherapy usually delivered by a pair of practitioners (a trainee and a psychotherapist) as a 60-minute session, also on a weekly basis. All clients have an initial assessment session to ensure appropriate help is offered. Lasting about an hour and a quarter and involving both partners where possible, this assessment session aims to determine the type and level of support needed.

The therapy is open-ended and based on a psychodynamic model which takes into account both the current situation and underlying issues that each partner brings to the relationship. TCCR is a centre of excellence for psychodynamic relationship therapy. The approach is grounded in psychoanalytic theory as TCCR believes couples often use the relationship to work things through that have been painful or traumatic in the past.

3,000

the number of people TCCR provides support to each year

Finally, the Asian Family Counselling Service (AFCS) is an independent charity with the aim of providing sensitive and culturally appropriate counselling to Asian communities, primarily through two locations (London and Birmingham). AFCS was founded because mainstream counselling services were thought to be insufficiently reaching Asian families and were providing types of counselling based on views that were not sensitive to culturally specific family problems. AFCS counsellors are recruited from the main Asian communities, have an excellent understanding of the different cultural customs and religions, and speak the major Asian languages. The AFCS counsellors are trained in person-centred therapy, which focuses on being empathetic and exploring here-and-now issues (as opposed to psychodynamic counselling which is longer-term and explores past childhood experiences). Each session lasts approximately one hour with one counsellor. Due to capacity issues the ACFS initially offers six sessions, with the potential of increasing this to 12 or 18 sessions for more complex cases. Counselling had previously been provided by AFCS free to the clients, but it is now trialling charging clients on a sliding scale of up to £10-£15 per session for individuals and £20-£25 for couples.

Evidence of effectiveness

A recent report evaluating relationship support interventions provided by the aforementioned four services notes that: "Attending couple counselling was found to result in positive changes in individuals' relationship quality, well-being and communication." (Spielhofer et al., 2014, p. 11).

In more detail, the evaluation approach differed given the variation in the service descriptions noted above. Using a mixed method approach, the evaluation generated pre- and post-intervention data from 336 individuals who contacted Marriage Care and 216 individuals who contacted Relate to receive relationship

counselling. Also, interviews with 80 couples or individuals who accessed relationship and/or couple counselling with any of the four providers were conducted. In addition, there was a cost-benefit analysis for Marriage Care and Relate couple counselling.

For both Relate and Marriage Care couple counselling, the measured effect sizes were particularly large for the WEMWBS[25] well-being scale: d=0.74 for Marriage Care and d=0.85 for Relate. Effect sizes were lower for the ENRICH[26] communication scale (d=0.45 for Relate and d=0.57 for Marriage Care) and for the DAS-7[27] relationship quality measure (d=0.32 and d=0.40 for Relate and Marriage Care respectively).[28]

Furthermore, qualitative interviews with respondents across AFCS, Marriage Care, Relate and TCCR provided many examples of the way couple counselling had had a beneficial impact on relationship quality, well-being, and communication and how such reported impacts were often inter-related.

Relate & Marriage Care couple counselling provided a benefit-cost ratio of 11.4:1 and 8.6:1 respectively

Spielhofer et al. (2014) also note that one of the main benefits of couple counselling is to overcome communication problems faced by couples. Regression modelling suggested that improvements in relationship quality were, on average, greatest among those who had identified communication as a problem at the outset. Interviewees in the qualitative sample spoke about the way the process of talking and listening in counselling with the help of a neutral observer had provided them with a model of how effective communication could occur in other circumstances.

Finally, the evaluation also showed, for where a cost-benefit analysis was available, that the services offer excellent value for money. Relate and Marriage Care couple counselling provided a benefit-cost ratio of 11.4:1 and 8.6:1 respectively. This means, for example, that for Relate couple counselling £11.40 of benefits are realised for every £1 spent to deliver this support; only 8p in each £1 is contributed by the state. These findings corroborate with results from an earlier study which found that couple therapy provided by TCCR gave a return of £14 for every £1 invested (Nicholles and Rouse, 2012). This means that, over the long-term, these counselling interventions might provide substantially greater savings to society through the avoidance of costs associated with relationship breakdown than what they cost to deliver.

The positive findings of Spielhofer et al.'s (2014) recent report replicated other research conducted over the past 30 years. This has conclusively demonstrated that a number of different modalities of couple counselling and couple psychotherapy are effective at reducing couple conflict and improving communication between couples, and have resulted in large and clinically significant reductions in relationship distress (Baucom et al., 1998; Christensen et al., 2004; Emmelkamp et al., 1984; Leff et al., 2000; Snyder and Halford, 2012).

Case Study 3.2 – Couple therapy for depression

Introduction

Couple therapy for depression is the therapy derived from the NICE[29] guidelines' evidence base for the treatment of mild to moderate depression, where there is a distressed couple relationship that appears to be a factor in instigating, maintaining, or re-precipitating the depressive symptoms in one partner. It is also the intervention of choice where a close relationship might be a necessary support for treatment adherence.

Theoretical foundation and evidence-base

Distressed and conflict-ridden adult couple relationships cause, maintain, and provoke further instances of depression in one or both of the partners. Couple therapy for depression is a mix of skills and techniques from integrative and other behavioural couple therapies, interpersonal therapy, systemic therapy, emotionally-focused therapy, and insight-

25 The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), to assess psychological well-being.
26 The communication scale from the PREPARE/ENRICH scales.
27 The Dyadic Adjustment Scale short form to assess relationship quality.
28 Effect sizes of around d=0.2 to d=0.3 are regarded as small, around d=0.5 as medium, and effect sizes from around d=0.7 to d=0.8 and upward as large.
29 National Institute for Health and Care Excellence.

oriented therapy, commissioned by the Department of Health and developed by TCCR (Hewison et al., 2014, forthcoming). As a result, the couple therapy for depression competencies include a range of approaches that may not usually sit side-by-side; nonetheless all have been shown to increase relationship satisfaction and so reduce depression in couples.

