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Executive summary

Introduction

The investment by the current Government of £30 million for relationship support interventions highlights their commitment to supporting not only the parent-child relationship but also the parents' own relationship; hypothesising that providing support and preventing breakdown where possible will produce financial and emotional benefits to their children as well as to themselves. This evaluation focused on three specific kinds of intervention:

- **Marriage preparation**, delivered by Marriage Care through either Preparing Together, a one-day course for couples planning to marry or commit to a long term relationship, or FOCCUS©, a questionnaire-based exploration of essential relationship knowledge and awareness for individual couples and feedback via one or more sessions with a trained facilitator.
- **Let's Stick Together (LST)**: a brief relationship education session lasting 45-60 minutes delivered mainly to mothers. It was developed by the Bristol Community Family Trust (BCFT) and is delivered by Care for the Family (CFF). In addition to its original site in Bristol, the programme was rolled out in seven other regions of the country during 2011-13.
- **Couple counselling** delivered by the AFCS, Marriage Care, Relate and TCCR. All providers support couples or individuals facing relationship difficulties but there is variation among them in the demographics of service users and in the therapeutic approaches employed.

Key findings

- Attending couple counselling was found to result in positive changes in individuals' relationship quality, well-being and communication
- Receiving marriage preparation was associated with positive changes in relationship quality or well-being, depending on the type of preparation attended and changed people's attitudes towards receiving relationship support in future
- Attending a short LST session was not associated with any statistically significant positive changes, although many participants reported positive impacts of attending several months afterwards
- Couple counselling and FOCCUS© marriage preparation were both found to be cost effective, providing substantially greater savings to society than they cost to deliver.

Aims and objectives of the study

The main aim of this evaluation was to measure change over time for participants involved in three relationship support interventions. There were several objectives underlying this main aim of the study, including exploring:

- Whether receiving the different types of relationship support results in
 - Changes in well-being, relationship quality and communication
 - Increased awareness and likelihood of using relationship strengthening behaviours
 - Changes in attitudes towards accessing relationship support in future
- The Value for Money of providing different forms of relationship support
- How more couples can be informed about and, ultimately, encouraged to access different types of relationship support opportunities.

Research methods

The study combined a quantitative methodology focussing on the impact of the three interventions with a qualitative methodology aimed at exploring the experiences and views of participants and practitioners. In particular, this included:

- **Literature review:** a focussed literature review of national and international evidence to map out what is already known about the impact of similar interventions and any gaps in knowledge, to contextualise the research and identify research studies of relevance to the analysis of the value for money data
- **Quantitative surveys:** a pre- and post-intervention survey with an achieved sample of 78 parents who attended an LST session, 235 individuals who received one of the two forms of marriage preparation, and 336 individuals who contacted Marriage Care and 216 individuals who contacted Relate to receive relationship counselling. The surveys used three validated standardised scales (DAS-7, WEMWBS and ENRICH) to assess relationship quality, couple communication, and well-being, as well as bespoke questions tailored to each of the interventions
- **Qualitative interviews:** interviews with 44 strategic, operational and delivery staff across six providers, as well as in-depth interviews conducted mainly over the telephone with 21 parents who received LST, 24 couples or individuals who had signed up to receive marriage preparation, and 80 couples or individuals who accessed relationship and/or couple counselling with one of four providers: AFCS, Marriage Care, Relate or TCCR
- **Value for money analysis:** to consider the overall and unit costs of delivering Marriage Care and Relate couple counselling, as well as FOCCUS© marriage preparation, and the relationship of these to the resulting outcomes.

Findings

Well-being, relationship quality and communication

Quantitative analysis of pre- and post-survey metrics of two of the three types of relationship support suggested that they were linked with at least some positive changes after quite a short period of time (at least 12 weeks for the two marriage preparation interventions, and at least 10 weeks for the two couple counselling interventions).

As expected, the most significant level of change was found in relation to the two couple counselling interventions. For both **Relate and Marriage Care couple counselling**, the measured effect sizes were particularly large for the WEMWBS well-being scale: $d=0.74$ for Marriage Care and $d=0.85$ for Relate. Effect sizes were lower for the ENRICH communication scale ($d=0.45$ for Relate and $d=0.57$ for Marriage Care) and for the DAS-7 relationship quality measure ($d=0.32$ and $d=0.40$ for Relate and Marriage Care respectively).

Effect sizes are used to judge how substantial a change is observed, in a way that can be compared across different outcome measures and interventions. The extent to which an effect size should be regarded as small or large usually depends on the context of the study and the intensity of the intervention. However, in general, 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.

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.

For **Let's Stick Together** (LST), on the other hand, there was a positive average improvement on all three validated scales used to measure changes in relationship quality, well-being and communication with effect sizes ranging from $d=0.16$ to $d=0.22$, although none of these changes was statistically significant. The main reasons for not detecting significant changes are likely to be the small number of parents surveyed who had actually attended a session (78), the clustering of the data (that parents attended in groups) and the low dosage of the intervention, as well as the nature of the setting of delivery and the lack of involvement of fathers.

For marriage preparation, there was a significant positive change for those receiving **Preparing Together** – provision focused on developing relationship strengthening skills and behaviour – on their well-being between pre- and post-survey (WEMWBS: $d=0.20$). For those completing a **FOCCUS**® questionnaire and attending a FOCCUS session with a facilitator – used to highlight differences between couples' pre-marriage attitudes and expectations – the analysis identified a positive change in relationship quality (DAS-7:

d=0.22). No significant differences on the other two scales were identified for these two interventions.

These positive changes are of particular note given the high starting points of couples on the three scales before receiving marriage preparation and that previous research has suggested that relationship quality generally declines from a high starting point.

Qualitative interviews with clients provided an 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, which may explain the changes in well-being observed in the survey.

Awareness and likelihood of using relationship strengthening behaviours

Even though **LST** was only a very short intervention, consisting of one session often lasting less than an hour, around a third of parents (mostly mothers) surveyed three to six months later were able to recall explicitly some of its key messages relating to what to do and not to do to foster positive relationships. Recall was greatest among those parents who had read the reminder emails or the book supporting the LST session, although only a few had done so. This means that further thought needs to be given by the provider on how to ensure more participants sign up and read messages. One option might be to use different approaches, such as follow-up text-messages.

Furthermore, around two thirds of parents who had attended an LST session felt that it had changed the way they viewed, and how they behaved in, their relationship.

Most of the 21 parents completing qualitative interviews who had attended an LST session were able to give examples of such changes. In particular, this included a greater awareness of how things could go wrong and what could be done to prevent disagreement or conflict and of the need to work at their relationship. Most of those interviewed were also able to provide concrete examples of how attending the LST session had changed their relationship behaviour, in respect of avoiding particular behaviours, expressing love or being receptive to different ways of expressing love, and how to involve fathers in parenting.

Similarly, more than half of those surveyed attending a **Preparing Together** workshop and a slightly lower proportion of those attending **FOCCUS**® sessions thought that it had taught them skills for communicating with their partner and techniques to handle conflict better in their relationship. However, only about a quarter of these said that they had actually used these skills often since receiving the support. Similarly, even though about a quarter of people attending one of the two types of marriage preparation indicated that it had definitely changed their behaviour, under half (46%) said that it had not done so.

Many explained in qualitative interviews that the main reason for this lack of impact on their actual behaviour was that they already felt very positive about their relationship and/or there was little room for improvement, although it is possible that use of the skills and awareness of changes in behaviour had already become embedded in the relationship.

Quantitative and qualitative evidence suggests that one of the main benefits of **couple counselling** is to overcome communication problems faced by couples. Thus, at the post-survey, communication was one of the issues identified most frequently as having improved as a result of attending couple counselling. Furthermore, regression modelling suggested that improvements in relationship quality were, on average, greatest among those who had identified communication as a problem at the pre-survey stage. 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.

Changes in attitudes towards accessing relationship support in future

The survey identified a change for all three interventions in respondents' attitudes towards accessing support in future, although it was most noticeable among couples accessing marriage preparation who displayed a significantly lower general help-seeking attitude than participants in the other two types of interventions at the pre-survey stage. Attending a FOCCUS© session was also found to have significantly changed participants' attitude towards accessing couple counselling in the future. This could be the result of the similar format of FOCCUS© and counselling sessions and the fact that sessions could possibly have been delivered by trained Marriage Care counsellors.

Overall, the findings show how, at a period of transition in a relationship, a positive experience of relatively small relationship support interventions, such as LST and marriage preparation, can change individuals' and couples' attitudes towards accessing support. Such a change might result in some of them accessing couple counselling in future which, in turn, could reduce the risk of relationship breakdown and, potentially, result in significant social benefits.

Value for Money

Results of a cost benefit analysis (CBA) of three of the five interventions under study suggested that they offer excellent value for money. In particular, Relate and Marriage Care couple counselling provide 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. The calculated benefit-cost ratio in respect of Marriage Care FOCCUS© marriage preparation was even more positive: for every pound spent on such provision there is a benefit of £11.50. Whilst there is a large degree of uncertainty around the figures estimated, the substantive conclusions remain robust even when key assumptions are varied

This means that, over the long-term, all three interventions might provide substantially greater savings to society through the avoidance of costs associated with relationship breakdown than they cost to deliver. The share of total costs contributed by government varies among interventions, but is less than half in all cases. This implies that, from a government perspective, funding for relationship support offers good value for money both in terms of the levels of activity/output it supports and in terms of the outcomes ultimately achieved.

There are other benefits that have been measured as part of this study related to some of the interventions, such as improvements in well-being and communication, which have not been included in this calculation, partly to avoid double-counting but also due to a lack of reliable mechanisms to monetise such benefits. Further research is needed to monetise such outcomes.

It is also worth noting that even though no CBA was conducted for LST and Preparing Together, the fact that both of these interventions were associated with a change in participants' general help-seeking attitudes may suggest that these interventions could possibly lead to cost savings in future if they made couples more willing to seek counselling in future if problems arose.

Informing couples about and encouraging them to access relationship support

The study confirmed the findings of previous research that one of the main barriers to accessing relationship support is many people's reluctance to do so. In addition, there are also practical barriers, which include lack of knowledge about the provision, the cost of provision, and finding the time to attend. This study has identified and explored various suggested ways of overcoming these barriers for some of these interventions to encourage others to attend in future. These include widening provision by using additional methods of delivery, more advertising, more knowledge among professionals and adjusting the cost in line with the users' ability to pay.

For marriage preparation: More couples could be encouraged to access support by advertising it more widely, including in registry offices, or by information or leaflets given directly to couples registering their marriage.

For Let's Stick Together: Delivering LST in an established group seemed to be a good way of overcoming some parents' reluctance to access such support rather than making it compulsory for all new parents. However, more thought needs to be given on how this can now be done in the changing ante-natal and post-natal landscape so that LST can reach all or at least most new mothers.

Interviewees also suggested that there was a need to explore ways of involving more fathers in this kind of support since relationships are more likely to improve if both partners are aware of such issues and how to address them. Much of the literature (see

Doss et al., 2003; Nicholson et al., 2007) points to men's reluctance to acknowledge relationship issues (even when not problematical) and points to the need for a different approach which takes account of men's concerns in order to ensure their initial engagement. Suggested approaches include offering LST as part of ante-natal provision (usually attended by both mothers and fathers) and for Sure Start centres to offer evening as well as day-time sessions. Men-only groups meeting in non-formalised settings, although difficult to establish, can prove to be reasonably effective in attracting fathers to such provision.

For couple counselling: Interviews with those accessing couple counselling also showed that many of them had only done so as a last resort after all other attempts at saving the relationship without professional help had failed. This correlates with findings from previous studies (McCarthy et al., 1998), which suggested that couples, but men in particular, are often reluctant to access formal relationship support as it has connotations with weakness and failure, and requires acknowledgement of the seriousness of the problem.

The study also found that couples often access support based on word-of-mouth in the form of a recommendation from a friend or relative. A difficulty of this is that many people who have accessed couple counselling are often reluctant to talk about their experiences as they see it as embarrassing to admit that they had a problem in their relationship or because people will assume, rightly or wrongly, that they had had an affair. In some cases, any form of counselling is also associated with mental health problems. This suggests a need to find other ways to encourage those who are more reluctant to access support and to do so before things have seriously deteriorated. Finding ways to make discussions about emotions and relationships a normal part of people's vocabulary and interactions would be a major step forward.

Removing the mystery from couple counselling would be a similarly significant step. There is a large knowledge deficit about what couple counselling is, let alone about what other services can be provided by relationship support interventions.

Some qualitative interview respondents commended the use of telephone counselling to overcome some of the practical issues of attending counselling, such as being able to access it from home without the need to find childcare. However, the difficulties in persuading couples to agree to be randomised to telephone counselling as part of this study, as well as qualitative interviews with other users, provide strong evidence that most couples prefer seeing someone face-to-face and will not consider counselling via the telephone. It seems that, if anything, telephone counselling is more likely to be considered as a possibility by those wanting to address an issue urgently and confidentially. Using Skype with video (or some similar service) may be worth considering as an alternative as this combines the convenience of remaining at home with the benefit of face-to-face interaction.

Conclusions

This study demonstrates the effectiveness of providing different forms of relationship intervention at different stages in a couple's relationship. Brief, preventative interventions serve to make clients aware of potential problems and provide guidance on how to negotiate these, which may avoid their escalation. When problems have arisen, longer-term interventions support clients to explore how their difficulties can be resolved, potentially averting relationship breakdown where possible. Interventions were typically well received by those who accessed them and, importantly, were associated with improvements in clients' own well-being and communication with their partner, thus strengthening their relationship.

Additionally, where it was possible to conduct a cost-benefit analysis, the evidence pointed to the economic advantage of providing such interventions. This means that, over the long-term, not only do such interventions benefit couples but, by potentially avoiding the expenditure associated with relationship breakdown, they could provide substantially greater savings to society than they cost to deliver.

Moreover, further potential savings might accrue from the change in clients' attitude towards help-seeking behaviour. Positive experiences of relationship support, even in very small doses, appeared to bring greater awareness of and potential willingness to access relationship support on future occasions.

Recommendations

The findings reported in this study suggest several recommendations for improved policy and practice, as well as for future research. These are outlined below.

Recommendations for central and local commissioning and for the relationship support sector include that:

- A clear strategy and set of policies for relationship support should be developed by central and local government. This strategy should encourage all central government departments, local authorities and local public health departments to use the report's findings to inform policy and commissioning decisions which take account of the importance of adult couple relationships and their impact on health and well-being.
- Government and providers should consider ways in which to incentivise more people to take up marriage and relationship education and couple counselling. This could include offering and evaluating the effect of a discount for registry office fees or of providing a subsidised introductory/first session of couple counselling.
- Government and providers should consider the types of preventative activity that have a positive impact on behaviour change as well as attitudes to taking up future relationship support. This should build on work that has already been

funded by DfE to normalise help-seeking and the online campaigns to promote culture change.

- Providers of relationship support services should consider how best to generate confidence in potential clients and develop a trusted brand. This could be done by developing a quality assurance kitemark for the sector which would build confidence amongst potential clients using the service and other professionals who would feel confident about signposting their clients to these services.
- Relationship support organisations should map out access points from which couples may be signposted to their services. As part of this, they need to consider how to encourage professionals and service providers who come into contact with couples at various transition points to understand the importance of strong couple relationships and be more aware of available relationship support services.

Relationship support organisations should consider the implications of the report findings for service provision and use them to improve and develop service delivery.

Methodological recommendations include:

- Consideration should be given to extending this research to other aspects of relationship support, particularly in health-related studies.
- Consideration should be given to following up the samples in this study to investigate whether any of the positive outcomes identified among the respondents have been maintained. Of particular value would be an exploration of whether the changes in attitude towards seeking support have been translated into changes in behaviour, evidenced by couples accessing help at an earlier, rather than a later, stage when difficulties in their relationship arose.
- In order to establish whether positive outcomes for couples can be attributed to, rather than associated with, relationship support interventions, consideration should also be given to commissioning further work to undertake robust evaluations which might build on and strengthen the findings of this study. This could be done by evaluating the success of the interventions against a randomised control group.
- Thought needs to be given as to how to develop the research capacity in the sector so that robust evaluations of cost-effectiveness and cost-benefit can be undertaken in parallel with service innovation.
- Future evaluations of relationship support should be developed in partnership between the service providers and evaluation teams.
- Further research needs to be conducted to explore and, potentially, strengthen the evidence on the costs of relationship breakdown to society, building on previous studies (including that of The Relationships Foundation, 2012).

Limitations of study

The main limitation of the final quantitative research design employed in this research is that there was no control group for any of the interventions under study. This means that it is not possible to be certain that any or all of the quantitative changes measured can be attributed to the support received. In addition, the changes were measured after only a fairly short time period – around 12 weeks for the two marriage preparation interventions and LST, and after around 10 weeks for Relate and Marriage Care couple counselling. It is possible, therefore, that the changes measured in this study only present a short-lived ‘halo effect’ and that they would not persist as part of a longer term follow-up. Further longitudinal research is needed to explore this.

Nevertheless, the findings of the couple counselling surveys in particular are strengthened by the fact that the effect sizes identified in this study are similar to those found in efficacy studies using RCTs and effectiveness studies in more naturalistic settings (Baucom et al., 2003; Wood et al., 2005; Shadish and Baldwin, 2005; Klann et al., 2011; Lebow et al., 2012). Furthermore, several academics have argued that there is strong evidence from other studies that waiting-list control groups for couple counselling do not show any significant improvements (Baucom et al., 2002; Christensen et al. 2005).

There was some evidence from the current study to support this. A model run to compare the outcomes of 31 clients who had not received any support by the time of the post-survey (no data were available on why they had not attended any sessions) with all those who had attended at least one session identified a significant difference between the two groups. In particular, those who had attended at least one session, on average, had a significantly higher outcome score on the relationship quality scale (DAS-7) than those who had not attended any sessions. This provides some support for the thesis that the observed changes are the result of attending couple counselling, although the 31 who did not receive support were not randomly selected and might have been different from the rest of the sample.

Similarly, with regard to marriage preparation, previous studies have shown that relationship satisfaction can, in general, be expected to decline after marriage (Glenn, 1998) – hence, any positive effect size, even for studies without a no-treatment control group can be seen as providing evidence of a positive effect (Halford et al., 2010).

1. Background

1.1. Policy context and background to the study

The investment by the current Government of £30 million for relationship support interventions highlights their commitment to supporting not only the parent-child relationship but also the parents' own relationship, hypothesising that providing support and preventing breakdown where possible will produce financial and emotional benefits to their children as well as to themselves.

1.1.1. Supporting families and couple relationships

As far back as 2002, a report from the Lord Chancellor's Advisory Group on Marriage and Relationship Support (*Moving Forward Together: A Proposed Strategy for Marriage and Relationship Support for 2002 and Beyond*) advocated support which:

'aims to help people establish and maintain successful relationships with their partners. Specifically, it assists families through focusing on services and initiatives that target the adult couple relationship'. (p12)

Subsequent papers – *Reaching Out: Think Family* (Social Exclusion Taskforce, 2007) and *Every Parent Matters* (DfES, 2007) – recognised the increasing diversity in the composition and structure of families, and the multi-faceted nature of problems faced by disadvantaged families, and set out a range of new projects to support parents at different stages in their child's life.

With the publication of *The Children's Plan: One Year On* (DCSF, 2008) and the *Families in Britain* report (Cabinet Office and DCSF, 2008), as well as a Relationship Summit in the following year, attention focused on the negative outcomes for children when parental relationships become acrimonious. A key issue was that poverty and economic disadvantage are often interdependent with emotional distress, which then increases hostility between parents. Funding was announced to provide: more support for new and first-time parents; more support, especially in schools, for children involved in family breakdown; and new relationship support pilots and further funding to co-ordinate services for separated parents.

Finally, in early 2010, the *Support for All: The Families and Relationships Green Paper* (DCSF, 2010) set out the then Government's focus on supporting family relationships by enabling families to help themselves. This connected with their drive to provide early and holistic multi-agency support to families with complex problems (via Early Intervention Grants) as a cost-effective way to prevent family breakdown.

During this time, improving the quality of parenting through support ranging from a light-touch approach through to intensive help had become a key priority, expressed in a range of policy documents: *Every Child Matters: Change for Children* (DfES, 2004), *The*

Children's Plan: Building brighter futures (DCSF, 2007) and through Sure Start which was launched in 1998. Furthermore, organisations such as The National Academy for Parenting Practitioners and The National Academy for Parenting Research received Government funding to offer training to parenting practitioners, conduct research into parenting practices and support knowledge exchange. However, such parenting interventions were least well used voluntarily by those parents who might gain most from them

The Coalition Government, which came to power in 2010, introduced a shift in emphasis by stressing the importance of the couple relationship in promoting effective parenting. In a speech on families and relationships given to Relate on 10th December 2010, the Prime Minister noted that the previous Government had '*shied away from saying anything meaningful about the family as a whole – and in particular, the vital relationships within a family*' and stated the intention of the Coalition Government to '*put funding for relationship support on a stable footing*' by providing £7.5 million a year for supporting relationships (Official Site of the British Prime Minister, 2010).

The publication of *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives* (DWP and DfE, 2011) set out the Government's approach to tackling poverty up to 2020. A key element lies in supporting home environments, stemming from the belief that '*children who grow up in strong, stable families with quality relationships in the home stand the best chance of a positive future*' (p36). To this end, the strategy ensures the provision of couple relationship support by several methods in order to encourage service take-up.

In May 2012, new interventions to support parents were launched by the Prime Minister. These covered the establishment of a digital service for expectant and new parents, which would provide regular emails and texts with information during the pregnancy and as their child grows; free parenting classes in three trial areas for all parents of children aged five and under; and expert organisations delivering relationship support for first time parents in five trial areas of the country.

Giving individuals and families facing multiple disadvantages the support they need to improve their lives is the focus of the current Social Justice Strategy – *Social Justice: transforming lives* (DWP, 2012a). Supporting families is one of its five themes which are each represented in the *Social Justice Outcomes Framework* (DWP, 2012b). The key indicator for supporting families is '*the proportion of children who have a stable family free from breakdown, and the proportion of such families that report a good-quality relationship*'. Data from the University of Essex *Understanding Society* survey will be used to establish the proportion of children at ages five, 11 and 16 whose parents have (or have not) stayed together since their birth. This will be further broken down by whether the parents report that they have a good relationship or not.

Speaking of the launch of the Outcomes Framework at a conference held on 31st October 2012, the Secretary of State for Work and Pensions reiterated the Government's

belief that *‘when families are strong and stable, so are children’* and that *‘we are driving home the message that social programmes should promote family stability and avert breakdown’* (DWP, 2012c).

In November 2012, an announcement of Government funding of £15 million was made. This was to provide information and support on relationships to approximately 2.5 million people between 2013 and 2015. Organisations from the voluntary and community sector received money to provide:

- Universal preventative support
- Targeted preventative support
- Culture change activities to encourage couples to see accessing relationship support as a normal thing to do to strengthen their relationship
- Support for couples experiencing difficulties
- Training for local children’s and families’ workforce to enable them to identify relationship issues and signpost parents appropriately
- Training to develop expert practitioners
- Development of policy and local infrastructure so that the importance of couple relationships and the positive impact of relationship support interventions are uniformly recognised across local and central government.

This brought to £30 million the amount dedicated for relationship support by Government in the Spending Review period 2011 to 2015. Preventing family breakdown by the provision of these services and encouraging couples to access such support are seen as key planks in the Government’s drive to improve outcomes for children and reduce child poverty, in particular its transmission from one generation to the next.

1.1.2. Previous research

Previous research shows that all types of relationship support explored in this study – marriage and relationship education, relationship education for new parents, and couple counselling – have been shown in previous controlled studies to have a positive effect on relationship satisfaction and communication, and to a lesser extent, on emotional or mental well-being (see Appendix 6 for a detailed review of all the evidence).

As regards marriage and relationship education (MRE), experts (Halford and Snyder, 2012) often distinguish between two types – inventory-based assessment and feedback, and skills-based approaches. There is some evidence, mainly from the USA and Australia, of the efficacy of both types of MRE, although the evidence is stronger relating to the impact of skills-based approaches. It suggests that skills-based MRE often has a positive effect on relationship satisfaction and communication, although effect sizes are often relatively small (Hawkins et al., 2008; Jakubowski et al., 2004), especially when measured in relation to couples currently satisfied in their relationships with limited room for an increase in relationship satisfaction. In contrast, evidence on the efficacy of inventory-based approaches is quite limited – the studies that do exist either also include

some skills training in the intervention or do not provide conclusive evidence of impact (Halford et al., 2010; Knutson and Olson, 2003).