The NICE guidelines on depression recommend 'behavioural couples therapy' for the treatment of mild to moderate depression, however, there is no specific guidance on the various versions of it. Furthermore, some of the evidence cited in the guidelines are outdated and have been superseded. Accordingly, the Expert Reference Group, given the task of drawing up the competencies for the treatment, had to look at additional RCT-based couple therapy evidence and consequently added techniques derived from these to the original evidence base.

Service description

Couple therapy for depression is a relationship-problem orientated, semi-structured, proactive, empirically-based, collaborative form of treatment, based on psychological methods. It is specifically developed for use in an Improving Access to Psychological Therapies (IAPT) service as an add-on to therapists' existing couple therapy qualifications, integrating evidence-based techniques in the context of depression. It is a short-term intervention of 15-20 sessions which focuses on a number of key areas in the relationship that reduce stress and enhance support, as follows:

- Promoting acceptance;
- Improving communication;
- Coping with stress;
- Managing feelings;
- Changing behaviour;
- Solving problems;
- Revising perceptions.

The model utilises relational, behavioural, cognitive, and systemic techniques as needed to help the couple feel closer to each other, be more understanding of each other's point of view and their origins in personal and family histories, have better communication, and to be better able to cope with the impact of depression on the different domains of a committed adult relationship. There is an emphasis on acceptance and tolerance work, in line with developments in behavioural therapy, and a rootedness in a firm understanding of the ways in which depression impacts upon individuals and their relationships.

The majority of the sessions are with the couple together and the treatment aims to promote the quality of the relationship between the couple by adopting a balanced approach to the needs of each partner and of the relationship itself. Partners can be helped to get to a position where they can do something 'because of the relationship', even if they cannot manage to do it for their partner. The relationship itself becomes something helpful for each of them, so enabling a more benign cycle of interaction. Inevitably, some couples will decide to part during the course of the therapy, and for those who do, the depressed partner is referred back into the IAPT service to assess whether further intervention is needed.

This form of therapy is not suitable for couples who are in the process of divorcing, who are dangerously or coercively violent, where none of the partners suffers depression or where the depression is severe. Assessment of the couple relationship is done in two main ways. The first is a gate-keeping function to see whether there is a couple problem and whether there is depression at a mild to moderate level. The second is an investigation with the couple about their relationship and its ups and downs, the way they interact as a couple and the kinds of beliefs and attributions they have about each other. This can take about four sessions and the partners are seen individually to clarify the picture. The therapist then gives a formulation to the couple about the ways they relate to each other, the role this plays in their relationship, and the function it has in the depression. The couple are invited to work together with the therapist about this. The formulation serves as a blueprint for the therapy but also as an example to the couple that their difficulties can be understood and indeed may be common to other couples. The formulation itself is provisional and models the need to avoid premature certainty in the relationship.

Couple therapy for depression is delivered by qualified couple therapists (or equivalent) who have completed the couple therapy for depression IAPT accredited practitioner training. This training has two main parts: a 5-day approved CPD (Continuing Professional Development) taught course that follows the specific competencies for the treatment of depression through couple therapy; and subsequently supervised and assessed practice with couples in a 20-session therapy model over nine months or so. Practitioners are required to successfully complete two such couple therapies

under regular supervision from approved training supervisors. Competencies are assessed via supervision and the detailed review of recordings of sessions with couples. Subsequent training is available to become a couple therapy for depression IAPT accredited supervisor.

Evidence of effectiveness

NICE identified six randomised controlled trials (RCTs) as showing the efficacy of using couple therapy to treat depression (Beach and Daniel O'Leary, 1992; Beach et al., 1990; Bodenmann et al., 2008; Emanuels-Zuurveen and Emmelkamp, 1996; Foley et al., 1989; Jacobson and Addis, 1993; Jacobson et al., 1991) with other RCT evidence including systemic and emotion-focused therapy (Dessaulles et al., 2003; Leff et al., 2000). All these are represented in couple therapy for depression, as are other approaches that have clearly helped to reduce relationship distress, with the feature of couple relationships implicated in the onset and maintenance of depression (see Hewison et al., 2014, forthcoming). The integrated model of couple therapy for depression has not yet been subject to an RCT, but feedback from clinicians has shown it to be effective in IAPT services.

For practitioners, IAPT funding allows them to (i) provide relationship support in a different way, (ii) help service users on a journey out of depression, and (iii) expand the social profile of clients. Because the service is free at the point of delivery, unlike many other counselling interventions, it attracts service users who have traditionally been underrepresented in accessing relationship support. Importantly, this includes service users from more deprived backgrounds, for example who are unemployed or on means tested benefits, where the cost of accessing professional couple therapy may have been an obstacle for treatment in the past. The elimination of cost at the point of treatment also allows the therapy to better reflect the needs of the couple, allowing greater investment in diagnosing problems in the relationship through a number of couple and individual assessments at the beginning of the treatment. Such an intensive but necessary treatment may usually be out of reach for those with the lowest incomes, and is likely to continue to be out of reach in those areas where Couple Therapy for Depression is not offered through IAPT. Headline data from a pilot service in a Relate centre in the North East of England suggests that of the 74 participants (across 37 couples) referred onto the programme who had completed the treatment, 62% identified as being in a depressed state at the beginning of the therapy using PHQ-9 measures. Of these, 65% had moved into recovery by the end of the treatment.

In-brief illustrations / promising approaches to protecting people at times of identified relationship distress

The two examples presented above are shown to be established successful interventions that have the potential to be scaled up. Although offering a variety of psychological approaches to protecting people at times of relationship distress, the recent evidence of effectiveness is encouraging. To complement these case studies, some additional in-brief illustrations for services for people at times of identified stress have been added as follows:

Case Study 3.3 - Psychosexual therapy[30]

This service provides psychosexual therapy for individuals and couples who are suffering from a sexual problem or are experiencing difficulties in their sexual relationship. Sexual problems may be longstanding or related to more recent events which have caused stress, confusion, or unhappiness. These often include issues such as: general breakdown in a couple's sexual relationship; loss of sexual desire; painful intercourse; difficulties with orgasm; arousal disorders; erectile dysfunction; or premature or delayed ejaculation.