Effect sizes of relationship education programmes aimed only at new parents (similar to LST) are also generally small as a result of the preventative nature of such programmes (Halford and Snyder, 2012; Markman and Rhoades, 2012). The evidence from studies conducted mainly in the USA and Australia suggests that low-intensity relationship education programmes for new parents are not as effective as those with multiple sessions, while impact is thought to be greatest when the support includes a pre-natal as well as a post-natal component and if a parenting-focused element is included in the intervention (Pinquart and Teubert, 2010). More research is needed to assess the long-term benefits of relationship education programmes for new parents and the benefit of providing such support for fathers and for couples at risk of relationship distress.

As regards previous research on couple counselling, there are several recent reviews and meta-analyses of research studies based on randomised controlled trials (RCTs) which consistently highlight the efficacy of such support (Baucom et al., 2003; Wood et al., 2005; Shadish and Baldwin, 2005; Lebow et al., 2012). However, most of this evidence comes from overseas, especially from the USA and Australia, although there are some studies from other countries such as Germany and Ireland.

It is worth noting that academics (Christensen et al., 2005; Wood et al., 2005) often draw a distinction between 'efficacy' studies which provide strong statistical evidence of impact using RCTs and 'effectiveness' studies which explore the impact of couple counselling in naturalistic or real-world settings and do not involve RCTs. Evidence from effectiveness studies identify a similar, but slightly lower positive impact of couple counselling than those identified by RCTs. One of these includes a recent study (Klann et al., 2011) involving couples recruited to the study via 354 counselling agencies in Germany and Austria. The study found significant positive effect sizes relating to relationship quality and well-being/depression. These effect sizes were not as large as those identified in several efficacy studies, but still provide evidence that the findings from such studies can be replicated in more naturalistic settings.

1.1.3. Evaluating relationship support

The focus of this evaluation is three specific kinds of intervention designed to help couples at varying stages in their relationship which have continued to receive funding as part of contracts worth £15 million agreed in December 2012 (Therapy Today, 2012).

They are:

- **Marriage preparation**, delivered by Marriage Care through either Preparing Together, a one-day course delivered by trained facilitators for couples

planning to marry or commit to a long term relationship, or FOCCUS®¹, a guided, questionnaire-based exploration of essential relationship knowledge and awareness for individual couples with feedback via one or more sessions with a trained facilitator.

- **Let's Stick Together (LST)**, a brief relationship education session lasting 45-60 minutes delivered mainly to mothers. This was developed by the Bristol Community Family Trust (BCFT) and is delivered by Care for the Family (CFF). In addition to its original site in Bristol, the programme was rolled out in seven other regions of the country during 2011-13.
- **Couple counselling** delivered by the Asian Family Counselling Service (AFCS), Marriage Care, Relate and The Tavistock Centre for Couple Relationships (TCCR). All providers support couples or individuals facing relationship difficulties, but there is variation among them in the demographics of service users and in the therapeutic approaches employed.

1.2. Report structure

This report presents the final findings from the research for all three types of interventions. Chapter 2 introduces the main aims and objectives of the study and the methods adopted to answer these, as well as the sample sizes for both the qualitative and quantitative research methods.

The following three chapters present the findings for each of the three types of interventions which were the focus of the study – combining both the quantitative and qualitative research evidence. Chapter 3 presents the findings of the evaluation of the two marriage preparation interventions delivered by Marriage Care: Preparing Together and FOCCUS; Chapter 4 does the same for Let's Stick Together, while Chapter 5 focuses on the quantitative evidence relating to the two couple counselling interventions from Marriage Care and Relate, as well as qualitative data from all four couple counselling providers involved in the study. It is worth noting that even though the latter are presented in one chapter, there are important differences in the types of clients reached by Relate and Marriage Care and the other two providers (the AFCS and TCCR).

Chapter 6 presents the findings from the Value for Money (VfM) analysis for the study; it discusses the main approaches adopted and the rationale for these. A separate section is dedicated to presenting the conclusions of the VfM analysis on each of the three interventions included: Relate couple counselling, Marriage Care couple counselling and Marriage Care FOCCUS marriage preparation.

¹ The copyright for this programme belongs to FOCCUS®, Inc. USA. The term 'FOCCUS' is used in this report to denote the programme provided in England and Wales by Marriage Care.

Finally, Chapter 7 outlines the main conclusions from the study and some broad recommendations relating to policy and further research arising from the study.

2. Aims and methodology

2.1. Aims and objectives of the study

The main aim of this evaluation was to measure change over time for participants involved in three relationship support interventions (relationship education for new parents, marriage preparation and couple counselling). There were several objectives underlying this main aim of the study, including:

- Measuring change over time for the three types of interventions on different groups of participants and on different outcomes, including:
 - Improved well-being, communication and relationship quality of couples and/or parents
 - Increased awareness of, and likelihood of using, relationship strengthening behaviours
 - Changes in attitudes among participants towards accessing relationship support in the future
- Assessing the value for money of the different interventions
- Exploring the best ways of informing couples about relationship support opportunities
- Examining how more couples can be encouraged to access different forms of relationship support.

2.2. Methodology

The study combined a quantitative methodology focussing on the impact of the three interventions with a qualitative methodology aimed at exploring the experiences and views of participants and practitioners. In particular, this included:

- **Literature review:** a focussed literature review of national and international evidence to map out what is already known about the impact of similar interventions and any gaps in knowledge, to contextualise the research and identify research studies of relevance to the analysis of the value for money data.
- **Provider visits and qualitative interviews:** visits to each of the six providers (the Bristol Community Family Trust, Care for the Family, Relate, Marriage Care, TCCR and AFCS) to conduct interviews with strategic, operational and delivery staff to support the design and implementation of the quantitative surveys and to gain a better understanding of the delivery approaches and the main expected outcomes of the interventions.
- **Quantitative surveys:** using a pre- and post-intervention survey design focussing on LST, marriage preparation (Preparing Together and FOCCUS) and couple counselling (Relate and Marriage Care face-to-face counselling) using a mixture of validated standardised scales to assess relationship quality,

couple communication, and well-being, and bespoke questions more specifically tailored to each of the interventions.

- **Qualitative interviews:** qualitative in-depth interviews conducted mainly over the telephone with 21 parents who attended an LST session, 24 couples or individuals who signed up to receive marriage preparation, and 80 couples or individuals who accessed relationship and/or couple counselling with one of four providers: AFCS, Marriage Care, Relate and TCCR.
- **Value for money analysis:** to consider the overall and unit costs of delivering Marriage Care and Relate couple counselling, as well as FOCCUS marriage preparation, and the relationship of these to the resulting outcomes.

Further details of the approaches adopted for each of the different parts of the methodology are provided below.

2.3. Literature review

The literature review focussed on the following key topics:

- Accessing relationship support services
- Impact of marriage preparation support
- Impact of support for first-time parents
- Impact of couple counselling

In addition, the research team collected and reviewed relevant contextual information relating to what is known about 'normal' trajectories in relationships and the risk factors associated with poor relationship quality at different stages of the relationship, and research information to inform the value for money analysis. Some recent studies, conducted in the UK by providers involved in the study and by other key stakeholders, were also reviewed to extract any relevant information.

The research team adopted a systematic process for identifying and selecting around ten key publications relating to each of the four key topic areas. Overall, the review included publications:

- From the UK and overseas – with a more positive weighting given to UK publications
- Published over the last 20 years, but with particular emphasis on more recent studies (as the findings from older studies are summarised in reviews/meta-analyses)
- Providing primary research evidence with large sample sizes/robust methodologies, including where possible the use of randomised controlled trials (RCTs), or based on systematic reviews/meta-analyses.

The main findings from the review were summarised in Section 1.1.2 above, while the complete literature review is included as an Appendix at the end of this report (see Appendix 6).

2.4. Quantitative surveys

2.4.1. Survey design

The original aim of the study was to use an RCT design for each of the three interventions in order to provide robust quantitative evidence of their impact. RCTs are often used to test the effectiveness of various types of intervention within a patient population, as part of which clients are randomly allocated to receive one or other of the alternative treatments under study or to a treatment and non-treatment group. After randomisation, the two (or more) groups are usually surveyed before the start of the treatment and once again at one or more set-periods after completion of the treatment. The most important advantage of proper randomisation is that it minimises allocation bias, balancing both known and unknown patient characteristics in those assigned to the two groups. This enables one to draw robust conclusions that differences in treatment have *caused* the differences in outcome, rather than simply being *associated* with them.

However, ethical as well as practical considerations meant that using an RCT approach proved impossible for all parts of the study (full details relating to each part of the study, explaining why an RCT methodology was not used, are provided in Appendix 7). This meant that for all types of interventions a pre- and post-survey design without control group was used to measure change over time.

For **marriage preparation**, including both **Preparing Together** and **FOCCUS**, Marriage Care staff introduced the study to all couples who contacted them to receive marriage preparation and asked them whether they would be happy to be contacted by the research team beforehand and around 12 weeks later.

For **Let's Stick Together (LST)**, contacts in Children's Centres, NHS health centres and other locations offering LST sessions asked parents whether they would be willing to be involved in the research. The research team conducted a telephone survey with all such parents before they attended an LST session and a post-survey around 12 weeks later. As this usually involved just the mother attending on her own, it was decided not to survey their partners as well and so the survey only focused on the person who had attended the LST session.

For **Relate couple/relationship counselling**, the method of recruitment was for Relate Response call handlers (based within a centralised call-centre) to ask callers accessing their services to take part in the study. Relate clients agreeing to take part in the study were then contacted by the research team to conduct a baseline telephone pre-survey and to try and involve the presenting clients' partners in the study. The time-gap between pre- and post-survey was at least 10 weeks (rather than 12 weeks for the other

interventions) as this was deemed by providers to be the right time gap to measure change after couples had received about six sessions (the expected number of sessions for most couples attending both Relate and Marriage Care couple counselling).

Finally, the design adopted for **Marriage Care couple/relationship counselling** was the same as for Relate, including a minimum of 10-weeks delay between pre- and post-survey to allow couples enough time to receive the around six counselling sessions. Telephone pre-surveys were conducted with the presenting client and attempts were made to involve their partners in the survey.

2.4.2. Final survey sample

Table 1 below provides an overview of the number of contacts received and the number of pre-surveys and post-surveys achieved for each of the interventions, within the following survey periods:

- For LST: between April 2012 and June 2013
- FOCCUS and Preparing Together: from May 2012 to July 2013
- Marriage Care couple counselling: from July 2012 to June 2013
- Relate couple counselling: from August 2012 to June 2013.

Table 1 Pre- and post-survey response rates

Intervention	Interview contacts received	Pre-surveys completed		Post-surveys completed	
		Presenting client	Partner	Presenting client	Partner
LST	185	123	NA	91	NA
Preparing Together	288	174	74	138	42
FOCCUS	71	53	30	47	16
Marriage Care CC	666	407	76	289	47
Relate CC	501	301	47	196	20

Response rates for the pre-surveys among presenting clients ranged from 49% for LST up to 75% for those signed up to receive FOCCUS. Furthermore, the success rate of completing interviews with both partners was highest among those receiving marriage preparation (42% among FOCCUS clients at the pre-survey), compared with those signed up to receive couple counselling from either Marriage Care or Relate (11% and 9% respectively). Retention rates between pre- and post-survey for presenting clients

and partners were generally high – ranging from 62% for Relate up to 76% for FOCCUS clients.

It is worth noting that across all the interventions some of the respondents² who completed pre- and post-surveys did not actually receive any support. This included:

- 13 of the 91 parents among the final LST sample – this happened where parents decided not to attend an LST session
- Eight marriage preparation respondents who indicated that they had not actually attended either a Preparing Together or a FOCCUS session. In six cases, this was because the wedding had been postponed or cancelled, while for two cases the session date was still in the future
- 16 Relate couple counselling respondents and 15 Marriage Care clients who had not received any counselling at the time of the post-survey.

Lack of comprehensive data available from providers on the demographic details and characteristics of clients attending their service meant that it was not possible to determine the extent to which the achieved samples were representative. Some such data were provided by Relate and Marriage Care (see Appendix 4) although these only represented details from a subset of clients and could not, therefore, be used reliably for this purpose.

2.4.3. Research instruments

The research instruments employed for the quantitative surveys included a mixture of validated scales and bespoke questions. The standardised scales, which were the same for each of the interventions, aimed to assess relationship quality, couple communication and psychological well-being. In addition to these scales, a number of bespoke questions were included in the pre- and post-surveys which were specific for each intervention, and in some cases, for each survey stage.

The standardised scales chosen for this study were:

- **The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**, to assess psychological well-being
- **The Dyadic Adjustment Scale short form (DAS-7)**, to assess relationship quality
- And **the communication scale from the PREPARE/ENRICH scales**.

² In this report, the terms ‘respondents’ and ‘research participants’ are used interchangeably for those who took part in the surveys and qualitative interviews – furthermore, the report states clearly where evidence is based on survey or qualitative research findings.

(Further details on the rationale for choosing these three scales related to their content, psychometric properties and relevance to the study are provided in Appendix 1).

In addition to the validated scales described above, there were bespoke sections in each of the surveys (pre and post) for each of the interventions. Some of these, such as the social support and networking scale, which assessed the range and type of contacts with key people in the previous week, were invariant for each of the interventions and were included at both pre-and post-survey stages, but others differed, either slightly or markedly, to ensure that they fitted the aims and nature of the particular intervention and survey stage, as well as the population served.

The bespoke questions aimed to obtain demographic information and information on current status and circumstances (mainly included at the pre-survey stage), to enable a description of the populations assessing the service; and questions exploring areas such as the reasons for seeking support, expectations of the intervention, and attitudes to seeking support.

A summary of the items covered by the bespoke questions for each of the three types of survey is given in Appendix 2.

2.4.4. Analysis of quantitative data

The surveys' main aims were to:

- Measure and compare the baseline starting points of individuals involved in the three types of interventions, with particular reference to their demographic characteristics and their responses to the three validated scales used to measure relationship quality, well-being and communication
- Measure any change over time between baseline and follow-up survey associated with receiving the three interventions, with respect to the validated scales and other bespoke outcomes.

The analysis design can be broken down into two main parts: descriptive analysis of questionnaire responses comparing pre- and post-survey responses; and regression analysis to look at the association between a change in validated scale scores and known background characteristics.

The descriptive analysis initially used cross-tabulations to compare the responses from pre- to post-survey for all survey questions. Additionally, this analysis was repeated to explore whether certain changes were associated with particular types of respondents in order to provide an insight into how different individuals or couples had benefited from specific interventions.

As noted above, surveys for LST were conducted with individuals only and, for the marriage preparation and couple counselling interventions, with both partners in a couple

where possible. With the exception of LST, the analysis focused, therefore, on couples (and, where only one partner was surveyed, the individual) as the unit of analysis. This meant that in those cases in which both partners were interviewed, their individual responses were each given a 0.5 weighting in the analysis. This is similar to taking an average, but has the advantage that by still including both individuals the analysis captures any variation between their responses. It means that the term ‘respondents’ refers, unless otherwise indicated, to couples and/or individuals. A separate analysis, where relevant, was also conducted for particular questions to explore agreement within couples on particular questions.

As discussed in Section 2.4.3, three standardised metrics were used to measure change over time in relation to three underlying constructs (relationship quality, well-being and communication). At the raw level, mean scores were created for each metric and at each time point to measure change over time. These were calculated for each intervention as effect sizes.

Effect sizes are used to judge how substantial a change is observed, in a way that can be compared across different outcome measures and interventions. It takes into account not only the size of the change, but also how much the measure already varies amongst the population considered. It is calculated as the change in outcome (mean post-test score minus mean pre-test score) divided by its standard deviation amongst the study population. Another way to interpret it is that an effect size of 0.4 is equivalent to around 66% of the treated group having post-intervention outcomes at least as positive as the median outcome for the non-treated group (i.e. an additional 16% of people).

The extent to which an effect size should be regarded as small or large usually depends on the context of the study and the intensity of the intervention. However, in general, 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 $d=0.8$ upward as large. But for a very short intervention with only a minimal dose even an effect size of around $d=0.3$ would often be considered as large.

Regression analysis was used to explore the source of variation between respondents for the three metrics used – for example, whether it was related to any differences in the level of exposure to the intervention (e.g. how many couple counselling sessions attended), or if specific respondent characteristics were significantly associated with this variation.

2.4.5. Limitations of survey designs

The main limitation of the final quantitative research design employed in this research is that there was no control group for any of the interventions under study. This means that it is not possible to be certain that any or all of the quantitative changes measured can be attributed to the support received. In addition, the changes were measured after only a fairly short time period – after only around 12 weeks for the two marriage preparation

interventions and LST, and after around 10 weeks for Relate and Marriage Care couple counselling. It is possible, therefore, that the changes measured in this study only present a short-lived 'halo effect' and that they would not persist as part of a longer term follow-up. Further longitudinal research is needed to explore this.

More specifically with regard to each of the three types of interventions:

The limitations of the LST survey were that:

- It involved a much smaller sample of participants than originally hoped for – 91 rather than 270, of whom only 78 had actually attended an LST session – and the sample was clustered as participants attended in groups
- Delivery of the service was not just for new parents, as originally anticipated, but also involved parents of older children and ones who were not first-time parents. This meant that the study could not measure changes affecting only new parents after attending LST sessions.

The limitations of the marriage preparation surveys were that:

- They involved much lower numbers of individuals/couples attending FOCCUS sessions (59) than attending Preparing Together workshops (176) – originally, the target was to survey 250 research participants for both types of support to allow robust comparisons between the changes measured for the two types of support
- 91% of the research participants were already living together at the pre-survey and 12% already had a child with their current partner – this meant that the study could not measure changes on couples moving in together for the first time; however, it is worth noting that such a high level of cohabitation prior to marriage is consistent with trends noted in other research (Beaujouan and Bhrolchain, 2011)
- There was a higher proportion of female survey participants (57%) than male participants (43%), reflecting the fact that women were more likely to book the marriage preparation and there was a lower response rate among partners than among presenting clients (see Table 1)
- The real impact of marriage preparation is likely to be seen several months after the marriage and maybe less so after such a short follow-up – further research would be needed to determine whether the positive changes identified persist over time.

The limitations of the couple counselling surveys were that:

- The final sample only involved survey responses of 67 cases of both partners in a couple attending couple counselling across the two providers (47 from Marriage Care and 20 from Relate) – this meant that opportunities to explore

significant differences between partners and any variable impact of counselling were limited

- There were more female than male survey respondents for both Relate (60% females) and Marriage Care (67% females) in the final sample. This reflected both the fact that females were more likely to contact these organisations for help and the lower response rate among partners (see Table1)³.

2.5. Provider visits and qualitative interviews

As part of the study, the research team conducted visits to each of the six providers (the Bristol Community Family Trust, Care for the Family, Relate, Marriage Care, TCCR and AFCS) and conducted face-to-face or telephone interviews with six strategic staff (including Chief Executives and Directors of providers), 15 operational staff (including, for example, provider Heads of Research, regional managers, and call-centre managers and staff) and 23 delivery staff (including relationship counsellors, LST volunteers, Preparing Together workshop leaders and FOCCUS facilitators). In addition, a Preparing Together workshop and an LST session were observed by the research team.

The main focus of the qualitative element of the study was to conduct interviews with clients to explore their experiences and views of the interventions in more depth. This included exploring why they had accessed the support, what difference it had made to them, whether it had made a difference to their likelihood of accessing relationship support in future and their views on how more people could be encouraged to access such services.

All interviewees taking part in the telephone surveys (for LST, Relate and Marriage Care) were asked at the end of the post-survey whether they were willing to be contacted for an additional qualitative interview. Interviewees were chosen from all those who agreed to be contacted in order to achieve a good cross-section in terms of their age, gender, ethnicity, satisfaction with the support provided, and, where relevant, relationship status. This meant that some interview participants were included who had attended just a few sessions or were not very satisfied with the support received.

For the other two couple counselling organisations (TCCR and AFCS) not taking part in the surveys, the research had to adopt other approaches to identify interview participants. This involved counsellors asking all couples or individuals completing their counselling whether they would be willing to take part in the study. This meant that interview participants had all completed their counselling and were more likely to be satisfied with the support received than those interviewed for the other two providers.

³ Modelling results suggested no significant difference in the impact of counselling on male and female clients (see Appendix 3).

All interviews were conducted individually over the phone (for all LST, Marriage Care, Relate and TCCR contacts) and, in the majority of cases, face-to-face for AFCS clients: translators were used on two occasions for clients with limited English language abilities. Interviews lasted between 30 minutes and 90 minutes and were recorded with permission of the interviewees.

The final sample of qualitative interviews included:

- 21 parents who had attended an LST session
- 31 respondents who had received marriage preparation from Marriage Care (this includes seven couples) – of these 20 attended a Preparing Together workshop and 11 at least one FOCCUS session
- 28 respondents who had received relationship/couple counselling from Marriage Care (this includes three couples and three individuals who attended on their own)
- 27 respondents who received relationship/couple counselling from Relate (and includes two couples and four individuals who attended on their own) – three respondents received at least one session of telephone counselling
- 23 respondents who received couple counselling from TCCR (this includes nine couples)
- 25 respondents who received couple counselling from AFCS (this includes nine couples and three individuals who attended alone).

Appendix 5 provides further details of the characteristics of the qualitative research participants.

The qualitative interviews with strategic contacts and clients were analysed using the broad interview topics (why they had accessed the support, what difference it had made to them, whether it had made a difference to their likelihood of accessing relationship support in future and their views on how more people could be encouraged to access such services) and also used to illustrate or explore further points identified in the quantitative analysis. The data were also used to construct illustrative case studies to provide examples of the different ways in which the interventions were able to benefit participants (see Chapters 3, 4 and 5).

2.6. Value for money (VfM) analysis

The original research design involved a combination of two types of value for money analysis: cost-effectiveness analysis and cost-benefit analysis.

- **Cost-effectiveness analysis (CEA)** compares different ways of achieving a common set of quantified outcomes amongst a common target population. For example, one intervention may cost £30 for every percentage point improvement in an outcome measure (such as DAS-7 score), whereas another intervention costs just £20 per percentage point improvement. This would

have been suitable, for example, for comparing between the cost-effectiveness of telephone and face-to-face couple counselling, or similarly between FOCCUS and Preparing Together as different forms of marriage preparation.

- **Cost-Benefit Analysis (CBA)** seeks to monetise outcomes so that a benefit-cost ratio can be calculated, for example: “£3 of benefits were realised for every £1 spent”. Monetising benefits can be very challenging in cases where only intermediate outcomes can be observed as part of the research (such as changes in standardised scores). However CBA has the advantage that it judges VfM in absolute terms, in contrast to CEA which only judges VfM relative to other interventions (and hence depends on a suitable comparator being available). This makes it suitable to be applied to each intervention individually.

There were two methodological developments which restricted the scope of the VfM analysis. Firstly, the problems in implementing RCTs and achieving sufficient sample sizes for some versions of the interventions (described in Section 2.4.1) meant it was impossible to conduct any of the comparisons on outcomes necessary for cost-effectiveness analysis. Secondly, an interim analysis conducted in early February 2012, about half-way through the data collection, revealed that, apart from the two couple counselling interventions, none of the others was showing significant impact on the standardised metrics, particularly in respect of DAS-7. This suggested it would be impossible to conduct a VfM analysis for these interventions, and so the project team agreed with DfE to concentrate solely on Relate and Marriage Care face-to-face couple counselling. In the final analysis, a positive impact for DAS-7 did emerge for Marriage Care’s FOCCUS marriage preparation and so this element was included in the VfM analysis. This does not necessarily mean that the other interventions do not generate any value, and could reflect in part the methodological challenges in detecting and valuing meaningful change over relatively short periods of time.

The study was, therefore, only able to conduct a cost-benefit analysis in relation to three of the five interventions. The approach adopted for this is described in detail in Chapter 6, while the following three chapters describe the findings related to each of the three types of interventions, starting with marriage preparation in Chapter 3.

3. Marriage preparation

Key findings:

- Only around a quarter of couples said that they had attended marriage preparation because it was something they wanted to do and most had low expectations of it beforehand
- Almost all participants (88%) actually found the support at least quite useful and relevant to their relationship; those accessing FOCCUS in particular had found it most useful
- Attending a Preparing Together marriage preparation workshop was found to be associated with a positive change in well-being for couples/individuals as measured by the WEMWBS scale, with an effect size of $d=0.20$
- Completing a FOCCUS questionnaire and attending at least one session with a FOCCUS facilitator, on the other hand, was found to be associated with a significant positive change in relationship quality, with an effect size of $d=0.22$
- More than half of those surveyed thought that marriage preparation had taught them skills for communicating with their partner and techniques to handle conflict better in their relationship. However, only about a quarter said that they had used these skills often since receiving the support
- The survey suggested that attending marriage preparation had made couples more likely to seek other types of support in future. Those receiving FOCCUS were also significantly more likely to consider accessing relationship counselling if they and their partners had problems in the future.

3.1. Description of services: FOCCUS© and Preparing Together

The marriage preparation provision included in this study is delivered by Marriage Care who also provide couple counselling (see Section 5.4).

Marriage Care, established after the Second World War, is a national charity offering marriage preparation, couple relationship education and couple counselling to the whole community via 53 centres across England and Wales. It offers two types of marriage preparation: Preparing Together and FOCCUS©, which are delivered nationally by 300 trained volunteers. The majority of provision of marriage preparation comes in the form of Preparing Together (86% of clients) and while most centres offer both types, others only provide one or the other. In 2012, Marriage Care expected to deliver marriage preparation to over 3,000 couples.

Receiving marriage preparation is compulsory for couples getting married in the Catholic Church. This means that most participants receiving Preparing Together or FOCCUS will not have actively chosen to do it, but will have done so to satisfy this condition. Indeed, they are given a certificate of attendance at the end of the session, which they need to

present to their priest in order to show that they have fulfilled the requirement. Currently, Marriage Care is also hoping to expand provision to include couples of other faiths and civil marriages.

Preparing Together, also known as 'the course', has recently undergone standardisation. Originally, the course was drawn from a large range of materials based on the preference of the facilitators and, as a result, varied substantially in length and content. However, in March 2011, a new provision was launched that has a much smaller and more standardised syllabus which has been rolled out in all Marriage Care centres.

The new Preparing Together course usually involves a one-day workshop (possibly spread over two evenings/half-days). Typically, around ten couples attend each course and it is usually run by two workshop leaders, though this may be up to four depending on the size of the group. The course comprises presentations by the facilitators, 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 expectations of marriage, how the relationship may change over time and skills that may strengthen the relationship.

FOCCUS is a form of support utilising 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 FOCCUS facilitator. The questionnaire consists of around 170 statements to which they tick either 'agree', 'disagree' or 'uncertain' (there is slight variation in the number and content of questions depending on whether both partners or only one is Catholic, or if couples have no faith background). The answers are analysed remotely and a report sent to the FOCCUS facilitator. The couple then meet with the facilitator, usually on one occasion, for around one to two hours to discuss the findings from their individual responses, although they are not given their actual results. The session focuses on helping couples to recognise differences in attitudes or expectations, which means that there is potential for high levels of variation between sessions depending on couples' unique issues.

Since September 2012, couples have been asked for a suggested minimum contribution of £65 for either type of provision (this was previously £45). However, it was emphasised by Marriage Care staff that *'nobody is turned away because of an inability to pay'*.

3.2. Characteristics of survey participants

The main characteristics of the 235 couples/individuals (176 attended a Preparing Together workshop, while 59 attended at least one FOCCUS session) who received marriage preparation and completed both a pre- and post-survey included:

- 57% were female and 43% were male
- They were on average about 32 years old (minimum age: 20, maximum age: 51). The average age for men was 33, whereas for women it was 32
- 53% described themselves as being of White UK ethnic origin, 16% as White Irish and 20% as White Other, while 5% described themselves as being Black and 2% of Asian ethnic origin
- 91% reported currently living with their partner at the time of the pre-survey
- 54% were owner occupiers, while 39% were living in rented accommodation, and 3% in a council property
- The majority of respondents (49%) had been in their current relationship for three to five years: 6% had been in their relationship for more than 10 years, while 18% had been together for less than two years
- 95% of respondents reported that neither they nor their partner had been married before
- By the time respondents had completed the post-survey, 42 per cent said that they were now married. This means that many completed their marriage preparation more than 12 weeks before their wedding date
- 12% of respondents said that they already had a child with their current partner.

In summary, the large majority of Marriage Preparation participants were already living together and 12% already had a child together. Such a high level of cohabitation prior to marriage is consistent with trends noted in a recent study. Indeed, as noted by Beaujouan and Bhrolchain (2011):

'In recent years, the vast majority of people marrying at ages under 50 - close to four in five - have lived together prior to marriage. Indeed, marriage without first living together is now as unusual as premarital cohabitation was in the 1970s' (p.8-9).

This suggests that marriage preparation provision is aimed at many couples already in established relationships, rather than those thinking about living together for the first time.

The mean age of survey respondents accessing Marriage Preparation was very close to the national average: recent figures from the Office for National Statistics (2013) show the average age at which men get married is 30.8 years, while women are typically aged 28.9 years.

There were no significant differences between FOCCUS and Preparing Together participants for most of these background characteristics, although the former had, on average, been involved in a relationship slightly longer than the latter. There were no significant differences between the two groups of participants in relation to their average pre-scores for the three validated scales.

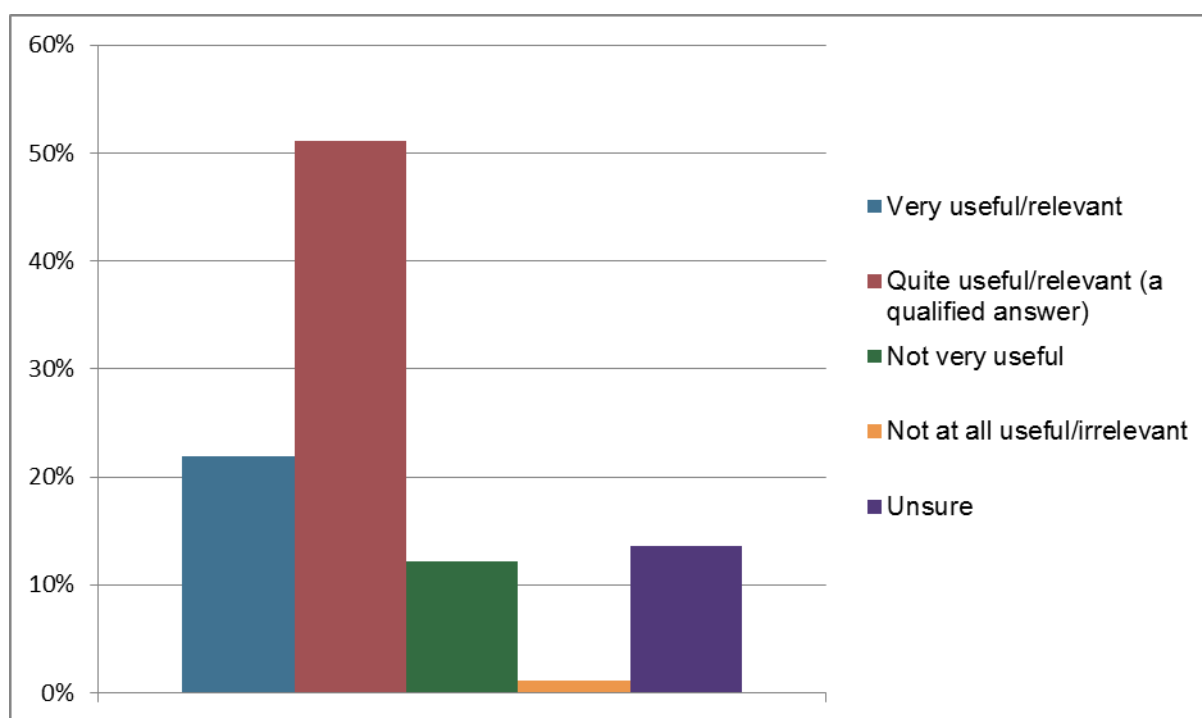
3.3. Accessing marriage preparation

Overall, less than a quarter of couples/individuals (21%) said that they were accessing marriage preparation because it was something they wanted to do. The rest indicated that it was either only because they were required to do so (to get married in the Catholic Church) (38%) or that it was a mixture of the two things – they were required to do it but they also wanted to (41%). This view was reflected in the qualitative interviews, with most interviewees saying that they were doing it because they had been told to do it by their priest: *'To have a Catholic marriage you have to do the course'*. This was linked with relatively low expectations of how useful this provision would be for them.

'I just thought "Oh I've got to do this, just get through it sort of thing", I didn't really think it would be valuable I just thought it was something that had to be done'
(FOCCUS, male, 32, 3-5 years in relationship).

As shown in Figure 1, a similar proportion to those saying they were accessing it out of choice indicated that they expected it to be very useful/relevant (22%), while only about one in ten did not expect it to be useful (13%). Unsurprisingly, those who said they wanted to do it were significantly more likely to expect it to be very useful/relevant than those who were doing it just to fulfil the requirement.

Figure 1 Expectations of usefulness and relevance of marriage preparation



Source: Preparing Together and FOCCUS pre-survey N=235

The majority of survey respondents (55%) said that they were not given a choice between Preparing Together and FOCCUS. Of these, 58% indicated that they would have chosen a Preparing Together course if given the choice.

In qualitative interviews, most interviewees said that, where both Preparing Together and FOCCUS were available or where different lengths of courses were offered, they tended to choose on the basis of convenience of location, timing and length (shorter being preferred) rather than on the expected content or usefulness of the support.

'There were two different options; one was for the day and one for the whole weekend. We chose the shorter one' (Preparing Together, male, 32, 3-5 years in relationship).

Most of those interviewed said that they had received very little information about the actual content of the provision available to them, but instead were usually told by their priest about the logistics involved. Thus, most of those interviewed did not choose one of the two types of provision based on a fully informed understanding of what was on offer: their choice was based mainly on convenience.

This suggests that more information about the different types of provision needs to be provided to couples before they make their choice, to ensure that they are able to choose the approach most suited to their preferences and needs.

3.4. Satisfaction with marriage preparation

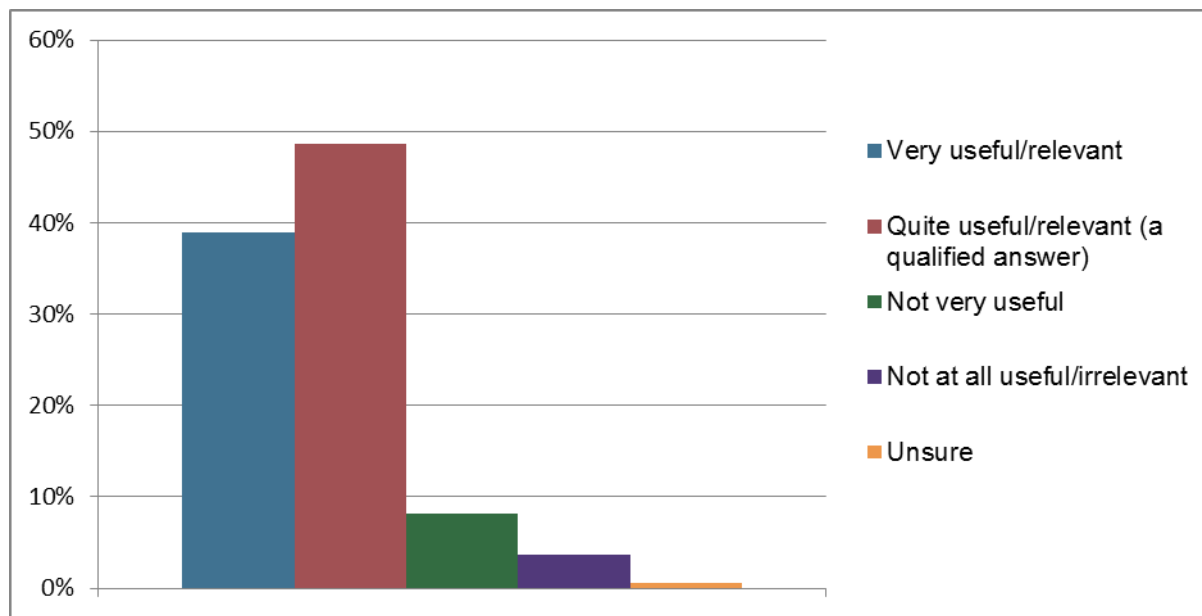
Most qualitative interviewees reported expecting marriage preparation to be largely based around the religious aspects of marriage. They said that they were surprised that the focus of the preparation was more around good communication and how to maintain a healthy relationship. For most interviewees, the greater focus on relationships was seen as positive and as a result, most felt that the support had exceeded their expectations.

'I thought it would be very Catholic-based, because in Ireland the course deals with the Catholic religion: the do's and don'ts. [...] But it was better than expected; quite light on religion' (Preparing Together, male, 34 years, 3-5 years in relationship).

Only one respondent indicated a preference for more religious content in the course.

'I thought it was going to be more religious: faith based, but it wasn't faith based. Coming from a Catholic background I thought it would include some scripture but it didn't have that. I would have liked more religious content' (Preparing Together, female, 41 years, 3-5 years in relationship).

Figure 2 Satisfaction with support received



Source: Preparing Together and FOCCUS post-survey N=235

This generally positive response to the two types of marriage preparation was reflected in the survey responses. Figure 2 shows that, overall, the majority of respondents (88%) thought that the marriage preparation they had received had at least been ‘quite useful/relevant’ and 39% said it had been ‘very useful/relevant’. As noted in Section 3.3 above, this compares with 22% of participants who said that they had expected it to be ‘very useful/relevant’ at the pre-survey stage. The analysis also shows that those with higher expectations were also more likely to find the support useful and relevant. Thus, 53% of those who expected it to be very useful/relevant actually found it to be so, compared with 25% who were unsure or expected it to be not very or not at all useful beforehand.

Participants attending a FOCCUS session reported in qualitative interviews that they found it particularly useful as a way of identifying and discussing any differences in a safe environment. This included, for example, different attitudes or approaches to financial issues:

‘One of the things that we disagreed on [in the FOCCUS questionnaire] was money and things that irritate us about how the other person responds with money. (...) It just provided a forum for us to be able to discuss things, and she could suggest ways that if somebody does that and that irritates you maybe you could try this. So now afterwards we can go: “That lady told us to do this so let’s sit down and talk about it like this”. So it’s really helped’ (FOCCUS, female, 30, 3-5 years in relationship).

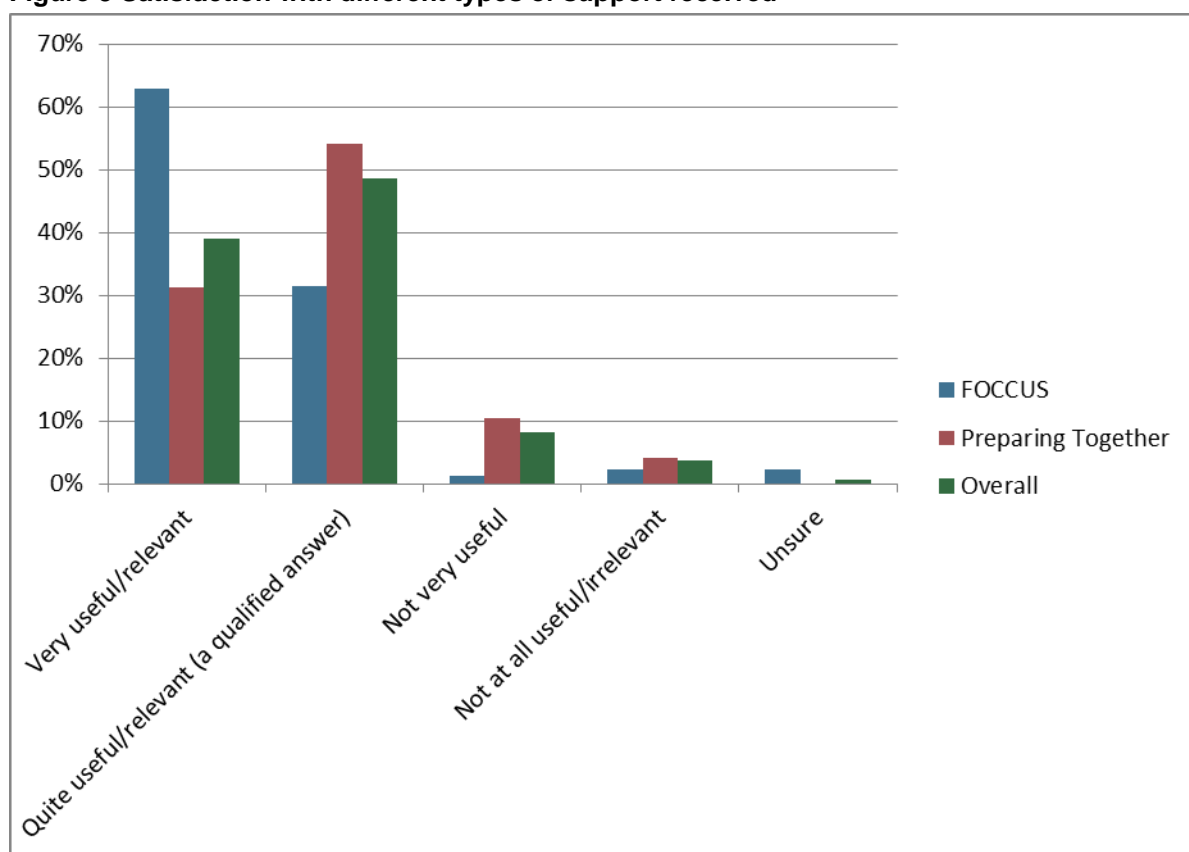
Many of those attending a Preparing Together workshop commented on the way it had given them a space to reflect on their relationship.

'We both left it thinking: "that was amazing, I'm glad I did that". It made us more aware of what we are going into. I don't think it has changed anything as such but it was good that we had talked about it all. More sure that we were doing the right thing – we both knew more, that each other knew what we were entering into' (FOCCUS, male, 33, 6-10 years in relationship).

As can be seen in Figure 3, those attending a FOCCUS session were significantly more likely to indicate that it had been 'very useful/relevant' (63%) compared with those attending a Preparing Together workshop (31%).

This was reflected in the qualitative interviews, in which respondents expressed noticeably greater satisfaction in relation to the support received as part of FOCCUS. In particular, it was seen as tailored to couple's individual needs and allowed them to discuss personal issues in a safe environment.

Figure 3 Satisfaction with different types of support received



Source: Preparing Together (N=176) and FOCCUS post-survey (N=59)

One Asian man, for example, expressed his preference for this type of support in the following way:

'I prefer a one-to-one conversation which is more open and more specific and also tailored to my needs and not some other person's needs. I've seen my friends who have got married overseas back in India and I know they have group sessions and there are 15-20 couples in a room. And most of the communication is one way – from the counsellor to the couples and rarely do you find anything

coming back for fear of being ridiculed. But this one I think was brilliant because I could say what I wanted to say and there is one person who needs to hear and that's my wife who can understand what I'm feeling without the fear of hearing "Oh that's not appropriate" or "That's not right".' (FOCCUS, male, 29, 1-2 years in relationship).

Others mirrored this view, reflecting on the way FOCCUS provided a safe environment for working through small issues or differences which could be the source of conflict in future.

'[My partner] said that it annoyed him that when I'm texting on my phone I switch off from whatever we'll be talking about. But when he tried to say to me, I'd say: "Oh give over, it's only a text message". But he was able to discuss that in front of the woman and she was like: "Can you see how that might irritate?" And it gave him a safe place – to hear it from somebody else made you think about it a bit more. It was very personal and it allowed us to work through little things that may have become massive things ten years down the line' (FOCCUS, female, 30, 3-5 years in relationship).

3.5. What difference does Marriage Preparation make?

3.5.1. Change over time – relationship quality, well-being and communication

The mean pre-scores and post-scores for the three scales for those 176 who had attended Preparing Together and the 59 who received FOCCUS are shown in Tables 2 and 3. For those attending a Preparing Together workshop there was a statistically significant effect from pre-survey to post-survey relating to their well-being (measured by the WEMWBS scale) after accounting for clustering of responses (couples attended workshops in groups). This equates to an effect size of $d=0.20$ (see Section 2.4.4 for an explanation of effect sizes). No significant improvements were measured for their relationship quality or their communication.

Table 2 Change over time for three validated scales – Preparing Together

	DAS-7	WEMWBS	ENRICH
Pre-survey mean	27.54	53.73	42.22
Post-survey mean	27.53	55.09	41.69
Change over time	-0.01	1.36	-0.53
Effect size	none	0.20**	-0.10

Source: Preparing Together pre- and post-survey N=176

** = significant at $p<0.01$ level

Even though the survey did not identify any significant positive impact on couples' relationship quality or their communication, some interviewees were able to document some, albeit often small, changes in how they communicated with their partner.

'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).

However, several other respondents suggested that attending the marriage preparation session had not had a significant impact on their levels of communication, which they tended to attribute to the fact that they already communicated well as a couple.

'I wouldn't say that I have considered anything new. Maybe I look in a different light on the relationship. We are really pro-communication in the couple, so it was not completely new, but it is always good to have a special moment dedicated to this, thinking about expectations, what people want' (Preparing Together, male, 32, 3-5 years in relationship).

Others said that the communication or conflict resolution techniques taught were not relevant to their needs and so it had not really impacted on them in any way:

'The only thing we thought was a bit silly was they were talking about conflict resolution and saying if someone says x, y, z and is making someone angry, then you're supposed to reply: "So what you're saying is this", which I found a bit patronising, a bit stupid, to be honest with you' (Preparing Together, female, 42, 1-2 years in relationship).

Otherwise, most of those who had attended a Preparing Together workshop said that it had given them time to reflect on the strength of their relationship or on how good they already were at communicating and resolving conflicts as a couple: *'It just reinforced that what we've got is good'*. It is possible that such a positive reinforcement of the strength of the relationship may have increased participants' well-being, although there was no clear evidence of such a link. There was also very little evidence from the qualitative interviews that attending a Preparing Together workshop had impacted positively on relationship quality.

Figure 4 Preparing Together case study

Respondents: A Catholic woman aged 26 and her fiancé, a Methodist man aged 27, in a relationship for the last nine years.

Expectations: They did not have many expectations other than that the session would be largely religious in content: *'We had no idea what to expect. I kind of assumed it would be quite religious-based'*. They did not expect the session to focus on relationship-building skills.

Experience: Both partners liked the day. He liked learning about a communication technique to diffuse conflict: *'we did this thing with the talk stick. It's like a technique for when you're trying to talk about difficult issues. You use the talk stick and do it like the conch; you're only allowed to speak when you've got the stick'*. In contrast, his partner preferred the group activities with the other couples: *'getting to hear other people's views on things. So when we were talking about different issues that might come up, hearing other people's points of view – I found that interesting'*. However both agreed that the day had been too long *'that they could have put the same amount of stuff into a shorter amount of time'*.

Impact: While both partners thought that the day had not had a significant impact on their relationship, they were both positive about taking part and suggested that it had reaffirmed their reasons for marrying and might prove useful in future if problems arose. *'I'd say it's not made any impact right now, but I think we've both taken away from it that we could use the techniques later on if we had any problems'*.

For those 59 attending a FOCCUS session, there was no significant measured improvement on their well-being or communication. However, the survey identified a statistically significant improvement on their relationship quality, equating to an effect size of $d=0.22$ (see Table 3).

This was reflected in many of the qualitative interviews conducted, where some respondents highlighted the way the FOCCUS session had helped to address small differences or conflicts in their relationship in a safe environment. One interviewee (see also Figure 5), for example, documented the way it had allowed them to discuss the impact of a previous abusive relationship on her in a safe environment – previously, she had not felt able to talk about it and this had caused tensions in their relationship – as well as things she found difficult about her partner's behaviour.

Table 3 Change over time for three validated scales – FOCCUS

	DAS-7	WEMWBS	ENRICH
Pre-survey mean	26.94	54.73	42.01
Post-survey mean	27.70	55.22	42.24
Change over time	0.76	0.49	0.23
Effect size	0.22*	0.09	0.04

Source: FOCCUS pre- and post-survey N=59

* = significant at $p < 0.05$ level

In the absence of a control group it is, of course, impossible to determine whether the changes measured came about solely as a result of receiving marriage preparation. It is possible, for example, that for Preparing Together participants the changes in well-being were the result of a reduction in pre-wedding stress; in other words, that lower levels of well-being at the pre-survey stage were linked with stress experienced before the wedding, while higher levels of well-being were the result of a feeling of relief and more positive thinking after the event. However, this could not account for all such changes as many couples had not yet got married at the post-survey stage. This highlights the fact that this study measured change after only a very short period of time: a longer-term follow-up as used in other studies (see, for example, Halford et al., 2001) would be needed to assess the impact of such support one or two years after marriage.

In addition, stepwise regression models were run to explore the relationship between outcomes identified and any relevant background factors, but none was significantly associated with a variation in outcome. This means that there is no evidence that outcomes observed are, on average, significantly greater or smaller for any of the sub-groups included in the study.

3.5.2. Change over time – other outcomes

The post-survey also included some questions asking respondents whether attending either Preparing Together or FOCCUS session(s) had changed their attitudes, behaviour, understanding or skills from their own perspective. Overall, the analysis suggests that from respondents' own perspective, FOCCUS was more effective in changing their views of their relationship and their behaviour, while Preparing Together was more likely to have taught them specific skills or techniques to improve communication and handle conflict better in their relationships, which is perhaps unsurprising given the design of the respective programmes.