All clients are seen by fully qualified psychodynamic relationship counsellors who have engaged in further specialist training in psychosexual therapy. Psychosexual therapy treats the symptoms of the problems, as well as their causes, giving clients the opportunity to explore why a problem may have arisen. Where appropriate, an additional and specific treatment programme might be offered to help overcome the difficulties. Once clients have a regular appointment they will be seen each week at the same time by the same therapist for as long as needed.

TCCR's psychosexual department uses an integrated model which combines psychodynamic therapy

30 Much of this information was cited from http://tccr.ac.uk/services/2012-03-20-14-49-08/psychosexual-therapy-service

with some of the behavioural and cognitive interventions such as self-focus, sensate focus, bibliotherapy, and psychosexual education first introduced by Masters and Johnson (1970).

There is growing research evidence regarding the efficacy of an integrated model for psychosexual therapy. Aubin et al's. study (2009) provides empirical support for the effectiveness and satisfaction of a combined treatment approach for treating men with erectile dysfunction of mixed etiology. Berry (2013) shows that even with 'magic bullet' medications, such as sidenafil, results improve with taking a biopsychosocial approach, incorporating medical, cognitive, and psychological interventions.

Of related interest, an evaluation of the sex therapy services provided by Relate was done as part of the Sexual Therapy Outcomes Measurement (STOMP) Project. Within an overall sample of 207 clients recovery and improvement calculations could be performed on a small sample of 69 clients, with even smaller number of clients (only 26) having pre-therapy scores above the clinical cut off. Of these 26 people, however, 20 (77%) recovered, and further 2 (8%) improved as a result of the treatment, with 4 (15%) showing no change.[31]

Case Study 3.4 - Sex Addiction

Relate offers both sex therapy and specialised sexual addiction therapy service for helping people begin their recovery from sexually addictive behaviours.[32] Sex addiction is not defined through specific behaviours but is more loosely defined as compulsive behaviour(s) that an individual believes is having an adverse effect. This service is provided by experienced psycho-sexual and relationship therapists all of whom have undertaken further training in the treatment of and recovery from sexual addiction.

Relate uses two approaches to delivering sex addiction therapy. Its individual approach to sex addiction among men and women helps those who feel that their compulsive sexual behaviours are detrimental to themselves and/or their relationships and who actively wish to change. The focus of the individual approach is on education about and understanding of cycles of sex addition; attachment patterns; and relapse prevention techniques and specific strategies to help each individual to adopt healthier coping mechanisms and lifestyle. A group approach is comprised of 24 sessions over a 16 week period (including a residential weekend) where individuals in the group are encouraged to provide peer support, discuss their feelings and attitudes, improve their understanding of cycles of sex addiction and learn relapse prevention techniques and individual specific strategies around coping mechanisms. Individuals enter either through self-referrals, referrals from health professional, or referral by another Relate practitioner or Centre.

Case study 3.5 - The Exeter Model for treating depression

Outlined here as a promising approach, the Exeter Model is a couple-based strategy that both can treat the couple distress and also the disorder, in this case, depression. The Model attempts to challenge the disparity between 'purely behavioural', and therefore, more easily researchable treatment methods and others (systemic and psychodynamic, for instance) by outlining how systemic practice already utilises both behavioural methods. The Model uses behavioural strategies that have passed the 'gold standard' test of effectiveness for depression reduction. However, it also adds in strategies considered to be along the empathic spectrum that are less conducive to such research, but have been nominated by expert practitioners in the field as examples of best practice.

In combining a behavioural approach with empathy, the Exeter Model employs strategies that are matched by those used within Integrative Behavioural Couple Therapy (Jacobson and Christensen, 1998) and Emotionally Focussed Couple Therapy (Johnson, 2004), in addition to the behavioural (RCT-based) ones, to explore and interpret the meanings of behaviour and cognitions. The aim is to strengthen empathy and understanding and to replace opposition with alliance and most couples are treated within six to 12 sessions.

The Exeter Model with its systemically based perspective, using a behavioural-empathic approach specifically based on research evidence for effective strategies in treating depression, is currently being trialled as a whole method for treating depression per se (which as shown earlier in this report is linked as both a cause and consequence of relationship distress). However, it must be emphasised that it does not posit relationship distress itself. Indeed, because it focuses on the couple interactions, many of which can be positive and supportive, it uses the strengths within

31 Sex Therapy Outcomes Measurement Project (STOMP) Executive Summary, CORE IMS.
32 Source of this case study: Relate Oxfordshire, http://relate-oxfordshire.org/

couples as part of the effectiveness for treatment.

Case study 3.6 – Family Mediation

Living with unresolved or sustained parental conflict is associated with a range of negative outcomes for parents and children in intact and separated families; it is important to recognise that as much as there is a need for relationship support to improve relationship quality and resolve conflict to help couples stay together, support is also needed for separating couples to achieve a healthy separation without enduring hostility. Mediation is a form of alternative dispute resolution and describes a process in which an impartial third party (a mediator) assists those involved in family breakdown to plan or make arrangements around divorce or separation (Kneale et al., 2014). Disputes taken to mediation can involve issues around child contact arrangements, residence and parental responsibility, child maintenance, property, and finance. Research shows that after accessing mediation, couples are more likely to reach agreement on child custody, report lower levels of parental conflict, communicate more frequently and effectively and are more likely to take a co-operative approach to parenting (Mooney et al., 2009b; Walker, 2010).