The following tables summarise the main results of the analysis on these questions. Table 4 shows that those who attended FOCCUS sessions were more likely to attribute changes in their behaviour and views about their relationship to the marriage preparation.

However, it was still only a relative minority of respondents who were very definite about such a change. Thus, overall, about half of all couples/individuals thought that it had not changed their views (47%) about their relationship.

Table 4 Perceived impact on views and behaviour

As a result of attending:	Have you changed your views about your relationship?			Have you changed your behaviour in your relationship?		
	PT	FOCCUS	Overall	PT	FOCCUS	Overall
Yes definitely	19%	26%	20%	21%	31%	23%
Yes possibly	31%	28%	31%	35%	21%	31%
No	50%	47%	49%	45%	48%	46%

Source: Marriage Preparation post-survey, N=235

Due to rounding, percentages may not sum to 100%

As discussed above (Section 3.5.1), many interviewees explained in qualitative interviews that the main reason for such a lack of impact was that they already felt very positive about their relationship and/or there was little room for improvement. Others were able to identify some positive changes as a result of attending a session:

‘I suppose I realised that sometimes I can be quite single-minded and not always see it from her point of view and quite a lot of the time I’m convinced I’m right. But normally she wouldn’t be somebody who makes a big issue of it, but it was that environment that made me realise that I don’t always see things from her perspective’ (Preparing Together, male, 33, 1-2 years in relationship).

In contrast, the majority of couples felt that the marriage preparation sessions had offered them skills or techniques for improving communication with their partner or handling conflict better in their relationship (see Table 5). Unsurprisingly, given the nature of the provision, those attending Preparing Together (which, as discussed in Section 3.1, focuses specifically on such skills) were more likely to say that it had definitely had this impact than those attending FOCCUS sessions.

‘The feeling we came away with was that it was funny how at no point in your life will you ever get someone trying to teach you anything like this. In a relationship, you build a way to deal with things, rightly or wrongly, and then you stick with this method. This was actually someone encouraging you to take a step back and teaching you methods to really talk to each other’ (Preparing Together, male, 32, 3-5 years in relationship).

It is worth noting that, of the 146 couples/individuals who said that the marriage preparation had offered them skills for communication, around a quarter (26%) indicated

that they had not yet put these into practice. In contrast, 24% of them said they had used them already ‘often’ and 50% ‘sometimes’. Of the 148 couples/individuals who indicated that the provision had offered them techniques to handle conflict better, over a third (34%) said that they had not yet put these into practice but, once again, a quarter (25%) said they had used them ‘often’.

‘I don’t know if I would ever use [the conflict resolution techniques]. It really depends on the relationship, if there is a structural change in the relationship, which is always possible, you lose a child or something like that, that changes the structure of the relationship, we might use it, but right now we don’t choose to use it’ (Preparing Together, male, 32, 3-5 years in relationship).

Table 5 Perceived impact on skills and techniques

Has the MP session:	Offered you skills for improving communication with your partner?			Offered you techniques to handle conflict better in your relationship?		
	PT	FOCCUS	Overall	PT	FOCCUS	Overall
Yes definitely	58%	45%	55%	57%	43%	53%
Yes possibly	27%	27%	28%	32%	24%	30%
No	15%	28%	18%	12%	33%	17%

Source: Marriage Preparation post-survey, N=235

Due to rounding, percentages may not sum to 100%

The survey also asked participants whether as a result of attending marriage preparation their understanding of how a healthy relationship is built and sustained had increased. Overall, 51% thought it had ‘definitely’ had such an effect, whereas 29% said ‘Yes, possibly’ and 20% did not think it had done so. There were no particularly noticeable differences between FOCCUS and Preparing Together clients when responding to this question.

Figure 5 FOCCUS case study

Respondent: A Catholic woman, aged 30, attended a single session of FOCCUS with her fiancé, whom she had been in a relationship with for between 3 and 5 years.

Expectations: She had few expectations about the session and chose FOCCUS on the basis of convenience, to accommodate her husband's shift work, and on their priest's recommendation.

Experience: The FOCCUS questionnaire highlighted divergent attitudes on money and the significance of past relationships. *'One of the things that we disagreed on was money and things that irritate us about how the other person responds with money'*. During the session the couple were also able to speak, for the first time, about the woman's previous relationship which had been abusive: *'it ended up with me in tears (...) and it allowed that to be completely aired and talked about and it's given us a space now where it's opened up a door to talk about it and make it a lot easier'*. The session also allowed time to recognise the areas of agreement between the couple: *'We both 100% agreed on parenting styles and how we deal with things like that. We 100% agreed on moral issues and religious issues which were really important.'*

Impact: She believed that the session had not only eased tensions in their relationship now but had prevented issues in future, by letting her talk freely and in a safe environment about things that irritated her about her partner: *'I'm just rolling my eyes about it now but in ten years' time that could be grounds for divorce (...). And she just helped us to see that it's not just about now, that these little decisions help affect how you are in the future.'* Attending FOCCUS was also said to have changed her view completely about seeking external help in future if need be and also encouraged her to access counselling to address the lasting effects of her previous relationship: *'I think to help your relationship develop I just think an annual or three-yearly or whatever follow-up appointment would be of massive benefit, not just to us but to any married couple'*.

3.6. Encouraging access to relationship support

3.6.1. Likelihood of accessing other support

As reported in Section 3.3, a large proportion of those attending Marriage Preparation had only done so because this was a requirement of getting married in the Catholic Church. In this sense, many of the respondents to the survey were different from those attending LST and couple counselling who had actively sought some form of support (often in the form of post-natal support for those attending an LST session) or relationship support specifically (for those attending couple counselling).

Such a more reluctant attitude to seek help (compared with respondents to the other two surveys) was evident in response to the following question aiming to determine

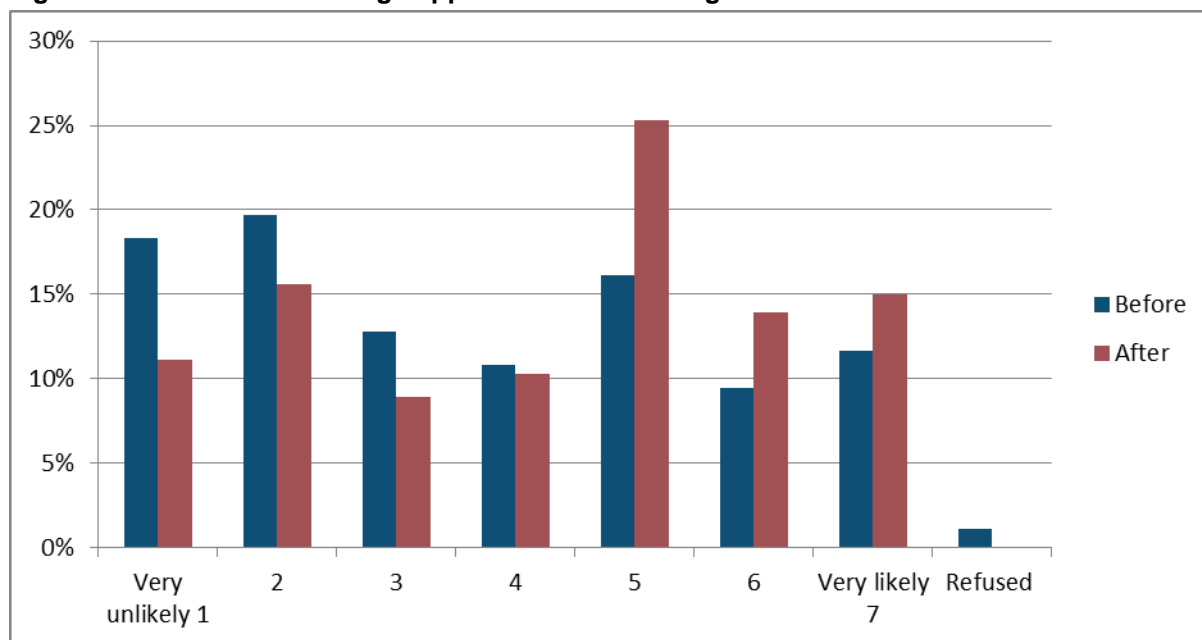
respondents' general help-seeking attitudes: 'If you had a problem you could not resolve yourself (for example about money or housing) how likely is it that you would access some support from an organisation such as Citizens Advice? On a scale of 1 to 7, where 1 is 'very unlikely' and 7 is 'very likely', how likely would this be?'

The analysis of the pre-survey data showed that while roughly the same proportion of respondents (around 17%) for all four types of intervention said it was 'very unlikely' they would do so, there was a significant difference in the extent to which they said it was 'very likely', including:

- Marriage Care couple counselling: 34%
- Relate couple counselling: 28%
- LST support: 26%
- Marriage Preparation: 12%

The contrast remains if the two highest categories on the scale (6 and 7) are included in the analysis.

Figure 6 Likelihood of seeking support from another organisation



Source: Marriage preparation pre- and post-survey N=235

Figure 6 shows that after receiving marriage preparation, respondents were significantly more inclined to say that they were likely to seek support than beforehand (mean score 3.62 at pre-survey compared with 4.26 at post-survey). This could suggest that a positive experience of receiving pre-marriage support can encourage some individuals to be more receptive to help in future.

This was explored via another question which asked respondents at the pre- and post-survey stage: 'How likely would you be to seek support from an organisation offering couple counselling such as Marriage Care, Relate or TCCR, if, in the future, you had relationship problems with your partner?' However, even though more respondents at the

post-survey stage said it was 'very likely' than before receiving marriage preparation, the change was not significant (4.84 mean score at pre-survey compared with 4.94 at post-survey).

When exploring the change for those attending a FOCCUS session compared with those attending a Preparing Together workshop, the former were significantly more likely than the latter to indicate that they thought they now would access relationship counselling. This is particularly striking as there was virtually no difference at the pre-survey stage between respondents from these two groups (mean scores of 4.88 and 4.83 for FOCCUS and Preparing Together respondents respectively). At the post-survey stage, FOCCUS respondents had a mean score of 5.49 compared with 4.76 for Preparing Together respondents on this question.

This correlates with findings from the qualitative interviews, which suggested that the nature of the FOCCUS sessions especially – face-to-face meetings, which in some ways resemble a couple counselling session – can encourage some people to see the value of accessing relationship support in future.

The qualitative interviews provided several examples of the way in which marriage preparation in general, and FOCCUS in particular, had changed people's attitudes towards seeking relationship support in future. In answer to the question of whether attending the marriage preparation had changed their attitude to seeking professional help, one woman replied:

'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).

Those interviewees who did not think that it had increased their likelihood of seeking help put this down to the fact that they already would have sought help before attending the marriage preparation.

'I don't know if it's made me more likely because I wouldn't hesitate to seek help if we needed it. We both know that sometimes things go awry and that there is help out there' (Preparing Together, female, 34, 1-2 years in relationship).

A number of survey participants also mentioned that having attended the session would make them more likely to seek help from Marriage Care if they did seek help. They said that the support had alerted them to the services provided by this organisation and that the way the session had been delivered had given them confidence in their ability to provide this kind of help.

'It gave me some reassurance that there are other organisations other than Relate that are working in the field. I would be more likely to seek help from Marriage

Care in the future if they had a non-religious counselling service. This gave me a confidence in their competence; I was favourably impressed by their approach' (Preparing Together, female, 34, 1-2 years in relationship).

These findings are particularly interesting in light of the fact that, as reported above, survey respondents attending marriage preparation were significantly less likely to display a willingness to seek non-relationship support than those attending LST or couple counselling sessions. This may suggest that a positive experience of marriage preparation, particularly in the form of FOCCUS, may change such an attitude and may make couples more likely to seek support if things go wrong in future.

3.6.2. Encouraging others to access marriage preparation

All interviewees thought that more couples should be encouraged to undergo some kind of preparation before marriage. Respondents suggested that attending such courses might benefit couples in a number of ways, such as teaching them new techniques and strategies to resolve conflict and enhance their relationships. One woman, however, pointed out that while the sessions were helpful and well delivered, the timing was wrong. She argued that relationship education needs to be made part of mainstream education and addressed much earlier than at the point of marriage.

'Thinking about relationship at the point of marriage is too late. They should be looking younger than this – look at schools – look at supporting young people around basic relationship competences and skills, not just for romantic relationships but for all types of relationship' (Preparing Together, female, 34 years, 1-2 years in relationship).

Another interviewee also felt that the timing could change to increase the usefulness of marriage preparation.

'I think it needs to be offered at an early stage when people are registering their marriage – even when you register in the local council offices – if it's offered then' (FOCCUS, male, 39, 3-5 years in relationship).

Qualitative interviewees were split on the question of whether marriage preparation should be made compulsory for all couples getting married. Some were positive about the idea, suggesting that it was only a short intervention and might be helpful. But a larger number were against the idea as they thought that it would mean that many couples would be attending unwillingly and this would affect the atmosphere of the sessions:

'If people don't want to do it, they won't listen. It felt compulsory to me because we wanted to get married in church – but to nationally mandate it is not appropriate' (Preparing Together, male, 35, 6-10 years in relationship).

Others were ambivalent towards it being made compulsory for all. They felt that it was a good course and that people would benefit from attending, but were unsure if making it mandatory was the best way to bring about those benefits. One respondent suggested that if marriage preparation were to be rolled out to a wider population or made compulsory for couples getting married then it should be free or highly subsidised.

'Obviously it has to be a free service. We gave a donation for the service. I think it was £50 or something which is fine for us, but I think if it was free or quite heavily subsidised and made available when you register the marriage, or even if you did it you just paid a registration or something, it would make them ask some questions' (FOCCUS, male, 39, 3-5 years in relationship).

Respondents suggested that more people could be encouraged to attend marriage preparation sessions if it were advertised to them in registry offices and other places more widely.

'[It] could be promoted through registry offices, wedding fairs and open days but the problem is that often people who are getting married don't feel that they need it/want it so you need advocates to encourage people about the benefits of going on such a course, which is what the church is/does' (FOCCUS, female, 33, 3-5 years in relationship).

Such an approach is particularly important to increase wider take-up given that even those interviewed as part of this research were often not aware of the availability, nature and content of marriage preparation before being told to attend by their church. There is also the need to advertise more clearly the difference between FOCCUS and Preparing Together, so that Catholic and other couples are able to choose the type of provision most suitable to their preferences. As part of this, it is also important to emphasise that the support is focussed on building practical relationship skills.

'Create a need, with a better advertisement campaign. Focus on the fact that it is not dogmatic, but lively and dynamic and building on new communication skills and new research. Religious connotations probably put a lot of people off' (Preparing Together, male, 32, 3-5 years in relationship).

3.7. Conclusions

This chapter has shown that couples accessing the two forms of marriage preparation included in this study generally benefited from it. Those attending Preparing Together showed a significant increase in well-being, while there was a significant increase in relationship satisfaction for those involved in FOCCUS. Research participants were also able to document other positive changes in response to survey questions and via qualitative interviews, although there was some evidence that not all had yet put their learning into practice. Finally, the survey suggested that marriage preparation could change couples' attitudes towards accessing other types of relationship support in future.

The next chapter explores the main findings in relation to the Let's Stick Together intervention.

4. Relationship education for new parents

Key findings:

- LST was delivered mainly to first-time mothers, but also included a few fathers as well as mothers with older children
- Around three quarters of those attending an LST session had found it useful, including 42% who found it very useful
- Three to six months after attending an LST session, around a third of parents were able to recall explicitly some of its key messages relating to what to do and not to do to foster positive relationships
- Level of recall was best among those who had read the emails used to remind participants of the key messages of the session. However, only about one-in-five parents had signed up and actually read some of the emails
- There was a positive average improvement on all three validated scales used to measure changes in relationship quality, well-being and communication with effect sizes ranging from $d=0.16$ to $d=0.22$, although none of these changes was statistically significant
- The main reasons for not detecting significant changes are likely to be the small number of parents surveyed who had actually attended a session (78) and the low dosage of the intervention. The nature of the setting of delivery and the lack of involvement of fathers could also have reduced the impact
- Around two thirds of parents who had attended an LST session felt that it had changed the way they viewed, and how they behaved in, their relationship and most of the 21 parents completing qualitative interviews were able to give examples of such changes
- The survey suggested that some parents' experience of LST had made them significantly more likely to consider accessing other types of support, including couple counselling.

4.1. Description of Let's Stick Together (LST)

Bristol Community Family Trust (BCFT) developed LST and has had a team of volunteers delivering it in post-natal groups in Bristol for the last five years, reportedly reaching around 25% of first-time parents in Bristol. This target group was chosen as research has shown that new parents have a high risk of encountering relationship problems due to the stresses of becoming parents: *'The starting point of LST is that parents are accessing a gateway [parenthood] which is the highest risk of break up.'*

Since late 2011, Care for the Family (CFF) has been given the responsibility to deliver LST across the UK. CFF delivers parenting and other programmes on a national basis: their Positive Parenting programme was said to reach 8,000 parents per year. Whilst BCFT has two staff (one full-time and one part-time) and many volunteers, CFF employs

about 70 full-time equivalent (FTE) staff mainly in Cardiff but also in other parts of the country, and, like BCFT, it relies very heavily on volunteers.

LST consists of a single one hour session, often delivered to first time-parents as part of existing post-natal groups. It was designed as an attempt '*to condense the knowledge from relationship education into a one hour session.*' 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. All parents are given an information pack after the session, receive emails from CFF and, if they agree, are sent a free book, entitled 'The Sixty Minute Family'. LST sessions are usually attended by mothers (with their baby) only, but in some cases fathers attend also.

LST sessions are delivered by volunteers trained by CFF. This training approach was implemented, building on BCFT's less formal approach, to increase the impact of the session, though both training regimes cover the same topics and all existing presenters in Bristol were retrained after CFF began delivery. The training lasts one day for all participants and trained presenters are encouraged to shadow an experienced presenter for one session before running their own LST sessions. There is now a pool of 100 LST presenters nationwide and most areas with several presenters have a (voluntary) coordinator who organises LST sessions for others and also delivers LST sessions.

LST is often delivered as one among several other sessions. For example, LST could be the fifth session within a six-week post-natal programme delivered in NHS health clinics, covering various topics unrelated to relationships, such as child play and breast feeding. Post-natal service group leaders are usually happy to include LST in their programmes as it is seen to be delivered professionally and is free of charge. However, due to cuts in post-natal services in the past year, LST sessions are not always part of a weekly programme, but are now more frequently one-off events and not as often targeted solely at first-time parents.

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 been increasing, and is concentrated in seven regions: the South West, the West Midlands and Central East England, Bedfordshire, Buckinghamshire, Hertfordshire, and Milton Keynes. Outside Bristol, LST was delivered to approximately 800 mothers and some fathers across 130 groups in 2012. CFF are currently expanding the service to new areas, particularly the south coast and Cornwall, through engaging in training and meeting with local councils to encourage Children's Centres to sign up. CFF's large network of toddler groups has also been contacted to host LST sessions and has begun delivery in recent months.

4.2. Characteristics of LST participants

This chapter focuses on the 78 parents, predominantly mothers, who had completed both a pre- and post-survey and received an LST session (see Section 2.4.2). The analysis showed that:

- They were almost exclusively mothers (95%)
- The average age was about 34 years (minimum age: 23, maximum age: 48)
- 77% described themselves as being of White UK ethnic origin and 4% as White Other, while 10% described themselves as being Black and 3% of Asian ethnic origin
- 91% said they were currently in a relationship – this included 63% who were married, 26% who were cohabiting without being married, and 2% who were in a relationship but living on their own – and 9% were not in a relationship
- 86% reported currently living with their partner, while the rest were either living on their own (10%) or with family or friends
- 63% were owner occupiers, while 28% were living in rented accommodation, and 5% in a council property: the rest were living with someone else (family/friends)
- The majority of respondents (45%) had been in their current relationship for six to ten years: around a quarter had been in their relationship for less than five years (26%), and 29% for more than 10 years
- 59% of respondents had only one child living in their household (while 41% had two or more children), suggesting that less than two-thirds were first-time parents
- 51% of parents had a child aged six months or under, while around a quarter (24%) said that their youngest child was over a year old
- Of those parents with more than one child, the highest age of their oldest child was four years.

The findings suggest that whereas the majority of LST participants were first-time mothers, the provision also included other types of parents such as those with older children. It is also worth noting that 86% of parents were living with their partner which is higher than the national average. In 2012 there were 7.7 million families in the UK with dependent children (aged up to 16 or up to 18 if in full-time education) of whom 26% were classified as lone parent families (ONS, 2012a). However, it is worth noting that the majority of the LST parents had children aged below one year of age (76%), which may explain the lower levels of lone parents in the sample, assuming that separation is more likely to occur later in the relationship.

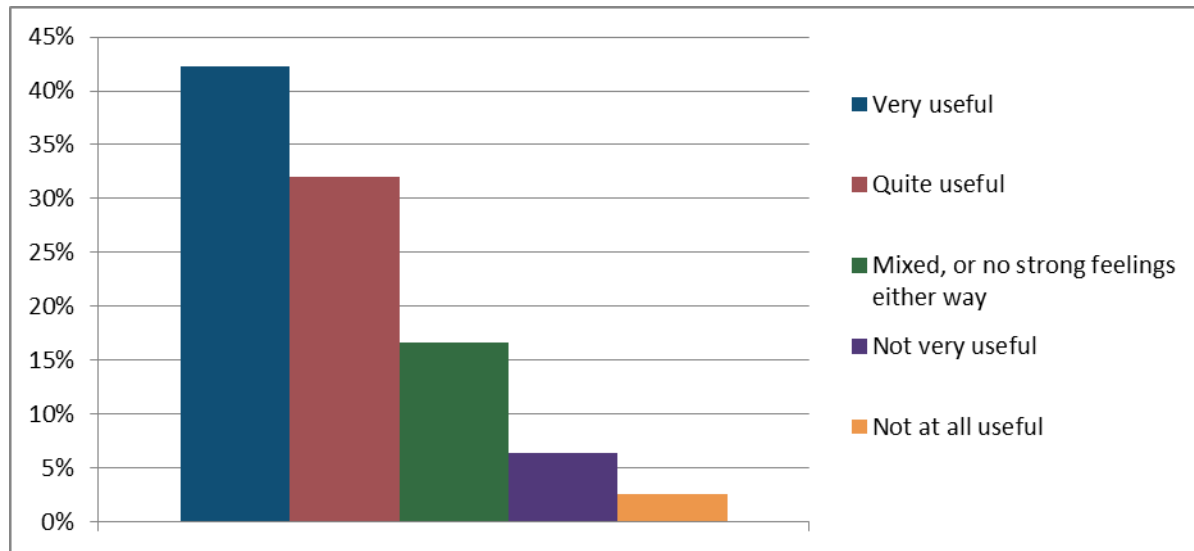
Given the setting of delivery in most cases (post-natal classes, Sure Start centres), it is not surprising that the majority of respondents were female. It is also worth noting that three interviewees in the post-survey said that they had attended the provision with their partners. This means that, although the provision typically involved mothers attending on

their own, this was not always the case. For this reason we refer to participants as 'parents', while acknowledging that they are predominantly mothers.

4.3. Satisfaction with LST sessions received

Figure 7 below shows that around three-quarters of respondents (74%) indicated that they had found the LST session either 'very useful' (42%) or 'quite useful' (32%). Only three per cent said that it had been 'not at all useful'.

Figure 7 How would you rate the sessions overall?



Source: Let's Stick Together post-survey N=78

The qualitative interviews revealed a similar picture. Most interviewees were able to identify good aspects of the session attended and how it had benefited them in their relationship. Even some of those who felt that it had not made a major impact on them thought that it was useful to realise that *'other people are going through the same thing'*.

Some of the more critical comments related to the content of the session, the setting, and the delivery style of presenters. Some interviewees felt that the topics were too simplistic, assuming that problems in relationships could be averted just by *'one person, in this case the mother, avoiding upsetting their partner'*. Another parent reacted negatively to what she saw as a *'middle-class view of parenting'* with regard to some of the tips provided:

'If you happen to have money and you live near family and have people to look after your children then you'll be able to take on board a lot more of these suggestions' (Cohabiting mother, 38, child aged 7-12 months⁴).

Others said that the impact of the session had been reduced as a result of the noisy setting – a noisy baby play group which meant it was hard to concentrate on what was

⁴ In all cases, this indicates the age of the child and age and relationship status of the parent at the time of the pre-survey.

being said: ‘if it wasn’t your baby crying and wanting something, it was someone else’s baby’.

Finally, while the majority of respondents were very complimentary about the style of delivery of LST volunteers, one or two expressed more negative views. This included one mother who said that, when talking about the STOP signs, the presenter had used the problems her au pair had experienced, which she thought was not appropriate:

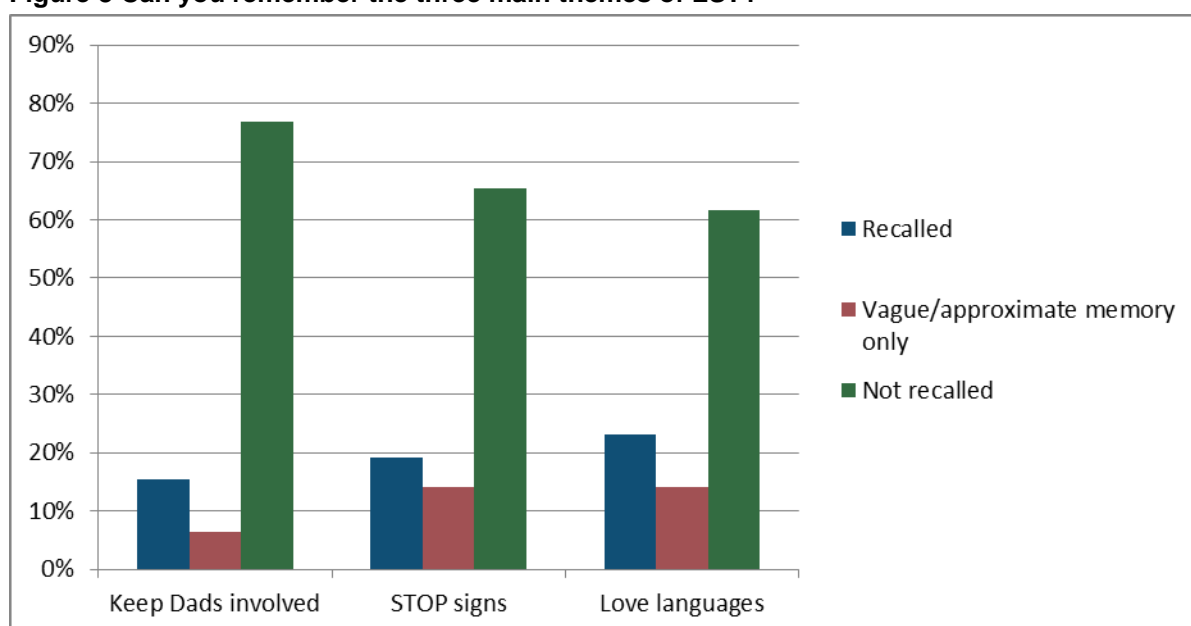
‘When we were doing the language bit she was talking about the difficulty that her foreign au pair had communicating with her children. And it just seemed a bit out of my experience, you know. But also to do that kind of programme and talk about somebody else caring for your children seemed not really in keeping with what she was teaching’ (Married mother, 42, child aged 5).

This suggests a need for LST volunteers to make sure they pitch their delivery at the experiences and economic circumstances of their audience.

4.4. Level of recall of key messages

Survey respondents were also asked whether, without prompting, they could remember the three main topics or themes of the LST session. As shown in Figure 8, recall was best for the Love Languages, followed by the STOP signs although it is worth noting that for all of these around two-thirds were not able to remember these topics explicitly. There was no clear pattern in level of recall of the different topics by respondents: some interviewees were able to remember one theme, while others could recall or vaguely remember another one.

Figure 8 Can you remember the three main themes of LST?



Source: Let’s Stick Together post-survey N=78

This was mirrored among qualitative interview respondents. In some cases, recall was very good for one topic but the other two had been almost completely forgotten until prompted by the interviewer. This appeared to be most likely linked with:

- How long ago the LST session was: the longer ago the session was from the qualitative interview, the lower the level of recall
- The level of engagement with LST materials after the session: those who had read the emails and/or the book were noticeably more likely to recall specific topics or themes
- The extent to which a topic was seen as relevant to the parent attending the session: those who could draw a specific link with their own relationship were more likely to recall a particular topic.

One interviewee, for example, said that she had discussed the session with her partner and also borrowed and read the 'The Sixty Minute Family' book afterwards (see Figure 10). When asked about what she could recall, she replied:

'I definitely remember the STOP signs – so if you're arguing, why you're arguing, if that makes sense. And what are antagonising situations. It stands for S = scoring points; O = opting out; P = put downs; T is escaping my memory right now' (Co-parenting mother, 46, child aged > 1 year).

Others were able to recall the Love Languages and how they had given them more insights into their relationship and their partner.

'That was about the different senses – word, touch, and so on. And it was about spending time together, body language, and communication. One isn't necessarily better than another: you have to think about how the other person operates. It's about knowing the other person and trying to react sensitively to them and reaching them through what you do' (Married mother, 41, children aged 11 and 7).

While recall of how to keep the father involved was often the lowest, there were some who felt that it related to their situation the most and so could recall this best.

'Yes, encourage your partner to do stuff with the child, and when they do, be supportive and encouraging, don't jump down their throat saying "You don't do it like that"' (Cohabiting mother, 32, child aged 3-6 months).

In contrast, another parent who had attended the session over six months before the time of the qualitative interview, was not able to recall what the STOP acronym stood for or the different Love Languages, although she was able to recall some of the general messages.

'Vaguely, but I can't tell you what each letter stands for. But it's something to do with recognising the signs that you're tired and can get grumpy with each other. To

be honest, I don't remember much about it because I've done it quite a while ago' (Co-habiting mother, 30, child aged < 3 months).

Others could not explicitly remember the exact topics discussed or the STOP acronym and what it stood for, but displayed latent knowledge of some of the themes which related directly to their own experiences. One parent, for example, said that:

'Each time you call [to interview me] I remember less! You know what, now, if I was in those [relationship] situations I would remember what they are, just not on the phone. There were traps that you fall into without noticing. One that was useful for me was walking away. I found that helpful at the time' (Married mother, 32, child aged 3-6 months).

Analysis of the quantitative data also showed that those 18% of parents who said that they had received the follow-up emails and read some (12%) or all (6%) of them were noticeably more likely to recall the STOP signs than those who had not done so (although the difference was not quite statistically significant). In particular, of the 14 parents who said they had received and read at least some of the emails, eight (57%) could recall at least some of the STOP signs compared with 18 out of 63 (29%) of those who said that they had not received or read any of the emails.

4.5. Change over time

4.5.1. Change in well-being, relationship quality and communication

The mean pre-scores and post-scores for the three scales for those 78 parents who had attended a session are shown in Table 6 and show that for all three scales, there was a positive improvement for parents. However, none of these changes was statistically significant after accounting for clustering of the data (that parents attended in groups – to account for the clustering effect multilevel modelling was used to calculate the significance of the change in score). This means that it was not possible to identify any significant positive change on parents' relationship quality, well-being or communication associated with attending an LST session.

Table 6 Change in mean scores for validated scales

N=78	DAS-7	WEMWBS	ENRICH
Pre-survey mean	25.23	51.82	39.08
Post-survey mean	25.72	53.28	40.21
Change over time	0.49	1.46	1.13
Effect size	0.16	0.22	0.19

Source: Let's Stick Together survey N=78

None of the effects was statistically significant

Stepwise regression models were run with a variety of background factors (see Section 2.4.4). Overall, very few of these were significantly associated with a variation in outcome, with the exception of length of relationship. There was a slight indication that there was a more significant positive change in relationship satisfaction and well-being for those parents who had been in a relationship for around six to 10 years than for those in more short-term relationships. However, these models are based on very small numbers and so should be treated with caution.

There are various explanations for why the current study was not able to identify significant positive change from pre- to post-survey on the three scales used and on relationship quality in particular. These include:

- The low dosage of the intervention: one short session lasting between 20 and 60 minutes
- The relatively small sample of parents involved in the study
- The lack of involvement of fathers in most sessions
- The nature of the setting, with disruption caused by children.

As has been shown in previous studies, a review of RCTs of parenting programmes such as LST (Pinquert and Teubert, 2010) concluded that multiple sessions, preferably including both a pre- and post-natal element, were needed to promote positive change in relationship quality (as measured by DAS-7) and prevent relationship decline. The nature of LST – just one session lasting up to one hour, delivered mainly post-natally to mothers only – meant it was less likely that this study would be able to detect measurable changes over time for this measure. This is also linked to the fact that most of those interviewed at the pre-survey stage displayed relatively high levels of relationship satisfaction, which meant that there was less room for a significant increase, as has been found in previous studies (Halford and Snyder, 2012).

It is worth noting that CFF has attempted to increase the dosage of the intervention via an end-of-session information pack, email follow-ups and the provision of the 'The Sixty Minute Family' book (provided free-of-charge to those who signed up to the emails). However, only around half (51%) of survey respondents who attended an LST session said that they had signed up to receive emails and only 6% said that they had read all four of them (12% said they had read some of them). Similarly, while 23 (30%) parents said they had received the book, only four said they had read all of it and 12 that they had 'dipped into it' or 'briefly referred to it'. This means that the majority of those attending an LST session did not benefit from such a follow-up or refresher.

As indicated in Section 4.4, qualitative interviews suggested that parents' recall of the main themes and topics of LST were in some cases related to the extent to which interviewees had read the emails or book. Several of those able to mention concrete ways in which LST had helped said that they had kept and referred to these resources.

'I came away with a bag of goodies because it was the last session. I keep them in my drawer and I often look at them – especially the one about communication, and the STOP manual' (Married mother, 41, child aged 7).

'Emails are great, you could just read them if you've got time or delete if you don't. They're useful when you're tired and feeling out of it' (Married mother, 33, child aged 3-6 months).

In contrast, most others said that they had either not signed up to receive emails or had not accessed the information provided to them at the end of the session.

'They gave us information and I can honestly say I've never read it. I don't get a chance to read nowadays. If I do it's the back of a medicine box on how much to give my daughter. So I don't get a chance to read, especially at the moment because she's still so young and so demanding' (Cohabiting mother, 30, child aged <3 months).

Only one interviewee said that she and her partner had accessed videos on YouTube relating to the STOP signs and that these had been useful to engage him in the ideas raised by the LST session (see Figure 10 LST case study). The video was also said to be more accessible to her partner than reading a book.

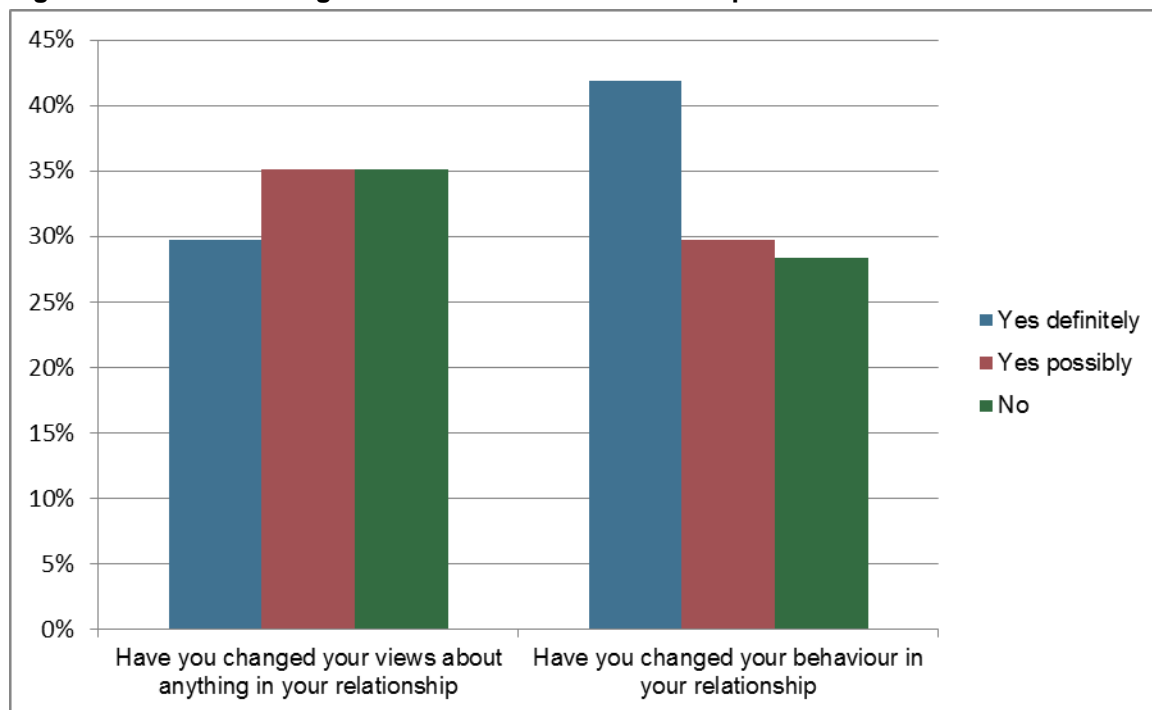
'I read the book and went on the website as well and there were those STOP sign videos which I found really good for my partner because he's not really a book reader. He did go through some of the book with me but those videos were better for him to just watch and see and that explained things visually if you like' (Co-parenting mother, 28, child aged >1 year).

Qualitative interviews identified other more specific factors which could have reduced the potential for change of attending an LST session. In particular, some interviewees were critical of the fact that the sessions usually did not involve fathers, were too short and not interactive enough and were delivered in noisy settings. Suggested ways of overcoming these issues included:

- Delivering LST sessions as part of ante-natal classes to involve fathers and reduce the disruption caused by children
- Providing childcare during the LST session, which already happened in a few settings and was appreciated by participants
- Allowing more time at the end of the LST session for parents to discuss their own experiences and how to apply the principles taught in different circumstances.

4.5.2. Other changes

Figure 9 Perceived changes to own views and relationship behaviour



Source: Let's Stick Together post-survey N=78

The post-survey also included some questions asking respondents whether attending the LST session had made any difference to their attitudes and behaviour from their own perspective (see Figure 9). It shows that most parents thought that the session had made a difference to how they viewed their relationship (30% said it had 'definitely' and 35% said it had 'possibly' changed their view) and their behaviour in their relationship. Around a third of parents thought that it had not changed their views or behaviour.

Responses to qualitative interviews illustrated the changes reported by parents in the survey. These related mainly to changes in:

- Awareness – of how things could go wrong and what could be done to prevent disagreement or conflict and of the need to work at their relationship
- Behaviour – concrete examples of how attending the LST session had changed their relationship behaviour, in respect of avoiding particular behaviours (the STOP signs), expressing love or being receptive to different ways of expressing love (the Love Languages) and how to involve fathers in parenting.

Section 4.4 has already provided many examples of the way in which parents at the time of the interview were still aware of some of the key messages of the LST sessions. There were several examples of qualitative interviewees documenting the way it had increased their awareness of such messages. For others, attending the session had brought about a wider awareness, including:

- How some behaviours can damage a relationship: *'just in terms of sometimes it is easy to opt out I think or go off in a sulk or whatever and you think it won't have any lasting effects but sometimes it does have a lasting effect, so a bit of prior warning'* (Married mother, 35, child aged >1 year).
- That other mothers (and fathers) are experiencing similar issues or difficulties
- The need to work at your relationship: *'it highlighted how important it is to work at your relationship as a couple and we've found it very difficult to achieve space for us'* (Cohabiting mother, 33, child aged 3-6 months).

The following case study provides an example of the way LST could have a very positive effect on a couple and how this effect was enhanced by accessing other resources after attending the session.

Figure 10 LST case study

Issue: A young woman aged 28 was married to her partner of six years. However, their relationship had broken down as a result of high-levels of conflict and arguments. They had a daughter who was a toddler and even though they were separated, the couple lived in the same house to help co-parent her.

Getting help: Her partner refused couple counselling, so when she heard about LST at her local mothers' group *'I was really keen to go to it'*. While the group was not really open to fathers, she still *'did ask if my partner wanted to go, but he didn't want to'*. She said that she wished the course had been built into existing ante-natal services to prevent the issues she had faced.

Likes/ Dislikes: She really liked having space and time to *'think about why everything goes wrong [in relationships] rather than being in it and having arguments'*, as well sharing stories with others *'so it made you feel like other people are in the same boat'*. The simple messages were also easy to understand and remember day-to-day: *'like with STOP, it's good to recognise the different types of arguments and how to stop them'*. However, the section on getting your partner involved was seen as less useful, as he was already very active in helping with child-care and parenting, such as bath and bed-time.

Impact: The LST session itself was seen as useful, but that impact had been increased because *'I read the book and went on the website as well and there were those STOP sign videos which I found really good for my partner because he's not really a book person'*. Significantly, she thought that it had changed her own behaviour and reduced conflict in their relationship: *'I think before causing an argument, or I try to pause before arguing back'*. But the most important impact was that it *'gave us a chance for getting back together'*. Her husband has now even suggested to *'try mediation to get things going even further'*.

It is not clear whether such awareness is able to impact on actual behaviour and prevent relationship conflict in future and whether such messages learnt will be remembered and/or put into action at a later date. This concern was expressed by one interviewee:

'I think probably the biggest thing I took away was not scoring points or jumping to conclusions. I think like most things, you go to a course and it's in your mind then for the next few weeks, then it kind of goes into the background. But I think, yes, it did make me think at the time so hopefully it's something that might have changed within me' (Married mother, 35, child aged >1 year).

However, some interviewees were able to document specific ways in which attending the LST session had changed their relationship behaviour, including:

- Behaviour to avoid conflict – not to score points, think the worst, opt out or put down (STOP) their partner:

'I'm now more likely to think before causing an argument, or to try and pause before arguing back – like saying: "Hang on we're not having an argument, I'm just saying the bins didn't go out". So to try and think about it – to try and stop' (Co-parenting mother, 28, child aged >1 year).

'Definitely. I've put things into practice. Not walking away is the main one. I'd started getting into a pattern of just walking out of the room when a conversation became too difficult. It was really helpful to get the session at that time. Since the session I've stopped myself from walking away lots of times. Instead I'll take a time out and discuss it more later with him' (Married mother, 33, child aged 3-6 months).

- Different ways of expressing and experiencing love and affection (the Love Languages):

'For me it was thinking about how the different ways to show your love and actually perhaps the way I was showing my love wasn't exactly the way that [my partner] liked it. So instead of giving him an elbow when he came to give me a cuddle whilst doing the washing up, maybe having the cuddle, rather than saying "Get away I'm trying to do something". So it is thinking about actually that could be a bit of a put-down' (Married mother, 33, child aged >1 year).

- Involving their partners in parenting and keeping the relationship alive:

'I've been actually trying to let him have a little bit more of a go with our little girl without me having to step in. I'm the main carer for our little girl who is two on Thursday, so sometimes I know I'm guilty of the fact that I can do it quicker so I do it. And sometimes it is a case of actually: "No, he can do it, let him have a go"' (Married mother, 33, child aged >1 year).

'We've started having date nights again, getting a babysitter. I needed a bit of a prompt and the session gave that' (Married mother, 33, child aged 3-6 months).

In a minority of cases, interviewees were not able to identify any ways in which attending the session had impacted on them. This included usually those who felt that their relationship was very good already and they did not need to change anything about it.

'No, I haven't put anything into practice, I'm afraid, mainly because I don't really have any problems. We did have a very brief conversation about it. It's been four months, since, and it's quite a busy time so we've not really talked much about it' (Married mother, 40, child aged 3-6 months).

4.6. Encouraging access to relationship support

Qualitative interviewees said that they had attended LST as part of a series of sessions and that this had been a major factor in encouraging them to attend. In one case, for example, it was delivered as the last session in a post-natal class in a Sure Start centre, attended by first-time mothers with three to six-months old babies. Several interviewees said that they would probably not have chosen to attend if it had been offered as a stand-alone course. The following quote illustrates this view.

'It was just one session as part of a parenting course. I don't think I'd have gone if it hadn't been part of the course – it wouldn't have looked that appealing because it was about relationships and I think mine is OK' (Married mother, 34, child aged 3-6 months).

Another interviewee said that while many of her friends would have liked the opportunity to attend an LST session, she felt many other mothers would not attend if given the choice.

'Some of my friends who didn't get the opportunity, they'd be the sort of people who'd really like this sort of thing. They would certainly have gone if it had been offered, even if it had been compulsory: it wouldn't be an imposition on them. But there are some people who don't like any help, who don't even turn up for ante-natal classes' (Married mother, 33, child aged 3-6 months).

Even some of those who attended an LST session said that they had initially been reluctant to do so, as it was seen as being only relevant to *'those in a bad relationship'*. One interviewee also recounted that when she had discussed the session with her husband afterwards, he had responded in a similar way:

'He was embarrassed that I went to it anyway because he said "What do you mean? There's nothing wrong with our relationship!"' (Married mother, 34, child aged 7-12 months).

4.6.1. How to encourage others to attend

One interviewee said that even though she had found the session useful, others in her group had been resistant to it and had been less willing to engage. She thought that this could be overcome by delivering it in a more relaxed atmosphere to overcome their resistance.

'Yeah, the other people in my group were quite dubious about it. A lot of people were unsure. Maybe if it had been built up as an evening session over coffee and cake – more comfortable. It's hard to know' (Married mother, 33, child aged 3-6 months).

Otherwise, several interviewees suggested that it would be preferable if LST was offered as part of ante-natal classes as this would encourage more mothers to attend and would be more likely to involve fathers as well.

'I'd prefer to do this type of course in ante-natal classes as men attend at that time. But then after birth things go back to normal [and mums go alone], so those months leading up to the birth are important to prepare yourselves' (Married mother, 40, child aged 3-6 months).

Some Sure Start centres were also starting to deliver the LST sessions during the evening to encourage more fathers to attend.

4.6.2. Would making it compulsory work?

All interviewees were asked what their views were on making support such as LST compulsory for all new parents. Most parents felt that this would alienate most people as they would be resistant to being forced to attend, although others felt that it would mean that more people would benefit from it. One interviewee, for example, when asked what her reaction would be if all new parents were required to do a course like this, responded that:

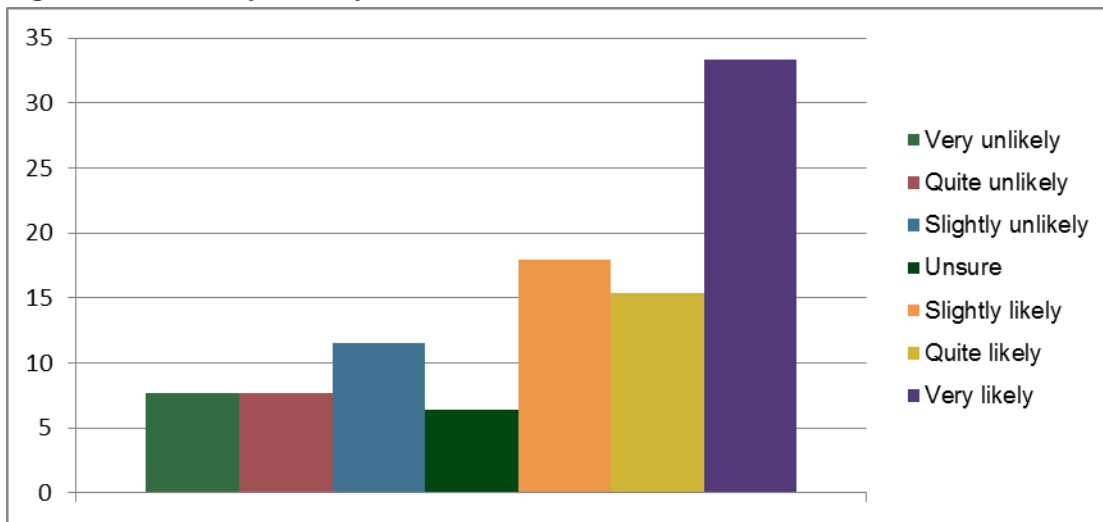
'It's a bit like that driving course you have to do when you've had a speeding offence: you don't want to go, but you still get something from it. Your mind-set puts you off, but when you relax you do learn something' (Married mother, 41, child aged 1-5 years).

One interviewee, a recently arrived immigrant from Africa, thought that it would be useful to make LST more widely available to people like him by making it 'as part of the Life in the UK course'.

4.6.3. Has receiving LST changed their attitude to future support?

Figure 11 shows that around two-thirds (67%) of parents who had attended an LST session indicated that it was at the very least 'slightly likely' they would attend a course like it again in the future if it was offered to them and a third (33%) said it was 'very likely'. Unsurprisingly, parents who had found the session 'very useful' were most likely to say that it was very likely that they would attend something similar (23 out of 33). In contrast, those with more negative assessments of the LST session were significantly less likely to be attracted to attend similar provision in future.

Figure 11 How likely would you be to attend a course like LST in the future?



Source: Let's Stick Together post-survey N=78

The survey also explored whether attending an LST session changed parents' attitudes towards accessing other types of support, including couple counselling. Of the 78 parents who had received LST, 42 said beforehand (at the pre-survey) that they were 'slightly likely' (18), 'quite likely' (14), or 'very likely' (16) to seek support from an organisation offering couple counselling such as Relate. At the post-survey stage, significantly more parents (58) indicated that they thought they would do so: this included 16 who thought it was 'slightly likely', 21 'quite likely' and 21 'very likely'.