Relate currently provides mediation services across eight Centres in England and Wales. Results from one Centre, suggest that among a survey of over 200 clients, 60% reported that a mediator helped them to reach agreement on the main issues. Relate's mediators also report that clients experience the process of negotiating agreements in their current context/dispute, which can equip parties with the skills to settle future disputes without legal involvement (Kneale et al., 2014). The benefits of mediation are also being recognised by the Ministry of Justice, who, for example, state that the average time for a mediated case to be settled is 110 days compared to 435 days for non-mediated cases (Ministry of Justice, 2014). However, further research is needed to quantify the benefits of mediation across different providers and to better understand the needs among currently under-represented groups (Kneale et al., 2014).

Conclusion to Chapter 3

Counselling and therapy include a wide range of perspectives and are used to support couples facing both general and more specific problems in their relationship (such as sexual difficulties and depression). The challenge to protect people at times of identified distress is substantial given that many people take up this support having bypassed the additional forms of relationship support noted earlier in this report (hence the drive to change the culture and promote relational capability, and support people at times of transition). However, benefitting from the most recent and substantial evaluation of relationship counselling and therapy (Spielhofer et al., 2014), these approaches to protect people at times of relationship distress have shown promising outcomes in terms of both overall well-being and relationship quality outcomes. Although couple counselling and therapy clearly depend on trained staff or volunteers, the cost-benefit analysis of these services is particularly pertinent to the scalability of these services.

Chapter 4: Training

So far, the report has highlighted a number of ways in which relationship support is provided – from the general promotion of relational capability, to managing distress at key relationship transitions, and to protecting people at times of identified relationship distress. What has yet to be detailed, but in some essence is the core to effective relationship support (key in delivering all three of the components outlined in the Relationship Support Framework), is the training of the people who deliver this support.

The examples presented below are from training provided by the Tavistock Centre for Couple Relationships (TCCR) and the training of frontline practitioners by OnePlusOne. Although discussed more in the concluding chapter, training is particularly critical when considering scalability across the whole spectrum of support. It is well recognised that widespread delivery can be achieved by embedding interventions in services already accessed and trusted by couples (Halford et al., 2008). With the evidence of effectiveness shown below, there is encouragement that this training could be expanded and replicate the positive outcomes so far achieved.

Case Study 4.1 - Training staff by the Tavistock Centre for Couple Relationships

Introduction

TCCR is the UK's leading training institution in the field of couple relationships. Since its inception in 1948 TCCR has supported the work of frontline practitioners and aims to foster an approach to family support and mental health service provision which takes the impact of couple relationships on child and family functioning into account.

TCCR's approach is to target and train senior leadership and supervisory staff to ensure maximum impact on frontline practice. They aim to change practice culture through a mixture of didactic teaching, skills training, and experiential opportunities which offer the opportunity to explore and examine day to day practice in facilitated small and large groups.

Over the last 30 years TCCR has also developed and operated high level training up to doctoral level in psychodynamic/psychoanalytic couple counselling and psychotherapy achieving an international reputation for research and innovation in couple therapy. Along with academic awards these professional trainings are accredited by the leading relevant professional bodies in the field, including the British Association for Counsellings and Psychotherapy (BACP), the College of Sexual and Relationship Therapists (COSRT), the United Kingdom for Counsellings and Psychotherapy, and the British Psychoanalytic Council (BPC). Building on previous experience of raising awareness and competence in frontline staff, TCCR currently delivers a range of programmes to the children and young people's workforce (including early years staff, children's centre managers/supervisory staff, social workers, and senior Child and Adolescent Mental Health Services (CAMHS) practitioners.

What follows below are two examples of TCCR's current training programmes. First, training healthcare professionals working in cancer care services and, second, training frontline supervisory and managerial staff working with children.

a) Training healthcare professionals working in cancer care services

TCCR's training helps healthcare professionals working in cancer care services to be better able to hold in mind not only the point of view of the patient suffering from cancer but also that of their partner. It also helps professionals to develop their capacity to think of partner relationships and couple caretaking styles in attachment terms.

Theoretical foundation and evidence base

Studies of couples where one partner has cancer show

improved recovery rate and capacity to cope when the couple is held in mind by health professionals involved in their care. Not only is couple functioning improved at home during treatment and during recovery, but wider family relationships and relationships with medical staff during treatment are improved, with greater likelihood of compliance with treatment plans. The training draws on TCCR's experience of working with distressed couple relationships and the extensive evidence-based theory on attachment patterns in couples with cancer.

Service description

TCCR runs two training courses for healthcare professionals working in cancer care services:

- maintaining a couple state of mind: holding both partners' points of view;
- how to think of partner relationships and couple caretaking styles in attachment terms.

TCCR has run these courses with clinical staff (doctors, nurses, psychiatrists and counsellors) and managers at a number of hospitals including University College Hospital, the Royal Liverpool Hospital, and Broadgreen Hospitals NHS Trust.

Evidence of Effectiveness

Evaluation feedback shows very high levels of satisfaction (100%), as well as an enhanced ability to recognise and respond to relationship difficulties.

b) Training frontline and supervisory staff working with children

Current programmes of training include a nationwide offer to children's centre managers, early years staff and child and adolescent therapists working in CAMHS. Ongoing programmes of training are also in place with children's services in several local authorities.

Theoretical foundation and evidence base

TCCR's training of frontline practitioners in early years services is embedded in a substantial body of evidence demonstrating the importance of the couple relationship on adult and child mental health (Cowan and Cowan, 2002; Harold and Leve, 2012), on children's lifetime outcomes, and on the physical and mental health of patients and their families. Sustained inter-parental conflict indisputably has an adverse effect on children's outcomes increasing risk of anxiety and depression, aggression, hostility, and anti-social behaviour (Cummings and Davies, 2002; Harold et al., 2004).

Service description

TCCR offers a foundation level and an advanced level courses for children centre and early year's leadership staff, together with online webinars delivered by experts in the field on key relevant themes. TCCR also runs training for staff working in CAMH services (i.e. Child and Adolescent Psychiatrists, Psychotherapists, Clinical Social Workers, Clinical Psychologists, Arts Therapists, etc. holding managerial, supervisory, consultative, or training responsibilities) which provide an introduction to thinking about the couple dynamics, such as understanding couple functioning using a psychodynamic framework. In addition, the training examines different attachment patterns in relation to couple and parental functioning and life cycle considerations, with particular reference to intergenerational influences.