This provides some evidence that a positive experience of a very short intervention such as LST can encourage some individuals to consider seeking help for their relationship in future when they might otherwise have been more reluctant to do so. However, some qualitative interviewees said that even though they were now more willing to consider accessing such support, they might be put off by having to pay for it. This was seen as a particular issue for new parents who are often financially disadvantaged as a result of increased costs and loss of income.

'When you've got a young family and you're already worrying about money because obviously the mum's not at work, you can't afford to pay for things like that – like £60 a session or whatever it might be. So I think if you could have access to some sort of relationship help and relationship guidance about having a

young family I think that would definitely help people without a doubt. And maybe the government would see a lot less broken down families' (Cohabiting female, 30, child aged <3 months).

4.7. Conclusions

This chapter has shown that parents who attended a Let's Stick Together session generally found the support useful and that three to six months later about a third of them were able to recall explicitly some of its key messages. However, the survey did not detect any significant positive impact on any of the three validated scales, which could be because of the small sample sizes and the low dosage of the intervention. At the same time, research participants were able to document various ways in which they had benefited from the support and how it had changed their relationship behaviour. The survey also suggested that even a small intervention such as LST could change some parents' attitudes towards accessing other types of relationship support in future.

The next chapter explores the main findings in relation to couple counselling delivered by the four organisations involved in the study.

5. Couple counselling

Key findings:

- Counselling was typically accessed as a last resort, the main reasons (across all providers) being a specific incident, usually with underlying problems, a growing crisis in the relationship, or underlying relationship problems
- Users of AFCS were most likely to access the service via a referral from a health professional or a recommendation; users of the other three services were most likely to self-refer following an internet search or a personal recommendation
- Survey results for Marriage Care and Relate showed that around four in five clients of both services said they were satisfied with the counselling. Similarly, the vast majority of qualitative interviewees across all four services expressed high levels of satisfaction with the support they had received
- Quantitative data for Relate and Marriage Care showed strong evidence of a statistically significant change in respondents' relationship satisfaction, well-being and communication after using the services. This was particularly marked in respect of well-being
- Among Relate and Marriage Care clients, 80% felt that couple counselling had helped them to understand their relationship better and 70% that it had helped them to understand their partner better
- The majority of those who had used couple counselling via AFCS, Marriage Care, Relate and TCCR would use it again and would recommend it to others
- Interviewees suggested that barriers to accessing couple counselling include inhibitions about discussing personal problems, particularly with an outsider, and perceptions that needing help is an indication of failure or weakness, or of mental ill-health
- Steps need to be taken to overcome a prevailing knowledge deficit among the general public about the purpose, process and location of couple counselling.

5.1. Introduction

The term 'couple counselling' covers a variety of approaches to, and models of, counselling, all of which are designed to support couples whose relationship is in difficulty. Some individuals access such counselling on their own, but with reference to a current relationship. In this sample only around two-thirds of survey participants (67% for Relate and 70% for Marriage Care) indicated at the post-survey that they had attended as a couple for at least one session: the rest had attended on their own for help with their relationship. In this chapter, the terms 'couple counselling' and 'relationship counselling' are used to refer to this type of support even where only one partner attended, provided the counselling was focussed on an existing or very recent relationship.

Many of the findings presented here are applicable to all four organisations, but differences among them indicate that each organisation should be considered on its own merits. Therefore, in this chapter no direct comparisons are made among the organisations studied.

The first section covers findings from the qualitative interviews which are applicable to all four couple counselling services in the study (AFCS, Marriage Care, Relate and TCCR) – why and when a couple counselling service was used, and clients' satisfaction with and outcomes from having used one of these services. This is followed by individual sections reporting both the quantitative and qualitative findings for Relate and Marriage Care (Sections 5.3 and 5.4), and sections reporting the qualitative results from interviews with TCCR and AFCS clients (Sections 5.5 and 5.6). The concluding section (Section 5.7), which deals with ways of encouraging access to relationship support, draws on data from all four interventions.

5.2. Overall findings

5.2.1. Using couple counselling

For many couples in the sample, attending couple counselling was only considered as an option by both partners in response to a serious incident which threatened the continued viability of the relationship. Even though they might have previously experienced problems, one or both of them had hoped that they would be able to resolve these themselves. Couple counselling was seen as the last resort to save their relationship. This supports the findings from previous studies (see, for example, McCarthy et al., 1998) which suggest that couples are often only willing to consider using a couple counselling service when it is almost too late to save the relationship.

In other cases the decision to attend couple counselling was similarly seen as a last resort, but not in relation to a particular incident. Rather, interviewees talked about the way issues had escalated over several months or years and had culminated in the understanding that outside help was needed to save the relationship.

The vast majority of potential users found the access details of a relationship support intervention through an internet search. Only nine people who participated in the qualitative interviews had received a referral, or the information to enable them to self-refer, from someone else: a professional or voluntary sector worker in the criminal justice system, a GP, a counsellor or a priest. Only one person used a telephone directory and one other found the information on a poster at an Underground station.

Where users were presented with a choice, the predominant factors for consideration were convenience (of time and location) and affordability. The option of making an unspecified donation or paying on a sliding scale strictly according to income rather than being charged what was perceived (albeit not correctly) as a fixed fee were important considerations for many users.

5.2.2. Satisfaction with the service

Qualitative interviews indicated that, in common with users of other interventions, clients' level of satisfaction was related to several factors predominantly covering the process (waiting times, clarifying issues, guiding couples to find solutions, perceived skills, sensitivity and impartiality of the counsellor, and the length of intervention) and impact (improving communication and well-being, and clarifying the future of the relationship).

The practical experience of accessing counselling services was also a contributing factor in interviewees' levels of satisfaction. Services which could provide appointments that fitted with clients' work patterns or childcare needs and without a lengthy waiting period were appreciated. However, clients varied in what they classed as a long time: four to six weeks was described as waiting 'quite a while' by one client and 'quite quick' by another.

A comfortable and discreet location was important. Accessing an office located on a main street in the centre of town or being in a waiting room with other couples was uncomfortable for those who feared being recognised by people they knew.

The process of counselling was overwhelmingly reported as a positive experience for interviewees: it enabled them to clarify and identify their relationship problems, talk through their difficulties by listening to each other's views, and guide couples to find solutions. It enabled hidden issues and problems within relationships to be brought to the surface and to be collaboratively explored and talked through.

Importantly, it facilitated couples in listening and hearing each other's perspectives and made them aware of the feelings of their partner. In some cases this led them to re-discovering what they previously valued in the other person and their relationship.

Interviewees' levels of satisfaction with the process were often also linked with the extent to which they valued and appreciated the skills and qualities of their counsellor and the ability to create a safe and non-confrontational space to resolve their issues. Interviewees across all four providers expressed mainly positive views of their

counsellors, commenting on the way they had managed to create a protective environment to discuss and air opinions that couples could not resolve on their own either because of daily routines and commitments or, more often, because of high levels of conflict or a lack of communication in the relationship.

The presence of the counsellor as an independent, non-judgmental and impartial person who listened to and understood the difficulties being faced was, therefore, viewed as crucial in bringing a sense of calm and in facilitating couples to listen and talk to each other without conflict. The counsellor's skills in questioning and encouraging more reticent partners to talk and express their feelings were vital in this process.

Interviewees were also more likely to be satisfied when they felt the counsellor and the service genuinely cared about them, were compassionate and clearly invested a lot in trying to help. This sincerity helped many interviewees feel accepted and supported.

Dissatisfaction resulted from clients feeling not listened to, thinking that insufficient time was given to understanding their particular circumstances resulting in formulaic responses not tailored to their individual situation, or insufficient compassion and empathy for the difficulties being shown. Some interviewees also perceived their counsellor was overly critical or judgemental or biased in favour of the other partner.

Satisfaction with couple counselling was also frequently linked to the beneficial impact people experienced from the support received, especially improvements in the quality of the relationship, communication between partners and individual well-being, such as reducing and preventing further distress and mental health difficulties.

5.2.3. Outcomes

Qualitative interviews with research participants provided many examples of the way couple counselling had had a beneficial impact on relationship quality, communication and well-being/mental health, although such reported impacts were often inter-related. Thus, almost all clients with a positive experience of counselling documented the way it had helped them to improve communication within their relationship – this improvement had in most cases had either some or, in others, a major impact on the quality of their relationship. As can be expected, such a change often benefited individual's sense of well-being. However, there were other ways in which counselling had a positive impact:

- Helping relieve emotional anguish or alleviating serious symptoms of depression, anxiety, self-harm and suicidal tendencies
- Enabling couples to understand each other's perspective better, to acknowledge their own mistakes and to recognise what they could do differently to improve the relationship
- Helping clarify and improve their understanding of the underlying causes of their relationship problems

- Reducing their conflicts and arguments through the acquisition of strategies to improve communication and de-escalate confrontations
- Improving decision-making about the future of their relationship.

In some instances attending counselling had helped one or both partners to come to a decision about whether or not their relationship had a future. These decisions could be clustered into four broad categories: renewed commitment, where counselling led to a realisation that a couple's relationship was cherished and they still wanted to stay together; partial resolution of issues, where counselling had led to a de-escalation of conflict and a decision to remain as a couple, although there were still unresolved issues; positive decision to separate, where the counselling helped them come to a difficult but often positive decision to separate, or supported them in coming to terms with a painful relationship breakdown; and acrimonious separation, where, in a small minority of cases, couples were not able to come to a resolution of their problems, with the relationship remaining bitter and hostile.

5.3. Relate couple counselling

Relate is a national federated charity with 75 years of experience of providing relationship support, operating through 65 federated centres across the UK and works with individuals, children and young people, couples and families. It offers relationship, family, and children's counselling, education, information, sex therapy, workshops, mediation, consultations and support through face-to-face sessions, by phone and online to about 150,000 clients per year. In 2012-2013, over 240,000 couple counselling sessions were delivered. The majority of couple counselling sessions are delivered face-to-face and only a minority via the telephone. Telephone counselling is often used as a route into face-to-face counselling.

The most frequent route of accessing Relate's couple counselling is by self-referral. This is done directly to a local Relate Centre or via a centralised call centre (Relate Response) based in Doncaster, where overflow calls are taken for 23 Relate Centres and appointments can be booked and managed.

All Relate couple counsellors are trained on programmes delivered by the Relate Institute. These include an MA and Diploma in Relationship Therapy, a Diploma in Sex Therapy, and a programme for those who have qualified as a counsellor elsewhere and wish to work with Relate clients. All applicants must have completed a level 3 programme in counselling skills prior to commencing Relate training. The Relate training includes a practical work placement in a Relate centre. The training includes knowledge of systemic and psychodynamic theories, together with an understanding of human sexuality. A particular feature of the Relate programme is the emphasis on integrating the two main theoretical models, thus enabling counsellors to draw on this integrated approach to counselling. All counsellors working for Relate receive supervision and CPD support as part of the organisation's approach to quality.

Relate counsellors explore how relationships formed in early life impact on the way adult couple relationships are formed, drawing on attachment theory, and about the meanings clients give to the network of relationships in their external world. Significance is placed on understanding context and the identities that people acquire during their lifetime. The Relate counsellor will facilitate communication both within and between each of the partners with the aim of extending the range of choice about how they wish to develop their relationship.

Relate couple counselling normally consists of an initial assessment followed by about six sessions, on average, although the number of sessions provided can vary depending on the nature of the issues being addressed. Sessions last up to 60 minutes. The counselling is delivered predominantly within centres but also in other locations, including schools, Children's Centres and, in some cases, in clients' own homes. Clients 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 £50 per session.

The following section focuses on the 216 Relate clients who completed a pre- and post-survey as part of the study, using the qualitative interviews conducted with a sub-sample of these clients to illustrate the findings.

5.3.1. Characteristics of the Relate survey sample

The main demographic details of survey participants at the time of the pre-survey are outlined below:

- 60% were female and 40% male
- They were on average about 42 years old (minimum age: 23, maximum age: 70)
- 85% described themselves as being of White UK ethnic origin and 3% as White Other, while 3% described themselves as being Black and 5% of Asian ethnic origin
- 76% reported currently living with their partner
- 76% were owner occupiers, while 15% were living in privately rented accommodation and 3% in a council property
- 6% said that no one in their household was currently earning a wage
- 85% indicated that they were currently in a relationship while 15% described themselves as single or separated
- The highest proportion of research participants (23%) had been in their current relationship for 11-15 years, while 19% had been in their relationship for six to ten years, 10% for 26 years or more, and only 4% for less than a year
- 62% of participants said that they had at least one child with their current partner.

5.3.2. Reasons for attending couple counselling

Table 7 below lists the issues Relate clients were hoping that counselling would help to resolve, ranked in order of frequency. It shows that communication was most frequently identified, followed by lack of support or taking each other for granted. Other most frequently cited presenting problems were the sustainability or viability of the relationship and arguing and conflict.

Table 7 Main issues identified by Relate clients attending couple counselling

	% of respondents
Communication	84%
Lack of support/taking each other for granted	75%
The viability/sustainability of the relationship	72%
Arguing/conflict	64%
Sex life/physical relationship	44%
Money/finances	32%
Other unacceptable behaviour	31%
Infidelity	28%
Parenting/child rearing	27%
Violence/abuse	8%
Other issues	24%

Source: Relate pre-survey (N=216)

Research participants were also asked to rank which of these was the most important one they hoped the counselling would address. Among Relate clients, 24% ranked communication as the most important, 19% ranked the viability/sustainability of their relationship, and 12% lack of support/taking each for granted as the most important issue. Further analysis, which of necessity combined the findings from Relate with those from Marriage Care, showed generally high levels of agreement (between 94% and 64%) between partners as to why they had accessed couple counselling. Agreement was highest for problems stemming from violence/abuse (94%), infidelity (88%) and arguing/conflict (87%) and lowest in respect of the viability/sustainability of the relationship (64%) and lack of support/taking each other for granted/growing apart (72% agreement), suggesting differing views on the seriousness of these problems.

Qualitative interviews with Relate clients confirmed the way communication and the ways in which partners related to each other were often key reasons for accessing couple counselling.

'The main thing was the complete feeling that the relationship was over, that the communication just wasn't there, questioning our compatibility, just not wanting to spend any time around each other, not being able to agree on anything' (Female, 42, married).

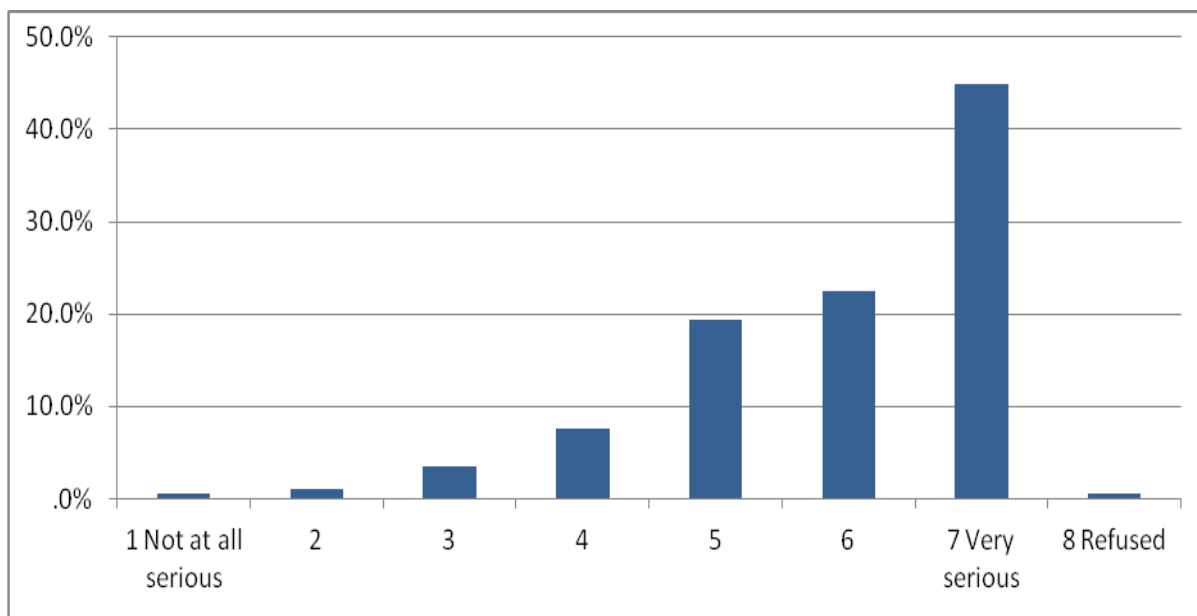
'There was a lot of shouting, definitely; we didn't talk. It was just like going round in circles so there was no point. It never got sorted. So there was no point in talking about it' (Female, 38 married).

However, as many as 89% of Relate clients said in the post-survey that they had identified an issue during couple counselling that they had not been aware of previously.

5.3.3. How serious were reasons seen to be and for how long?

Figure 12 shows that the large majority of clients accessing Relate couple counselling thought that the problems for which they sought help were very serious – around two-thirds ranked them as 6 or 7 on a scale of 1 to 7. Furthermore, at the pre-survey stage, 82% of Relate clients thought that their relationship was under threat of ending.

Figure 12 How serious do you consider those problems and issues to be?



Source: Relate pre-survey (N=216)

For the majority of clients (59%) the issues identified were said to have been a concern for more than a year: for 19% they had been an issue for less than six months, and for 21% for between six months to a year. This suggests that most clients accessed couple counselling about matters that had been a concern for quite a while and only a minority of

respondents (around one in five) did so to address an issue that had arisen quite recently.

'I think when you're at rock bottom you will try anything you think is going to help, and it did work. ... It had been an issue for years – 9 years. ...we both knew that we couldn't go on any longer like this' (Female, 51, married).

'We'd almost stopped supporting each other. We were supporting the children and thought that was being good parents. But possibly not finding time for ourselves. ... I think we desperately wanted it to work, and it was a great sadness to think that we were on the verge of it not working... we wanted to do everything we could to make sure that we did have a relationship' (Female, 43, married).

'We just started to find it quite difficult to talk to each other about things and started to bottle things up which ultimately ended up usually in an argument and then lots of things would come out. We were still living together but not sleeping together. ... Neither of us wanted to end the relationship' (Female, 35, married).

However, several of those interviewed stated that, although they had been experiencing relationship problems for some time the catalyst to seek help was a significant event or that the issues had become more acute in recent months.

'It had probably been an issue for six months, but the issues had always been there in our relationship. They just became more heightened' (Male, 51, separated).

'For a few months it had been an issue and had caused stress between us. It highlighted that there were some communication issues and misunderstandings, so we were hoping it would find a way to resolve this and to find ways to communicate better in the future' (Male, 36, married).

5.3.4. Were couples hoping to save their relationship?

Overall, the large majority of Relate clients surveyed started couple/relationship counselling with the hope of saving their relationship. Thus, overall, 70% of clients said they definitely wanted to do so, while 14% said they wanted to do so dependent on certain conditions (for example, that their partner changed their behaviour). Only 4% said they did not hope to save their relationship. However, clients intending to attend counselling as a couple were significantly more likely to want to save their relationship (94% said they definitely wanted to do so or wanted to do so dependent on certain conditions) than those intending to attend on their own (58%).

'I didn't know what to expect, because ours was a difficult case. But we decided to go just to save our relationship' (Female, 34, married).

'My hopes were that we would be able to see a bit of light at the end of a very dark tunnel. I didn't have any big expectations but I just hoped we might be able to build some foundations to rebuild our marriage' (Female, 41, married).

'Just thought maybe there was a chance of making it up, of getting back together' (Male, 37, separated).

5.3.5. Accessing relationship counselling

Analysis of post-survey responses revealed that:

- Two-thirds (67%) of Relate clients had attended at least some counselling sessions together as a couple
- One in five research participants (20%) indicated that attending counselling had been a mutual decision involving both partners. Otherwise, women were significantly more likely to indicate that they had initiated the counselling than males.

The majority of Relate users in the qualitative interview sample accessed the service via an internet search. However, they were less likely to be searching generally for relationship support than to be looking for the specific contact details of Relate, following a recommendation from friends or family or because they had prior knowledge of the service, sometimes through previous use.

'It was a friend of mine who had gone through Relate with the relationship problems she was having. She gave a strong recommendation for Relate' (Female, 48, cohabiting).

'I think it's the obvious one. I didn't really think twice' (Female, 43, married).

'They were a recognised, known quantity and I thought it would be worth trying, I didn't think it was worth trying to look for alternatives' (Male, 50, cohabiting).

'We'd been through Relate in the past, so we knew about it anyway. I'm not sure how we'd heard about them' (Male, 36, married).

It would appear, therefore, that Relate benefits from the fact that it is a service of which many people have heard so that in time of crisis it was the organisation which most readily came to mind for relationship support.

There was some variation in clients' waiting times for an initial appointment. Though the majority arranged this fairly swiftly – *'the first appointment was one week later, so, no problem at all'* (Female, 27, cohabiting) – others reported waiting longer – *'I was disappointed to find there was such a long wait for the first appointment'* (Female, 41, married). As mentioned previously, clients' assessment of the waiting time for an

appointment was very subjective and dependent on how urgent their self-perceived need was. This is illustrated by the reactions of those who had to wait longer:

'I think it was about four weeks. That was fine because you get it into your mind that somebody's going to help you' (Female, 38, married).

'You want to go and do it immediately ... A lot of the Relate places, there was a four to five week waiting time, so we kind of rang around to find which one could see us quicker, if you like' (Male, 37, separated).

'Initially there was quite a long waiting list to see someone – I think it was about six to eight weeks. So that was quite a long time actually, because we had already got to the stage where we were hoping that we'd make an appointment and that would help with the problems straightaway. [But] we didn't look into going to see any other agencies' (Male, 36, married).

The study was designed so most research participants would have enough time to receive six sessions by the time of the post-survey. The analysis showed that at the time of the post-survey, among those couples/individuals where at least one partner had received counselling, almost half (47%) had attended between four and eight sessions. However, 49% had received fewer than four sessions and a small proportion (3%) had received more than eight. Of particular note is the fact that almost a third of Relate clients (29%) had attended just one session.

Not all clients had, in fact, finished receiving support at the time of the post-survey. However, 40% of Relate clients had done so after just one session, which indicates that a relatively high proportion of their clients do not proceed beyond the initial assessment meeting. In a previous study of Relate conducted more than 10 years ago, a similar proportion of clients (38%) terminated counselling after just one session (McCarthy et al., 1998). In keeping with the findings from that study, our own evaluation found that for some people the initial assessment was sufficient to resolve their difficulties or move on without further professional support from the counsellor, while for others this experience showed them that counselling was not for them.

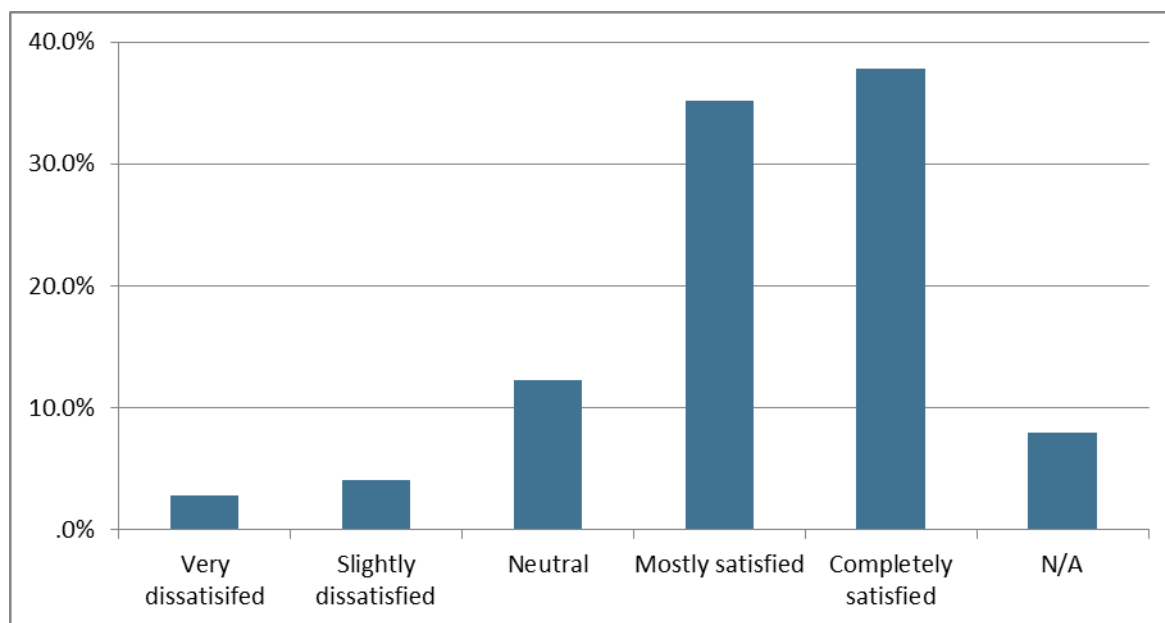
'[We] just had the one initial session and didn't continue. I think that was because we felt it got us going with talking about the issues, just the beginning of the process, we felt that we could do it ourselves' (Female, 43, married).