TCCR has also been involved in training Place2be senior practitioners and supervisors in working with aspects of the couple relationship in their dealing with parents in schools. This training helps practitioners to develop their capacity to think about aspects of parenting work which are affected by the couple relationship. Course content includes:

- Identifying couple distress; within family problems;
- Teaching the evidence base around family conflict and impacts on children;
- Understanding referral pathways;
- Father inclusiveness;
- Skills training including mentalization approaches;
- Tools and measures to demonstrate value and effectiveness;
- Maintaining a couple state of mind: holding both partners' points of view and developing an even handed approach;
- How to think about partner dissatisfaction and conflict in attachment terms;
- The importance of supervision, supervisory triangles (client-worker-supervisor relationships), and how to manage organisational dynamics, demands, and requirements.

Evidence of Effectiveness

Evaluation feedback from early years staff, children's centre management and supervisory staff, and health visitors report consistently very high levels of satisfaction (96%) alongside an enhanced ability to recognise and respond to relationship difficulties.

Case Study 4.2 - Training frontline practitioners in universal preventative support

Introduction

This report outlined earlier how people, when first facing relationship difficulties, tend to seek support from friends and families, rather than through relationship counsellors or therapists (Quinton, 2004). In response, there has been keen interest to develop innovative ways to translate the potential to improve relationships to those couples experiencing relationship distress. One option, which is the subject of this example, is by equipping frontline professionals (such as family support workers, outreach workers, health visitors, and GPs), who provide universal and targeted services to families, including those facing difficulties with finance, ill-health, and becoming parents. These practitioners, over a period of time, become trusted professionals and as such are well placed to intervene to prevent any current relationship tensions escalating to relationship crisis and breakdown.

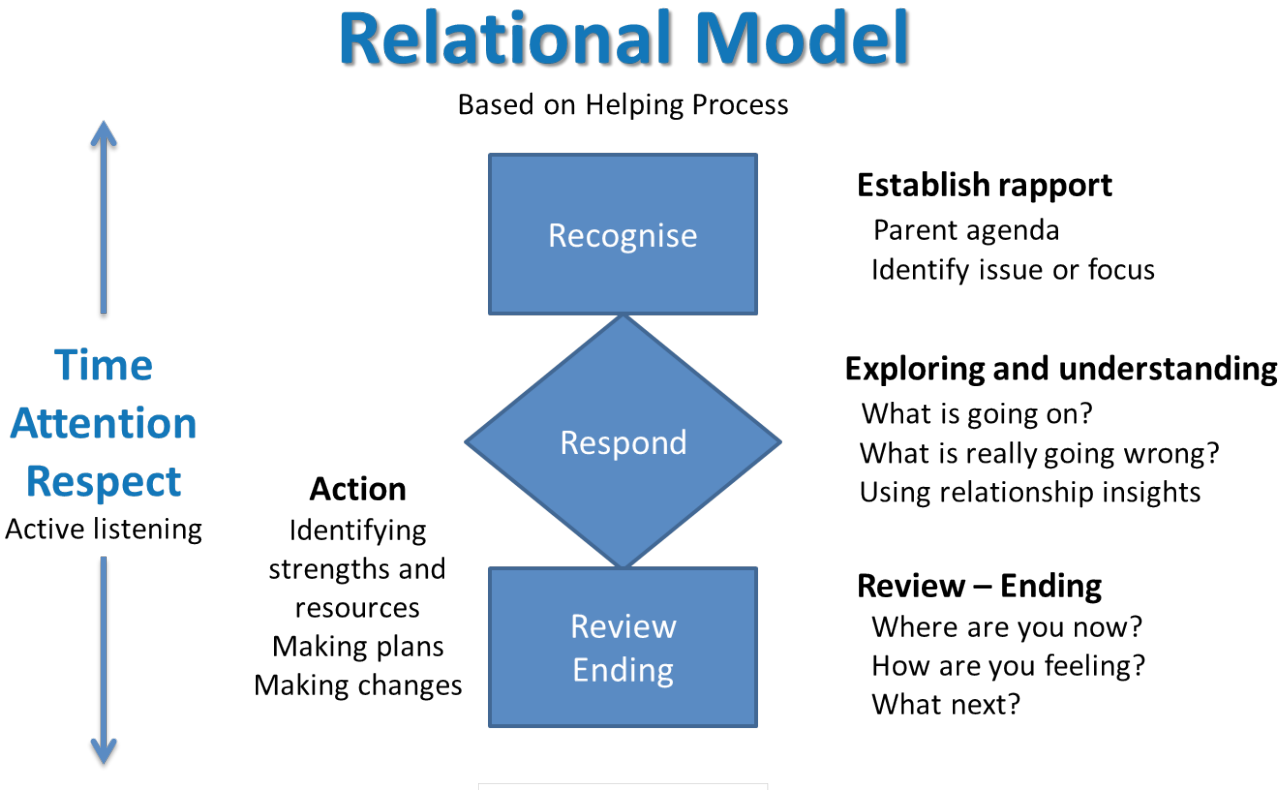
Note that, although this training of frontline staff is included here, there are clear elements of both promoting relational capability and preventing relationship distress at key transitions (for new parents), with these trusted practitioners being in position to offer advice to those with presenting problems, as well as to those prior to relationship problems developing.

In this example, the 'Relationship Support: An Early Intervention' training programme, implemented by OnePlusOne, will be outlined. This training is tailored to practitioners who are working at, or in partnership with, Sure Start Children's Centres (SSCCs). With some resistance to the more professional or specialist support shown above, it is vital that these frontline practitioners are prepared to maximise the preventative opportunities for couples and families and reduce the missed opportunities when they are 'turned to' for support.