'We stopped mainly for logistical reasons – both of us being able to arrange it at the same time. And also we didn't feel that the initial session did anything for us at all. We were disappointed with the first session' (Female, 34, married).

5.3.6. Satisfaction with support received

The analysis (see Figure 13) showed that 41% of Relate clients said that they were completely satisfied, while 38% were mostly satisfied with the support they had received. This suggests that almost four in five clients were generally satisfied with the counselling.

Figure 13 Satisfaction with support received



Source: Relate pre-survey (N=216)

Those who attended fewer sessions (up to three) were significantly less satisfied than those who had received more support (between four and eight and nine or more). Thus, 16% of those who had only one session were (slightly or very) dissatisfied compared with 4% of those who had four to eight sessions and none of those who had nine or more. But the data suggest that the majority of those who attended even just one session were generally satisfied with the help received. This again supports the previous findings of McCarthy et al. (1998) that for some people one session can be enough to help clarify issues and help them work towards a satisfactory resolution of their difficulties, either by working together to resolve them or taking the decision to separate.

As stated above (Section 5.2) the counselling process was an element of client satisfaction, and in particular the extent to which it was able to facilitate both talking and listening and to highlight matters of which they were previously unaware.

'You have this opportunity to express yourself and listen to your partner. You see it in a completely different perspective. It made me realise [about] the other side' (Female, 24, married).

They gave me an appreciation of other people's feelings and my own feelings and that I needn't try and take on board everything that they're feeling as well' (Male, 50, cohabiting).

'When you're in a counselling setting and there is somebody else there with you, and you have this opportunity to express yourself and listen to your partner, you see it in a completely different perspective. When you have this one hour or 50 minutes and you're just listening, it's actually completely different to when you're having a conversation at home' (Female, 34, married).

Nevertheless, for some people this could be a disadvantage:

'[It] felt like we were digging up old bones once again but in front of a third party' (Female, 34, married).

'It looks for common ground. And in that looking for common ground it can quite easily... gloss over some of the pressure points and issues. And that can be a real advantage to some people. But I think in our situation it wasn't an advantage; it was a disadvantage because some of the issues didn't get aired properly and so there was no resolution to them' (Male, 51, separated).

Satisfaction was also connected to clients' views of the counsellor which, with very few exceptions, was very positive.

'[She] listened and [she] actually got a picture of how things had been, rather than judging very quickly and getting it wrong ... there was such good close listening and understanding' (Female, 52, married).

'Very perceptive. She picked up on the right things and probably let the things that weren't necessary to explore go. So she was quite intuitive. I was really impressed' (Female, 50 married).

'Very thoughtful, very considerate, tried to see both sides, tries to mediate well, tried to get both parties talking. Yes, very good' (Male, 49, married).

Very occasionally interviewees considered there was bias in their counsellor's attitude:

'She sympathised with what [my wife] said. But if I said something, I felt she thought it was my fault that that had happened' (Male, 37, separated).

5.3.7. Changes in relationship quality, well-being and communication

The mean pre-scores and post-scores for the three validated scales for Relate (Table 8) are provided below.

Table 8 Change over time for three validated scales – Relate

	DAS-7	WEMWBS	ENRICH
Pre-survey mean	18.32	40.28	26.95
Post-survey mean	19.92	48.13	30.15
Change over time	1.60	7.85	3.20
Effect size	0.32***	0.85***	0.45***

Source: Relate pre- and post-surveys (N=216) Note: *** = significant at $p < 0.001$ level

They show that there was strong evidence of a statistically significant change in clients' relationship satisfaction, well-being and communication over time. The effect size was particularly high ($d=0.85$) for the WEMWBS scale measuring well-being. The measured effects were lower for the other two measures – ENRICH and DAS-7 – although they still provided strong statistically significant evidence of change, very similar to those identified in previous studies on couple counselling interventions (see, for example, Sharpley and Rodgers, 1984; Kotrla and Dyer, 2008).

The current study does not, of course, provide conclusive evidence that the changes measured can be attributed to couple counselling alone, as there was no control group. However, as has been shown in a meta-analysis of several other studies (Baucom et al., 2002) there is strong evidence that couples in waiting-list control groups do not show any significant improvements (see Appendix 6).

It is also worth noting that regression modelling of the data (see Appendix 3) to compare the outcomes of 31 cases (see Section 2.4.2) who had not attended any couple counselling session across both Relate and Marriage Care⁵ with all other clients provided some evidence supporting this conclusion. It identified a significant difference between the two groups, such that those who had attended at least one session, on average, had a significantly higher outcome score on the relationship quality scale (DAS-7) than those who had not received any sessions. Indeed, for couples who had not received counselling, their relationship quality as measured by the DAS-7 had generally deteriorated over time. No significant association was identified, though, for the other two scales (WEMWBS and ENRICH).

⁵ Because of low numbers of such clients, it was impossible to conduct separate modelling for each of the providers.

Qualitative interviews with research participants provided examples of the way couple counselling had had a beneficial impact on relationship quality, communication and their well-being.

'It's made a huge boost to my confidence over the last six months...a definite improvement in my emotional well-being, and so, therefore, probably in how I deal with every other part of my life. [Partner] has been very unwilling to discuss his affair and his feelings about our relationship... And the counselling has encouraged him to understand that the talking has to occur. And so he's become a lot more willing to answer questions and discuss these things' (Female, 48, cohabiting).

'We developed better understanding for each other and better ways of expressing our ultimate feelings without it becoming a problem. It definitely had an impact on the behaviour of both of us. The biggest was on the ways we discussed things when there is a difference of opinion' (Male, 36, married, husband of client above).

'I probably became more controlled about what I said and when I said it than I had been before... because I recognised that when I am open about things sometimes that can inflame a situation. Because we were there to talk about our relationship, and we both were equally participative that freed up the blockage in the communication that we had. And then I think because that eased the situation between us, we were then able to start building our relationship outside of those sessions so that we were talking more freely with each other. And come the end, we were starting to forward plan which we just hadn't done – that wasn't something we would have considered before' (Female, 42, married).

The following case study illustrates the effectiveness of Relate in dealing with a serious and long-standing problem which was affecting the couple's relationship and which other services had not been able to resolve.

Figure 14 Relate case study

Issue: A woman in her early 50s had been married for over twenty years. However, her husband was an alcoholic whose addiction had become increasingly worse: *'he had assaulted my two sons and lost his job because I had to ring the police'*. She felt their relationship was dysfunctional: *'he just didn't relate to anybody and was quite destructive in relationships or completely indifferent'*.

Getting help: They had tried many counselling services before but did not find these useful: they found that the counsellors were always *'judging [the situation] very quickly and getting it wrong, not listening and then giving a formulaic response that was really very inappropriate and not helpful'*. They also experienced lengthy waiting lists on the NHS to deal with his alcoholism: *'over two and half years he had a referral... but no intervention whatsoever'*.

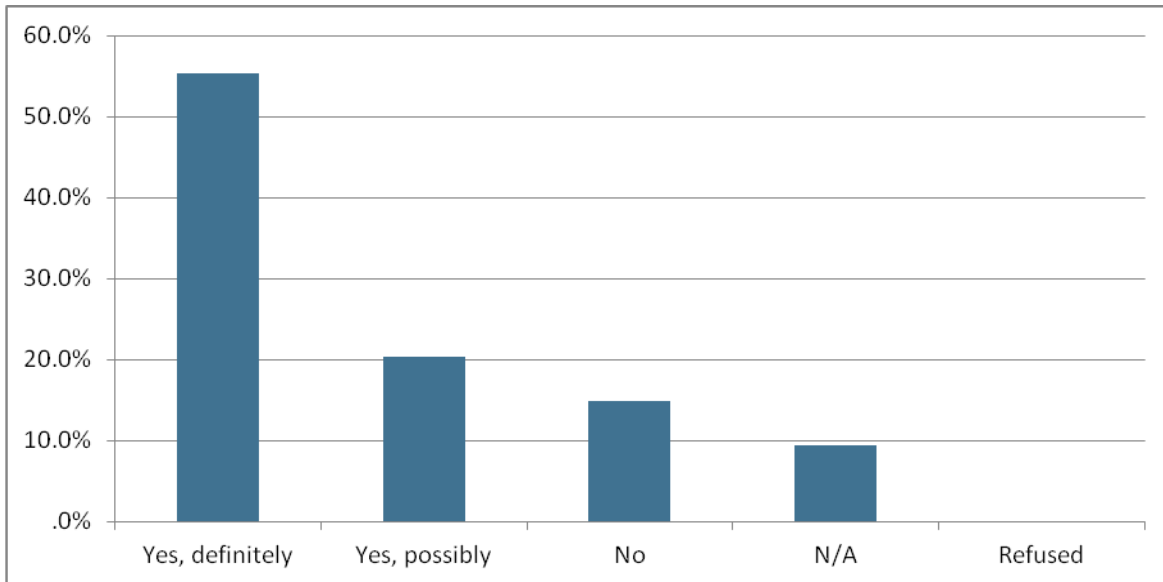
Likes/ Dislikes: She found Relate extremely helpful as it gave them flexible support tailored to their specific circumstances: *'Relate actually listened; the counsellor was able to tailor the approach to suit us'*. She liked the counsellor's *'emphatic but neutral'* approach, and how the process facilitated working through difficult issues for the first time. They were given seven sessions at Relate but she felt that the transition to ending counselling could have been improved by *'having just a little longer transition, going from that support to [being] on our own'*.

Impact: Being understood and listened to by the counsellor, improved her self-esteem and confidence by *'taking away some of the doubt that I should be doing more'*. The exercises between sessions helped change their communication: rather than her husband feeling under attack, interrupting her and being defensive *'he recognised he did this and was not hearing the positive things I was trying to say'*. Her husband was also referred on to specialist individual counselling which was very effective for him.

5.3.8. Change over time – other outcomes

The majority of Relate clients (76%) felt that couple counselling had helped them to understand their relationship better (Figure 15): over half (55%) thought this was 'definitely' the case and 20% that it was 'possibly' so. Also, 42% said that it had 'definitely' helped them to understand their partner better and 24% that it had 'possibly' done so.

Figure 15 Has counselling helped you understand your relationship better?



Source: Relate post-survey (N=216)

Analysis of post-survey responses also showed that, after counselling, Relate clients were significantly less likely to indicate that their relationship was at risk of ending. While at the pre-survey stage 82% of research participants thought this was the case, by the post-survey stage this proportion had decreased to 30%, suggesting that for 50% of respondents the counselling had stabilised their relationship.

This was supported by the qualitative interviews with couples, as illustrated below.

'I think if we'd continued the way we were going the marriage wouldn't have survived' (Male, 42, married).

'I had a better appreciation of how he was feeling about things and so I think that in turn changed my attitude towards our relationship and the fact that it wasn't doomed really' (Female, 42, married).

'I feel [the relationship] is more robust and I'm less distracted. I feel I'm clearer that that's where I want to stay. They've helped make a clear pathway forward' (Male, 50 cohabiting).

'At the time we were scared that things might come to a head and we'd end up ending the relationship. So hopefully yes, we've found a better way to communicate and we won't end things' (Male, 36, married).

In some instances, attending counselling had helped one or both partners to come to a decision about whether or not their relationship had a future, leading to a decision to separate.

'Counselling made me realise that [the relationship] should be ended and I had no further contact with him as I realised this is someone I should stay away from. If it hadn't been for the counselling, I would have stayed depressed and confused why he did what he did and I why I put up with it' (Female, 54, separated).

5.4. Marriage Care couple counselling

Marriage Care is a national charity with nearly 70 years' experience of providing relationship support. Couple or relationship counselling is delivered by 220 trained counsellors, supported by 92 supervisors and 20 trainers, across most of the 53 Marriage Care centres in the UK. The majority of counselling sessions are delivered face-to-face with a very small minority of telephone counselling.

The most frequent route of accessing Marriage Care's relationship counselling was said to be by self-referral. Most couples find out about it via internet searches and the Marriage Care website, recommendations from others (GPs, priests, word of mouth) or via the Yellow Pages. Couples or individuals sign up to the service via a centralised call centre based in Nottingham, where appointments can be booked and managed. Waiting times for receiving initial assessment meetings were said to be about two to three weeks on average, although this varies across centres and some couples are seen within a few days, depending on availability. Even though Marriage Care has roots in the Catholic community, only about 15% of clients were said to be Catholics.

Training to become a relationship counsellor with Marriage Care is provided by a team of Marriage Care trainers. New counsellors complete a university-validated Diploma in Relationship Counselling, while those already qualified to counsel individuals undertake a Certificate in Relationship Counselling course (endorsed by BACP) where the emphasis is on the transition from individual to relationship counselling. Marriage Care counsellors all volunteer their services free of charge.

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. Traditionally, Marriage Care counsellors have been trained to apply Gerard Egan's Skilled Helper model as a framework through which they organise their approach and practice. In recent years, the approach has shifted towards EFT, developed by Dr. Sue Johnson, as a framework specifically designed for relationship counselling. This also gives the counsellor a theoretical understanding of relationship distress based on adult attachment.

Couples are offered six sessions of counselling initially. Following a review in the sixth session further sessions are agreed depending on need. Each session lasts 50 minutes. The counselling is delivered predominantly within centres. 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.

5.4.1. Characteristics of the Marriage Care survey sample

The following sections present findings relating to the 336 Marriage Care clients who had completed a pre- and post-survey for this study as well as qualitative interviews with some of these people (see Appendix 5). There are many similarities to the findings reported above for Relate clients but because of differences in the nature of the two organisations, counselling and payment approaches adopted, and the demographic profile of the samples, the findings are presented separately.

The main demographic details of Marriage Care clients at the time of the pre-survey included that:

- 67% were female and 33% were male
- They were on average about 41 years old (minimum age:21, maximum age:70)
- 67% described themselves as of White UK ethnic origin, 1% as White Irish, 13% as White Other, 10% as Black (African, Caribbean or Other) and 6% described themselves as being of Asian ethnic origin
- 76% reported currently living with their partner
- 61% were owner occupiers, while 26% were living in privately rented accommodation, and 6% in a council property
- 12% said that no one in their household was currently earning a wage
- 88% indicated that they were currently in a relationship while 12% described themselves as single or separated
- Almost half the participants had been in their relationship for ten years or less. The highest proportion (25%) had been in their current relationship for six to ten years, 19% for three to five years, 9% for 26 years or more, and 2% for less than a year
- 69% of participants said they had at least one child with their current partner.

5.4.2. Reasons for attending couple counselling

Table 9 below lists the problems which Marriage Care clients were hoping that counselling would help to resolve, ranked in overall frequency. The top three were communication, lack of support/taking each other for granted and arguing/conflict. In response to a separate question, almost a quarter (23%) identified communication as the most important matter they hoped to address. This was followed by issues around infidelity (14%) and those connected to arguing/conflict, reported as being the most important by 13% of clients. Further analysis, which of necessity combined the findings from Relate with those from Marriage Care, showed generally high levels of agreement (between 94% and 64%) between partners as to why they had accessed couple counselling. Agreement was highest for problems stemming from violence/abuse (94%), infidelity (88%) and arguing/conflict (87%) and lowest in respect of the viability/sustainability of the relationship (64%) and lack of support/taking each other for

granted/growing apart (72% agreement), suggesting differing views on the seriousness of these problems.

Table 9 Main issues identified by Marriage Care clients attending couple counselling

	% of respondents
Communication	87%
Lack of support/taking each other for granted	74%
Arguing/conflict	74%
The viability/sustainability of the relationship	68%
Sex life/physical relationship	46%
Money/finances	42%
Other unacceptable behaviour	38%
Parenting/child rearing	32%
Infidelity	29%
Violence/abuse	17%
Other issues	23%

Source: Marriage Care pre-survey (N=336)

The qualitative interviews showed that, although communication was frequently cited as the main problem which led couples to approach Marriage Care, in fact there were often other underlying issues.

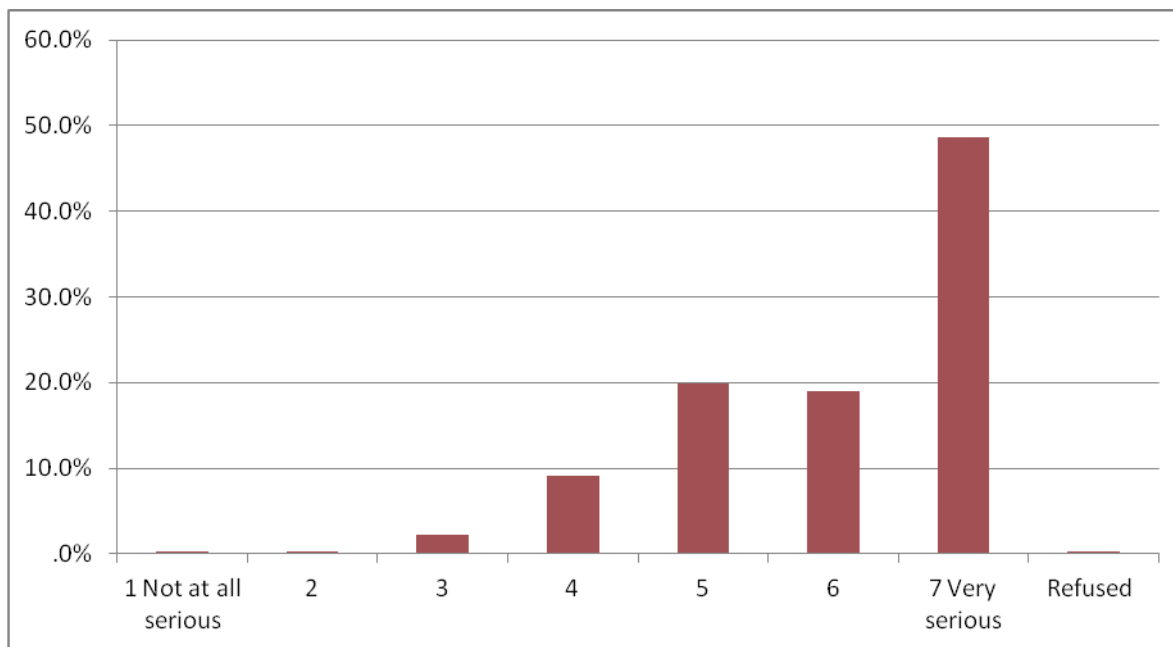
'I guess it would be communication problems and our nerves definitely suffering under the massive external stresses that we were facing that increasingly became internal. ...As the stress became greater and greater, particularly the financial one, we managed it less and less' (Female, married, 23).

'We want to be together, but we were being pushed to the limit. We don't communicate well at all and the way we react to each other is a big problem. Especially, because we are so used to the bad habits we have that it was hard to break that cycle: whatever I say evokes something in him and some things he says upset me, even if I know they shouldn't upset me. But we go around in circles like this' (Female, 25, cohabiting).

5.4.3. How serious were the reasons seen to be and for how long?

Before starting their counselling, the majority of Marriage Care clients regarded the problems they faced as being very serious. Indeed, around two-thirds of clients ranked them as 6 or 7 on a scale of 1-7 (see Figure 16) and 76% thought that their relationship was at risk of ending.

Figure 16 How serious do you consider those problems and issues to be?



Source: Marriage Care pre-survey (N=336)

For 34% of these people, the problems had been a concern for over a year, which indicates that many clients did not access support until the relationship was at breaking point and counselling was then regarded as being the only hope of saving it.

'It seemed like a last resort' (Male, 28, cohabiting).

'I wanted to save our relationship. We needed help and this was the last option, the last resort' (Female, 38, cohabiting).

As for clients of other services, relationship problems were often long-standing but in some cases a specific incident brought about the decision to seek professional help.

'The power struggle or the constant watching of one another to see who is thinking of the other person the most or the least – this competition that seemed to and still does exist between us. And then my husband had a bad fall and was immobile, and that's when it first emerged really' (Female, 50 married).

'We have been together 19, 20 years. I would say that the problems, all kind of issues, started 10 years ago, but it was since I arrived in the UK, four years ago, when I could say this got worse and worse. There were problems of infidelity and all related to it' (Female, 42, married).

In some cases, problems had not previously been identified by at least one partner, but counselling helped bring them to light:

'The issues started when the event which precipitated everything started. But now that I'm in the sessions, it seems that the issues started much earlier – years ago – and they just kept growing and growing' (Male, 42, married).

'It had been an issue for [partner] for years... There were signs obviously but maybe I was oblivious to the first signs of it all' (Male, 41, married).

5.4.4. Were couples hoping to save their relationship?

The large majority of clients requested support from Marriage Care in the hope of saving their relationship. Overall, 73% said they definitely wanted to save their relationship, while 13% indicated they wanted to do so dependent on certain conditions. Only very few (6%) were not hoping to do so via couple counselling, predominantly because they had already decided to leave, or had left, the relationship.

'It was purely about making a decision that wasn't to get divorced' (Male, 50, married).

'I was hoping that our relationship would become stronger and that was my last chance kind of thing' (Male, 42, married).

'Initially it was reconciliation. I did expect that to happen; my husband didn't' (Female, 56, separated).

'I didn't know if I wanted to be in the relationship any more because I didn't want to waste my time with him any more because of what he did. And he wanted to stay together. So he was the one that instigated it and set it all up so I said that's fine. But then whatever comes out of it comes out. [My hope] was to prove to him that I was right and that we shouldn't be together' (Female, 37, co-habiting).

5.4.5. Accessing relationship counselling

Analysis of post-survey responses revealed that:

- 70% of Marriage Care clients had attended at least some counselling sessions together as a couple
- Just below a quarter of clients (23%) indicated that they and their partner had reached a mutual decision to attend counselling. In other cases, women were significantly more likely than men to indicate that they had initiated the counselling.

While most people had found the details of Marriage Care services via an internet search, others approached the service on the recommendation of a counsellor, GP or a

priest. There was little prior knowledge of the service, either from their own previous experience or from family and friends who had used it. For several clients an internet search provided a choice of provider. In such cases, the predominant factors influencing their decision were the location and cost. Marriage Care also appealed to those who were looking for a personal service with a moral (but not necessarily religious) approach.

'My wife found out about Marriage Care online. We chose Marriage Care because it was relatively close to where we lived at the time, and the reviews were good' (Male, 35, married).

'I did a lot of research online, reading about different marriage counselling services in the area – both profit and non-profit. ... And I guess Marriage Care looked like the place that looked financially feasible for us but more importantly looked welcoming and individually tailored and seemed to portray the re-starting kind of counselling' (Female, 23, married).

'We basically Googled it and found a couple of counselling places that we were going to try out. But I think the time [of the other one] was not exactly ideal, but also I think they had like limitations – you had to book yourself in so that meant it was almost like reserving for a class. And once you'd signed yourself in you've got to pay for it ... It was more expensive as well. I think it started at £60-£65 per session. ... We couldn't afford to do that' (Female, 40, married).

This is in keeping with the overall findings of the research which suggest that low cost, a system of making an unspecified donation or paying on a sliding scale strictly according to income, rather than being charged a fixed fee, were important considerations for many interviewees. For some, however, the religious dimension provided by Marriage Care was also important.

'I believed the situation would be looked at from a religious aspect and the morals would be more important than money and stuff like that, so I thought that would be a better angle... My religious background prompted me to go to marriage counselling. I went to Father actually to ask him if he could counsel because I felt somebody religious, somebody from being a Catholic, would be able to bring us together' (Female, 58, separated).

'I looked on the internet. I chose Marriage Care because I'm quite a religious person and I knew it was religion- orientated, and obviously I could not afford the prices that these other places charge. Before I went on to Marriage Care I hadn't a clue who they were or what they'd done but ...I knew it was to do with religion and I'm quite a religious person and I totally believe in all that' (Female, 53, married).

Waiting times for the initial appointment varied, subject to local availability, with some clients reporting receiving an appointment very easily and quickly:

'I think it was the internet. ...Arranging the first appointment was very well handled, very efficient, very good' (Female, 56, separated).

'It was fine, we only had to wait a maximum of two to three weeks – that wasn't a problem' (Male, 35, married).

'Not long at all. They saw us very quickly, within about four to six weeks' (Male, 37, married).

Others reported longer waiting times, sometimes up to three months. However, the recognition that, as a charity, the service had limited resources but still operated on a low-cost basis meant that clients were generally accepting of any delay.

'We have been to Marriage Care before and that's why we chose to go again. This second time unfortunately we had to wait a lot longer for it...I think the time period was far too long, unfortunately. ... It was easy that first time round. ...You had to go through a central location this time and then they got back to you and then someone else got back to you. So no, it wasn't quite as easy this time' (Female, 38, married).