Evidence-base and theoretical foundation

The 'Relationship support: an Early Intervention' training is grounded in the Brief Encounters® theoretical framework, which first developed as a four-day face-to-face training course. This Brief Encounters® approach encourages the practitioner to make an early intervention by engaging the client, building empathy using active listening skills, helping them to understand more about what is really going on beyond the presenting issues, exploring the resilience and strengths of their client, and encouraging them to begin to seek their own solutions. Where underlying relationship and family issues can be identified by practitioners early on in routine practice, there is less likelihood of problems escalating to crisis point. The theoretical framework is summarised as follows:

To increase the accessibility to the Brief Encounters® course, the 'Relationship support: an Early Intervention' training is offered as a 'blended' (online and face-to-face) programme. This approach is supported by the growing evidence that online delivery frequently provides greater learning outcomes than face-to-face (e.g. a US Department of Education review in 2010 that analysed over 1000 studies conducted between 1996 and 2008), and meet well with the growing access to internet resources (e.g. 83% of households in the UK have an internet connection, and 73% of adults in the UK access the internet on a daily basis, and 61% access the internet



"on the go" via a mobile device, ONS, 2013). Also, online programmes provide ease of access (with no cost and being available at any time), support the possibility of repeating material with, thus adjusting delivery to suit an individual's pace, and offer a safe learning environment.

Service Description

The aims of the 'Relationship support: an Early Intervention' training programme, by following the Brief Encounters® model, are to enable frontline practitioners to:

- Recognise relationship difficulties;
- Respond using active listening skills and solution focused techniques in a time managed way; and
- Review the need for further support.

Brief Encounters® encourages frontline professionals to consider the client's relationship whilst still operating on their initial agenda (whether this is education, health, or housing, for example). Becoming relationally minded may often help with the presenting problems (such as health, for example) as relationship issues may underlie these.

The online module introduces practitioners to the underpinning Brief Encounters® model and builds on and develops the skills needed to support couples experiencing relationship problems. The online component covers three main areas as follows:

- Understanding couple relationships – looking at what makes relationships work or not, the impact of couple relationship breakdown, the effect of stressful life events or times of transition, and what can help to strengthen relationships.
- Supporting couple relationships - an introduction to the Brief Encounters® model and the skills and practical tools to help couples think about different perspectives and consider what changes would improve their relationship.
- Skills practice - provides an opportunity to practise using some of the skills (demonstrated in video clips) involved in understanding and supporting couple relationships using the Brief encounters® model.

The online component uses various 'Relationship insights' (distillations of evidence) such as: stages and changes in relationships - trends over time; transitions - rollercoaster of change; and hidden issues (how presenting problems often mask underlying issues, such as fears about the loss of identity, fear of being rejected, or needing to be in control).

A further opportunity to practise the skills in implementing Brief Encounters® and gain confidence in its application to their work setting is then provided during the later one-day workshop, which is facilitated by two trainers with relevant professional backgrounds and offers an opportunity to share learning with others.

Evidence of effectiveness

Results from a Randomised Control Trial of Health Visitors trained in the face-to-face Brief Encounters® (Simons et al., 2001), showed more mothers being identified as needing relationship support (21% of the 459 mothers in the intervention sites compared to 5% of the 502 from the control sites) and the percentage actually offered help (18% versus 3% respectively). At the 12-week visit, mothers from the intervention groups were twice as likely to have discussed relationship problems with their Health Visitor and 75% more likely to report having received help with a relationship problem (e.g. supportive listening, practical advice, or referral), compared to the control group.

In 2013, the newly developed 'Relationship Support: An Early Intervention' training was subject to a Randomised Controlled Trial (RCT) (Coleman et al., 2014). Clusters of Sure Start Children Centre's were randomly allocated to an intervention group and a waiting list control. A total of 222 intervention practitioners completed their training followed by an outcome questionnaire; 227 control respondents completed the same outcome questionnaire during the same month as the intervention respondents, which was immediately prior to their training.

According to the findings, the training had a large and positive impact on how staff responded to, and how they had handled conversations with parents about their relationship difficulties (when looking at the parent they had most contact with about these relationship issues, over the course of the previous three months). The training had resulted in practitioners being far more likely (four times more likely) than the control group to report using appropriate techniques, such as 'Check that what you thought they were saying was correct'; and 'Try to summarise what they were saying'. The inclusion of both inappropriate and appropriate techniques was used to reduce social desirability bias in this instance. Importantly, practitioners recognised that they had accrued 'basic' but necessary skills to open up these types of conversation, for example:

"I just think it's made us be a bit more conscious of people that you wouldn't necessarily think were having problems or experiencing problems and it's made it easier for us to approach people I think as well."

There was no difference between the intervention and control group in their likelihood of engaging in conversations about relationship difficulties. With practitioners from both the intervention and control groups being equally likely to recognise and engage in conversations, the strong positive effect of the training was related to an increased ability to perform these conversations appropriately.

In addition, practitioners in the intervention group reported being more than twice as likely as those in the control group to be confident in knowing both where to refer parents on for further support (64% coded 4 and 5 on a five point scale of confidence, compared to 29% control) and how to refer them (61% intervention; 26% control).

These positive effects of the training may also explain the overall confidence reported in supporting the parent they had most contact with (74% confidence intervention; 20% control), and also the likelihood of talking to parents in the future if they suspect relationship difficulties (72% intervention; 42% control).

Significantly, these impacts of the training were consistent, irrespective of their pre-training levels of confidence and years of experience working with children and families, indicating universal benefits for all. This demonstrates that more experienced staff, who may perceive themselves as not requiring the training, would also equally benefit.

Collectively, the above findings show the positive effect of this training course on confidence and ability to help support parents with their relationship issues. The following examples illustrate the impact of practitioners and parents they were helping, respectively:

"We can broadly talk about some issues about communicating, you know, better communication, active listening, those kind of things, when's the best time to try and have a conversation with your partner, it's all these very practical things that actually people don't think about."

"I got to talk to [Worker] on a couple of occasions when I felt there really was no way forward... I was able to see things better from my partner's point of view, without the heated discussion. It made things seem clearer. I definitely felt more supported and was given other options to remain together as a family."

Moreover, the blended, more flexible approach of delivery was clearly appreciated:

"I found it quite interesting and I liked the style of the training, the interactive sort of role play parts, I thought that was quite useful... and the video clips. I think it was well paced, and there were enough active bits to keep you on task and enough passive bits where you could just watch video clips. I think being able to visit things online afterwards to remind you of things is useful as well."

In conclusion, this evaluation shows encouraging impacts of the training on frontline practice. Arguably more cost-effective and accessible to exclusively face-to-face training, the robust nature of the evaluation supports the potential to roll-out this training nationally. Significantly, staff with different levels of experience have the potential to gain positive impacts from the course.

In-brief illustrations / promising approaches to training the relationship support workforce

The two examples presented above are shown to be established successful training packages that have shown positive outcomes. With this evidence-base, the expansion of this training could well produce these outcomes on a larger scale. What follows now is a brief outline of a further approach to training, which at present lacks evidence of effectiveness to the scale of the larger examples presented above.

Case Study 4.3 - Peer support

A study by Walker and colleagues (2010) specifically identified peer support as one of the most valued sources of relationship support, for example, "... there's nothing better than having people who have gone through the same thing, to meet and to talk about the problems" (Walker, J. et al., 2010, p. 87).

Peer support is based on the principle of offering "support, companionship, empathy, sharing and assistance" (Stroul, 1993, p. 53). Key to the effectiveness of peer support is the value of 'normalising', that is, the relief in knowing that you are not alone and that others share the same concerns as you (Mead et al., 2001). In conjunction, offering relationship support through community-based peer initiatives has expanded in recent years.

As an illustration, OnePlusOne in collaboration with other organisations, has implemented relationship support training within two community volunteer schemes. First, in partnership with Parents 1st, OnePlusOne has built on previous work to develop a low-cost model of peer support which aims to provide a continuum of easily accessible preventative relationship support to expectant parents from early pregnancy, childbirth, and through to three months post birth.

Second, in collaboration with Altogether Better, OnePlusOne has developed an e-learning resource to enhance the capacity of volunteers to offer relationship support, accessible via volunteer networks and community groups. These volunteers work within their communities, workplaces, and families to raise awareness of health messages and create supportive networks. They bridge the gaps between individuals and professional services by identifying local needs and referring people to relevant support and services.

For these two initiatives mentioned above, the evidence for effectiveness is limited, beyond the volunteers feeling informed, prepared, and confident in going forward to provide relationship support in their communities. Significantly, there were no data direct from the end users, compounded by issues of a 'train the trainer' approach leading the loss of control and deviation from the original training format and content in some instances, funding cuts, recruitment, and time taken to build rapport within the communities.

However, that should not necessarily detract from exploring the potential for peer relationship support in the future. Although evidence of effect from end users is mixed within the literature (e.g. Homestart, Barnes et al., 2006) and may be hindered from identifiable outcome measures and robust designs,

there are some examples where evidence of effect is more substantive. For example, Suppiah (2008) and Granville and Sugarman (2012) report a positive impact of peer support on parenting and families on a number of parenting dimensions. Peer support has also been shown to be effective in other areas of support including: self-management behaviour in diabetic patients (Wu et al., 2012) and smoking cessation (Malchodi et al., 2003). With careful planning and design, there is clearly potential for these benefits to translate to positive relationship outcomes.

Conclusion to Chapter 4

At the core of the Relationship Support Framework lies the regular training of people to deliver relationship support. To increase the provision of relationship support, beyond that of online services, requires the increased training of staff and volunteer practitioners. For the services outlined in the previous chapter especially, there is obvious importance attached to training in internationally accredited psychodynamic/ psychoanalytic couple counselling and psychotherapy. However, this chapter has also shown the potential for training staff who are working in additional roles and correspondingly dealing with a wide remit of issues (such as Children Centre and CAMHS staff) to better support relationships. This shows that, when scaling up training, consideration must be given to specialist staff, as well as volunteers and those who also work with children and families as part of their everyday role. This support has clear cross over with the domains of promoting relational capability and preventing relationship distress at key transitions. With the evidence of effectiveness of training to these frontline staff, there is encouragement that this training could be expanded and replicate the positive outcomes shown.

Conclusion

There is an evident need for relationship support. Strengthening the quality of couple, family, and social relationships enables individuals to reap the emotional support, health rewards, and financial benefits existing within partnerships. It also lessens the probability of the detrimental outcomes that are associated with a decline in relationship quality and the stresses encountered as part of a separation process.

Although relationship quality tends to vary over time and is negatively affected by particular transitions and events, evidence demonstrates that relationship quality can be stabilised and improved. This point is instrumental for this report in that the timely and appropriate delivery of relationship support can make all the difference to people's relationships and, consequently, their health and well-being in general. This difference applies to 'intact' couples and especially to the children of separated parents. However, despite the evidence that relationships can be improved or prevented from entering a decline, the attitudes to seeking relationship support are challenging and there still remains a powerful stigma attached to seeking support held by some people. Providing a set of case studies of relationship support that range from universal prevention to specialist and targeted support at times of crisis, is, therefore, an important concern for policy-makers, commissioners, practitioners, and the wider public. Efforts to raise awareness of the benefits of relationship support and working to create a 'culture of care' where seeking and receiving relationship support is common and acceptable is crucial in optimising the benefits of both personal relationships and relationship support.

Components of relationship support

Within this context, an overriding point to conclude is that relationship support comes in a variety of forms and this has certainly expanded in scope over the previous generation. These services cover a wide spectrum of support, as demonstrated through each of the four core chapters. The first chapter focused on promoting relational capability, outlining the relationship campaign work and the efforts made for changing the culture towards universal preventative support. In Chapter 2 the prevention of relationship distress is discussed, acknowledging that relationship quality across the life-course does fluctuate and can become strained through particular events or transitions. Examples of support at time of transition include: counselling among young people in schools; various forms of support for new and established parents; people 'transitioning' to marriage; people dealing with a diagnosis of dementia and the ongoing changes associated with this; and online tools for separated or separating parents. Chapter 3 outlined examples of what many people may see as the only component of relationship support – that of relationship counselling at times of stress. Highlighting the wide variety of support existing under the umbrella of couple counselling, this chapter covered psychotherapy, couple therapy for depression, psychosexual therapy, sex addiction treatments, and the Exeter Model for treating depression. This offered different perspectives of counselling and therapy, and highlighted the distinction between more generic and specialist psychotherapy. Finally, within Chapter 4, the focus was on the central core of relationship services – examples of training programmes available to relationship support workers, such as the TCCR training for healthcare professionals working in cancer care services and the training for frontline and supervisory staff working with children, as well as the early intervention training of frontline practitioners in universal preventative support provided by OnePlusOne. Not only does this illustrate a wide variety of support, but also that this support is frequently tailored to the specific needs of people facing either more generic or specific difficulties.

Illustrated through a series of distinct case studies, the Relationships Alliance has proposed a Relationship Support Framework which captures the wide diversity of relationship support, operating over three domains:

- Promoting relational capability;
- Preventing relationship distress at key transitions; and
- Protecting people at times of identified relationship distress.

While very helpful in outlining the different efforts in the relationship support arena, the three domains of Relationship Support Framework should not be seen as mutually exclusive but as nuanced and overlapping in some areas. This should be interpreted as an added value of some of the examples noted in the report as they actually are able to, for example, help promote relational capability and prevent relationship distress at key transitions. One such example would be training frontline practitioners working in Children Centre's or CAMHS who could help people both in terms of offering universal preventative support, as well as at key life transitions, such as becoming a first time parent or facing financial difficulties through unemployment.

In addition, the breadth of the Relationship Support Framework is illustrated by relationship support services provided to parents who have separated, which in turn have an effect on child outcomes. A wide range of services, including those delivered online, offer skills-training needed to prevent parents from putting their children 'in the middle' of parental conflict and to create an efficient co-parenting arrangement, thus improving outcomes for children.

The report has shown, within the Relationship Support Framework, the important foundation work to improving relationships. This is typically the ongoing campaigns and events to increase the emphasis to relationship support, particularly where the needs are distinct (for example, across the life-course, including the increased recognition of managing long-term illness and caring responsibilities in later life). Promoting such 'relational capability' at the individual level is also facilitated, and partly dependent on, social change including influences on social and public policy and wider political directives. This includes influencing legislative change and policies that can have a positive influence on relationships support, whilst highlighting those policies that have a more detrimental impact. Within this context, it also includes promoting relationships education within SRE, and the commitment of the Relationships Alliance to address this through its forthcoming manifesto. This foundation work, raising awareness, and seeking to change the culture to relationship support, is a central component of relationship support but also one that is often overlooked.

Ongoing and future developments in relationship support

The future development of available relationship support services is an issue of particular importance in the current context of lighter-touch welfare support, economic downturn aftershocks, and payment by results policy for funding available to service providers. The emergence of more established online relationship support services seems to offer additional advantages and promising new perspectives on the backdrop of expanding internet access and online service use more generally. Occurring alongside other longer-established relationship support services, online provision is able to offer free (to the user, rather than provider), immediate and anonymous support, available around the clock, which, overcomes many of the attitudinal barriers that exist in accessing face-to-face support. Yet, face-to-face support remains of crucial importance to the relationship support interactions – both with its well-known and recognised services, such as marriage preparation and couple therapy, but also with the promising approaches which adapt and update the long-established services. In relation to this, it is of great importance to allow the whole spectrum of relationship support within the Relationship Support Framework to develop and best practices within each domain to receive support.

A further point , of particular interest to policy-makers and commissioners, is the scalability of the services outlined and the evidence for their effectiveness. With the anticipated, although progressive, change in culture towards relationship support, and through the range of examples provided in this report, it is hoped that commissioners can better focus on the types of services that fit their current remit but also have an eye for those which broaden their horizon at present and offer promising opportunities for the future. Undoubtedly, such decisions are also made within the scope of what is available – both in terms of resources and staff.

It is with little surprise that consideration towards the scalability and wider application of these services differs across the range of services available. To deliver face-to-face relationship support more widely will depend largely on training more volunteers and practitioners, including specialist staff in psychotherapy and counselling, as well as more frontline practitioners who are able to add relationship support to their existing remit of support. Robust evidence of effectiveness indicates that training frontline staff could be expanded and replicate the positive outcomes shown. Furthermore, of relevance to commissioners may be the positive cost-benefit calculations of couple counselling most recently documented.

Although scaling up the face-to-face services largely depends on staff and/or volunteer training, a slightly different issue applies to online services. While staff training may be considered less of an issue for online services, there may be staff offering online 'live chat', email, or webcam counselling, and there will be site moderators to ensure appropriate use and offer referral to specialist services where needed. In addition, online relationship support constantly requires content development and maintenance from web service developers to offer new and innovative ways to access material (information and skills-based).

Awareness of the diversity across the relationship support domains should also assist decisions around best practices related to the evaluation of service effectiveness, as well as what methods are best suited for the particularities of each provided service. The examples in this report included several more innovative, promising cases of relationship support that have intended to further the variety and target particular groups in need. Although many of these pilots or trials yield initial positive outcomes, the evidence of effectiveness clearly needs to be enhanced. Through time it is anticipated that the coverage of many of these pilots will be expanded, and alongside more comprehensive and robust assessments, will enhance the spectrum of relationship support in the future. Running concurrently with a culture change towards seeing relationship support as 'a normal thing to do', this enhanced scope will ultimately contribute to the improved well-being of individuals, couples, families, and communities.

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