'I think it's better to start sooner rather than later, but at the same time nothing comes immediately when you want it and I think when you're getting this gift, then it's worth waiting for' (Female, 23, married).

By the time of the post-survey – around ten weeks after the pre-survey – well over half (61%) had attended between four and eight sessions. 28% had received fewer than four sessions and a small proportion (10%) had received more than eight.

Some clients were still continuing their counselling at this stage. However, among those who had completed their counselling at the time of the post-survey, 17% indicated that they had only attended one session. The survey did not specifically ask the reasons for not continuing but it is likely that some would have received the help they were looking for in the first session and others had decided that counselling was not the intervention they wanted. None of the people interviewed in the qualitative study reported ending their counselling after only one session, but there were two, unrelated, accounts of why couples discontinued their sessions, both with positive outcomes.

'I didn't really think that it was having any impact or that we were getting anywhere with it. We both had the same thoughts on that, so we stopped [after two sessions]. ...Yes, things have improved greatly. It's just my wife and I working it out' (Male, 30s, married).

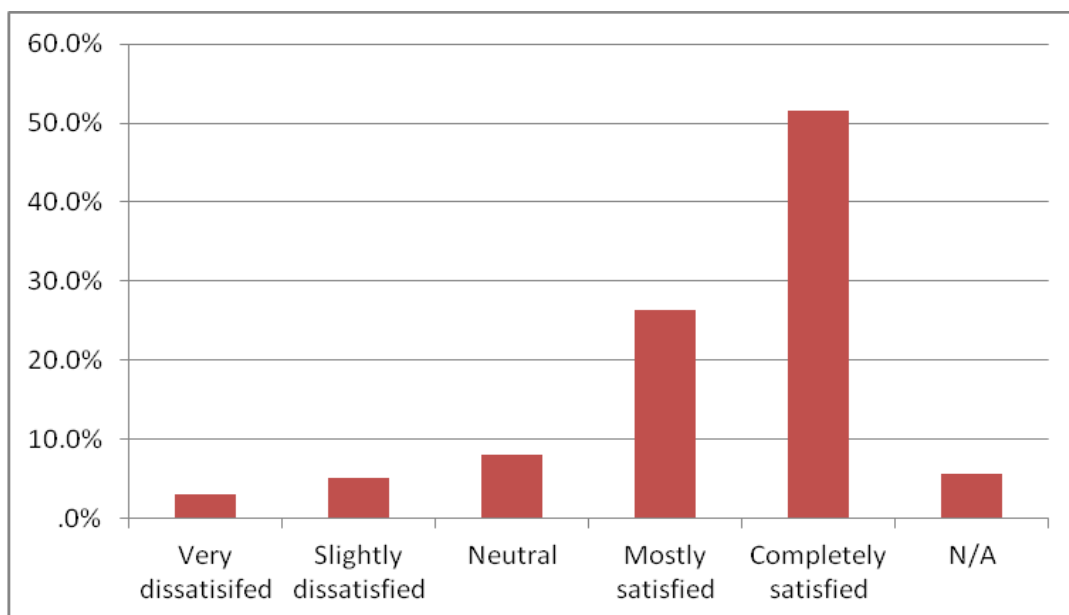
'She could only fit us in every other week at that time. It was the time between sessions that was more unsatisfactory. After three sessions we decided to stop... We both decided that it was probably making things worse than better and that we should go away and try and sort it out between ourselves...We put everything

good about this relationship [and] worked our way through it. And we got there eventually. I still think we needed the counselling to start the process, because I think otherwise you get into a little whirlpool of “I’m right, he’s wrong” and it doesn’t get you anywhere’ (Female, 38, married).

5.4.6. Satisfaction with support received

The analysis (Figure 17) shows that more than half (52%) of clients were completely satisfied and 26% were mostly satisfied with the support they received, while only a very small minority (8%) were slightly or very dissatisfied. This suggests that almost four in five clients were generally satisfied with the counselling they received.

Figure 17 How satisfied are you with the Marriage Care couple counselling?



Source: Marriage Care post-survey (N=336)

Qualitative interviews with Marriage Care clients indicated that, in common with users of other interventions, their level of satisfaction was related to the process and achieving positive outcomes. Furthermore, the ability to access counselling quickly, and the location and flexibility of arranging appointments was shown to have an impact on clients’ levels of satisfaction:

‘The timing was convenient, the location (close to home), there was a car park and it was a quiet place’ (Male, 40, married).

‘It was easy. They were very flexible. We decided the next visit each time’ (Female, 38, married).

‘[Our sessions] were weekly and, yes, they were very flexible. It was during the evening so we managed to sort out some childcare and that worked for us both work-wise’ (Female, 37, married).

'Our sessions are every two weeks for an hour but we could have had it more frequently if we wanted to. It was our choice to do it this way' (Female, 33, married).

One client pointed to the potential embarrassment involved in waiting in an area with other clients:

'Obviously they have other clients and you sort of hang around in limbo. You've got to hang around and wait with those clients. You were sort of worried that you might meet somebody you knew as well waiting outside the door, because you had to be there at a certain time' (Male, 41, married).

The process itself was appreciated for both its therapeutic and educational content. The counsellor reportedly contained disagreements, facilitated discussion and gave clients insights into how their relationship might be improved.

'The counselling is really good. I don't quite know how to describe it. I think it's like what going to an AA meeting must feel like: a healing process' (Male, 26, cohabiting).

'Whatever started in that room became an everyday continual process of anything that we were working on for the rest of the week until the next session, and they were stored until after that. And so every week it was a catalyst for a new idea or a new thought process that would lead to new solutions and I don't think that would have happened nearly as quickly or as healthily if we didn't have the opportunity to be in those sessions' (Female, 23, married).

'I think it's just opened our eyes a little bit to each of our behaviours, because I'm very stubborn so I don't listen. What I say goes and that's it and nothing changes. And so I know that I've got to stop doing that and [partner] knows he's got to stop touching the buttons to set me off. I think we've ...realised that we need to stop being so pathetic' (Female, 37, cohabiting).

Moreover, clients expressed positive views about their counsellor, commenting on the skill and ability to create a protective environment in which difficulties could be addressed.

'Curiosity, reflecting aloud, making sense of things that were being said aloud, speaking and giving one another's perspective, summarising and relating that back to what she'd been hearing... She was very containing really. She had a very reassuring presence. And she had humour' (Female, 56, married).

'She was helpful, she was excellent all the way through, and she was affirming me and just validating my feelings... Helping me move on. Helping me to try and accept what had happened, what I wanted to do... Peaceful, confident, calm, very

skilled, very experienced, very caring. She was excellent on that first session – very good’ (Female, 56, separated).

‘She was very happy and very nice and very friendly and made it very plain and very clear – she was straightforward and made it plain that she wasn’t for me or for my husband...I felt as if she knew what she was talking about. She struggled a lot with the situation. She struggled but she managed it’ (Female, 53, married).

Very rarely was the counsellor perceived as being biased in favour of one party or not able to deal with a couple’s problem:

‘I just didn’t connect with the counsellor. I know I shouldn’t have felt like this but I really felt she was on my husband’s side’ (Female, 38, married).

Some clients indicated ways in which they felt the process could be improved, for example by offering opportunities to meet individually with the counsellor:

‘If there were opportunities at the start for both to vent their feelings in a separate room from their partner, to get it out the system and then go into the next session together may help. Because my partner and I kept our cards to our chest for a while – I didn’t want to say everything’ (Male, 41, single).

In one instance where this had happened, it was appreciated:

‘I think the last few times we went individually because Marriage Care thought it would be easier for us to open up without the other partner there. I think the individual counselling has been helpful. I think I was feeling more relaxed with it and I was able to say more without worrying about (husband) getting offended’ (Female, 30 married).

Interestingly, two people interviewed recognised the potential value in using the service at an earlier stage.

‘Yes, [it helps} but not during a crisis time. I think that it’s better to use it as a preventive practice. It helps to improve the marriage and relations, it helps with values, but it works in an early stage’ (Female, 42, married).

‘If we’d have caught the counselling a lot earlier, I think it could have had a completely different outcome. Possibly even reconciliation’ (Female, 56, separated).

5.4.7. Changes in relationship quality, well-being and communication

The mean survey pre-scores and post-scores for Marriage Care clients (Table 10) show strong evidence of a statistically significant change in participants’ relationship satisfaction, wellbeing, and communication. The effect size was particularly high for the

WEMWBS scale measuring wellbeing (d=0.74). The effects for the other two scales were not as high, but they still provided statistically significant evidence of positive change.

Table 10 Change over time for three validated scales – Marriage Care

	DAS-7	WEMWBS	ENRICH
Pre-survey mean	17.68	41.57	25.51
Post-survey mean	20.27	48.39	29.81
Change over time	2.59	6.82	4.30
Effect size	0.40***	0.74***	0.57***

Source: Marriage Care pre- and post-surveys (N=336) Note: *** = significant at p<0.001 level

The improvements shown are an indication of the effectiveness of couple counselling although, as previously noted, the absence of a control group means that the study does not provide conclusive evidence that the positive changes measured can be directly and wholly attributed to the couple counselling intervention.

Qualitative interviews provided examples of the ways in which counselling had helped couples or individuals. These centred on improving their well-being, clarifying the underlying causes of their relationship difficulties, reducing conflicts and arguments, and improving decision-making about the future of their relationship. A crucial benefit to Marriage Care clients was also an enhanced understanding of each other's perspective and the benefit of adjusting their own behaviour.

'We understood the situation in our relationship where each of us was coming from. I think it made us both a lot more positive and understanding of each other's situation. ... just because we knew how things were affecting the other person's feelings, so you're more conscious of not doing certain things' (Male, 28, cohabiting).

'It made me understand things more from her point of view; seeing things that I was doing wrong; and trying to improve it. I now tend to listen a bit more and appreciate what she does ... We're able to communicate better, understand each other more, appreciate each other more' (Male, 35. married).

Couple counselling had improved individual self-esteem and sense of self-worth, both for those in relationships which were continuing and in ones which were ending.

'It has changed the level of stability, I mean, the stability of my decisions. It has increased my confidence... I feel stronger. My decisions are stronger' (Female, 42, married).

'I've been able to deal with some of the issues and problems that I've come out of my marriage with. I can deal with them and put them behind me. Counselling has

helped to understand the relationship. ...I'm more confident' (Female, 31, separated).

As noted above, communication was a stated source of difficulty for many couples when they first went to Marriage Care, and counselling was said to have changed communication behaviours, enabling partners to listen to each other. Particularly important was the ability to prevent disagreements escalating and to avoid blame and anger.

'Now I can see those flash points [of anger] coming and I am better able to manage them and it's allowed me to understand what can trigger them' (Female, 38, co-parenting).

'It has changed the way I look at other people. Rather than immediately thinking someone is doing something to upset me, I now look at things from another point of view. I also try to understand more about what I may have done that upset her [partner]. I listen more, which I don't think I ever did before' (Male, 26, cohabiting).

'We told our counsellor the peace we've had even in the first two few months of counselling is more than we've had in the last 13 years. The arguments and squabbling have drastically reduced' (Female, 40, married).

'I found it easier to talk. Before, we couldn't just sit down and talk because every time we spoke it was just a heated row. [Partner] was going to lose everything if it wasn't for the counselling because I didn't want him back anymore. Since then, his attitude towards me has changed. He is much more caring now... And at the beginning, he didn't show me he loved me and now he shows more emotions' (Female, 33, married).

The case study below (Figure 18) illustrates how Marriage Care was able to help a couple with entrenched communication difficulties to stay together by increasing their awareness of themselves and each other and developing more effective ways of avoiding conflict.

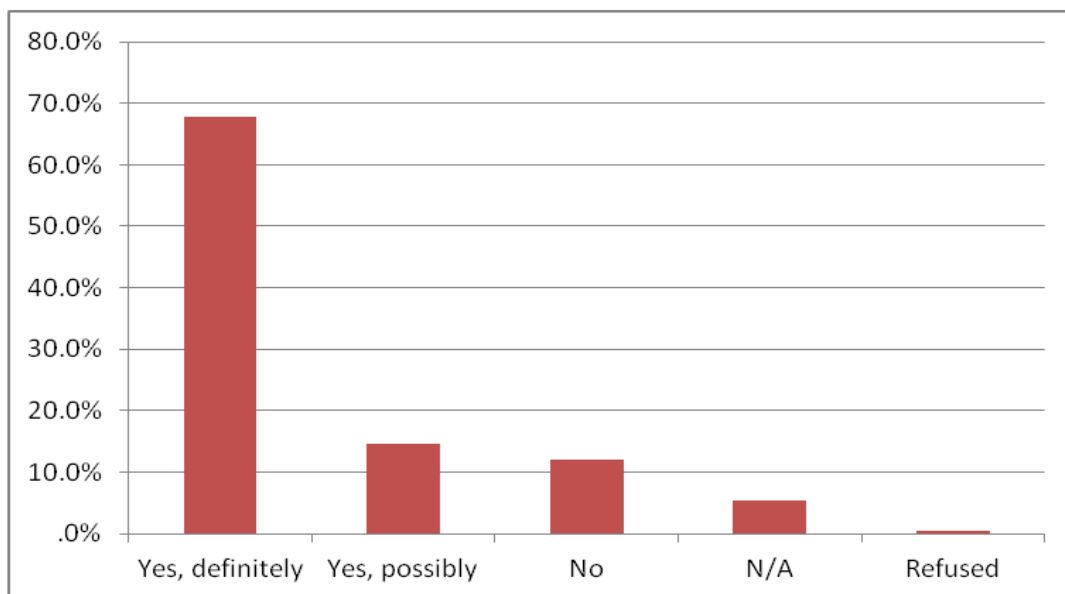
Figure 18 Marriage Care case study

<p>Issue: A young woman in her mid-20s in an increasingly volatile relationship with her partner of 3 years: <i>'We argue every day. We spend about 70% of our time arguing or not talking'</i>. They separated before but <i>'this had a massive impact on our son'</i>. Having recently become pregnant again she wanted a way to stop the cycle of conflict.</p> <p>Getting help: She <i>'didn't know where to look or go'</i> for help, so asked her GP who gave her a list of counselling services: <i>'Marriage Care was free, which is why we chose them immediately'</i>.</p> <p>Likes/ Dislikes: During counselling, she could talk to her partner without arguing for the first time: <i>'we listen to each other ... everything is completely different'</i>. The counsellor's calm approach helped her be open: <i>'he's a brilliant listener'</i>. Although they had a total of 12 sessions, 45 minutes per session did not feel long enough.</p> <p>Impact: Their communication has significantly improved: she now realises there <i>'is a pattern to how we argue'</i> and how to break this cycle. Her partner <i>'listens much more to me'</i>, and she is also more aware of her own behaviour: <i>'I understand things about myself that I didn't know – when I am being over the top and just having a go at him'</i>.</p>	<p>Issue: Her partner also in his 20s felt the problem was a lack of communication: <i>'we couldn't really speak to each other about most things, especially financial difficulties'</i>. Money troubles were causing arguments, and as a young couple <i>'we don't have a lot of experience in how to deal with this'</i>. He felt they had reached a crisis point.</p> <p>Getting help: Counselling was seen as the last resort to save their relationship: <i>'we just didn't know what to do anymore'</i>. His partner arranged the counselling and it was very quick to get an appointment.</p> <p>Likes/Dislikes: He liked the relaxed and intimate atmosphere in the counselling room where <i>'we can talk freely about things, without feeling judged'</i>.</p> <p>Impact: Counselling helped him and his partner <i>'understand that they really do need to speak more often'</i>, especially about difficult matters such as money. It has changed his behaviour: <i>'rather than thinking she is doing something to upset me, I now look at things from another point of view'</i>, including understanding his partner's upset and <i>'listening more, which I don't think I ever did before'</i>. Without counselling he feels they would have split up.</p>
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5.4.8. Change over time – other outcomes

As discussed previously in this chapter, all respondents were asked at the post-survey the extent to which the issues they brought to counselling had improved. Overall there was considerable improvement in communication and reductions in conflict and lack of support, as noted above. Figure 19 shows that, in addition, the majority (85%) of Marriage Care clients reported that counselling had enabled them to understand their relationship better.

Figure 19 Has counselling helped you understand your relationship better?



Source: Marriage Care post-survey (N=336)

Importantly, relationships were at less risk of breaking down altogether and many couples had managed to strengthen and stabilise their relationship. As indicated previously (Section 5.2.3), qualitative research participants generally fell into four categories: those who had renewed their commitment to each other; those who had achieved partial resolution of their difficulties; those who made a positive decision to separate; and those few who had an acrimonious separation. In this sample, the vast majority of Marriage Care clients decided to stay together, even in cases where separation had been a very likely outcome when counselling began.

'Yes, I can see us getting married now when before I could just see myself being a single parent' (Female, 37, cohabiting).

'We didn't separate. There was a big possibility that we would split and the counselling changed this' (Male, 40, married).

'Had we not gone to counselling, I would have definitely filed for divorce – I was already in the process' (Female, 33, married).

'Without it, we would have definitely broken up' (Male, 33, married).

The most common outcome was a cautious optimism about the future:

'We are still in a bad place. We have not changed enough but we have seen a small change: the way we talk to each other is now different ... Now, I feel that, though there is still a long way to go, I think about the future again. If it hadn't been for the counselling, we wouldn't be together at all anymore because our communication difficulties were too many' (Male, 26, cohabiting).

'And for the first time in a long, long time we can see that actually we could live together happily if we chose to, if we manage our behaviour and try and understand the other party more. So for me it's obviously a 180 degree turn in my expectations because I obviously didn't think that it was going to save my marriage.... I can't say I've regained what I have lost for my husband, but we are going through the process of trying' (Female, 40, married).

In one case, the help received was deemed to have not been adequate to save the relationship:

'I honestly think that we probably would have still been together if we'd had appropriate help' (Female, 43, separated).

The more typical scenario in the few instances where separation did occur was that one partner had previously made the decision to leave the relationship:

'During the second counselling session my husband texted me that he had decided to permanently separate and I was to use the counselling sessions to come to terms with it' (Female, 56, separated).

Overall, most of the couples in the interview sample who accessed counselling through Marriage Care described beneficial and positive outcomes for their relationship, including those cases where counselling had helped them accept that the relationship had ended.

5.5. The Tavistock Centre for Couple Relationships (TCCR) couple counselling

Established in 1948, the Tavistock Centre for Couple Relationships (TCCR) is part of the Tavistock Institute of Medical Psychology (TIMP) and 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, although its main focus is on the provision of training for psychotherapists and counsellors and other allied frontline professionals. TCCR is based in two sites, both in London.

TCCR provides support to about 2,916 individuals each year: on average, just over half of whom are new clients. Most (around 80%) receive relationship counselling, delivered by one counsellor in a 50 minute session on a regular weekly basis. 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. The sessions are delivered in one of the two TCCR sites though previously sessions have also taken place in Children's Centres and GP surgeries. Couples included in the study received either relationship counselling or couple psychotherapy.

All clients have an initial assessment session to ensure appropriate help is offered. Clients can book this first session through an online booking system. Waiting time

between registration and first appointment was reported to be currently very short. The initial appointment, lasting about an hour and a quarter and involving both partners where possible, is an assessment session to determine the type and level of support needed. Ongoing sessions are delivered by a different therapist from the one who carries out the assessment.

All TCCR therapists – TCCR faculty staff and visiting clinicians – are highly trained to doctoral, or at the very least post-graduate, level. Qualified therapists are members of the British Association of Counselling and Psychotherapy, the British Psychoanalytic Council or the United Kingdom Council for Psychotherapy. Trainees working towards these academic and professional accreditations also deliver services under close intensive supervision.

TCCR is a pioneer of new methodologies, innovating and researching the effectiveness of these new interventions. In the core services, the approach is based largely on a psychoanalytic/psychodynamic methodology, though behavioural and mentalisation-based approaches (Allen and Fonagy, 2006) are also delivered within particular contexts. Psychoanalytical methods help couples make links between past events in childhood, and how this has created patterns of relating played out in the dynamics of the current relationship. The therapist provides a containing space in which these dynamics can be understood and reflected upon in the 'here and now' of the session. The relationship between the therapist and the couple is also seen as very important to the treatment process.

Charges for individual sessions vary, depending on what clients can afford. The maximum fee is £150 per session and there is no minimum fee, though it is considered important that clients do pay something, no matter how small. There is also no fixed duration of support. This is seen as an important factor which allows for the length of therapy to be linked to the severity of the couple's difficulties and their needs: *'our open-ended approach means there's no pressure'*. The mean treatment length is just under eight months, while around 38% of treatments last six months or more. This is usually considered to be the minimum for there to be *'some helpful, significant change'*.

Unlike the sample of clients from Relate and Marriage Care, TCCR clients were primarily resident in London and, on the whole, were more affluent than those who went to the other providers studied. Since TCCR's charging policy is on a scale commensurate with clients' income, for the most part the clients interviewed were paying more for counselling than users of the other three couple counselling services included in the study. Nevertheless, there were some cases where clients' low income meant that they paid substantially less.

5.5.1. Reasons for attending couple counselling

The main reasons for accessing counselling were similar to the ones given by those who accessed support through other providers and in many cases were seen as a final attempt to rescue the relationship.

'My husband and I were drifting apart quite profoundly – he was getting more and more disengaged with his work, with his family, with us as a couple. We stopped sleeping together – I didn't want to be anywhere near to him and we were just completely leading separate lives. And because of that I ended up having an affair. ... We weren't a happy family and we weren't happy people in ourselves. And we weren't achieving what we should have been' (Female, 49, married).

'We had been living together and then both us were unfaithful. Once we found out we decided to leave the home we were sharing and we lived separately for a year. But even though we both knew that we'd been looking for support from somewhere else, we carried on seeing each other and we had a lot of difficulty separating. So then I suggested counselling' (Female, 38, married).

'Counselling was a last resort as we were living together but took up separate rooms. We wanted to stop the drift' (Male, 38, cohabiting).

Often the catalyst for accessing support took the form of an incident or event which had escalated existing problems.

'We had some on-going relationship issues which were heightened by the discovery of my girlfriend's pregnancy' (Male, 30, cohabiting).

'It had been there before that, slightly in the background, but there was a big dispute last July and that rather rocked the boat' (Male, 83, married).

In two such cases, the presenting problem was that one partner wanted to have a child while the other did not. While this was acknowledged as a threat to the relationship, neither partner wanted the relationship to end.

We were on a crossroad: I wanted a family, he didn't want any children. The dilemma was such that we either should have worked through it or split up... This issue about the children has been there throughout the relationship, four years really' (Female, 30, cohabiting).

'We'd been together for about two years and we'd come to an impasse. I could see why she [partner] did want a child even though I didn't, but I was concerned about how I could accommodate a child in my life. The relationship would be over if we didn't go ahead and have the child but it would mean great changes for me if we did' (Female, 48, civil partnership).

In some cases, the problems appeared to be very complex, or it could be that the in-depth counselling received had helped clients to become more aware of and able to articulate their complexity. There were very few instances where the issue was described simply as 'communication'.

'The issue we were trying to resolve was infidelity on her side and financial pressures on me. But really it was about not listening to each other and about value. We were projecting baggage on to each other or obsessing' (Male, 38, cohabiting).

Some clients indicated that they had accessed counselling to resolve personal issues that went beyond their current relationship. These included problems within the wider family, problems at work or issues from childhood.

'My husband was very successful and was made redundant. At the same time we discovered that his mother had Alzheimer's: this triggered the recurring issue and we decided to go for therapy... We were working on a problem that was two decades old and rooted in childhood. The key problem was loss. I had left [home country] with the aim of coming to the UK to do a PhD and return. I didn't do this as I got married instead and I think I hadn't acknowledged the loss of both the further study and the related sense of displacement' (Female, 59, married).

Typically, one partner in the couple – usually the female – suggested couple counselling but the other partner was a willing participant, even if there was some initial reluctance.

'Within the relationship things were not going as we'd hoped and we found that the more conversations we had about the relationship the more we were beginning to wonder if it had run its course. There was confusion about what to do next and we needed some guidance on whether we should break up or not. My partner suggested it' (Female, 40, cohabiting).

'I felt it wasn't going to necessarily achieve anything and I felt I was quite busy getting on with my life and I felt it would be detracting from the other things that I was doing, and that basically it would be not a constructive use of my time. [But] I could see that [partner] was keen on it ...and this was a completely different relationship to what I'd had in the past. So I think it was fair to deal with this relationship with fresh respect and try and do the analysis in the way that it deserved' (Male, 47, separated).

Notwithstanding the overall agreement on the reasons for attending counselling, partners sometimes went with different expectations of the outcome. In one case, the husband acknowledged that 'There were difficulties between us so we had to either split or sort them out' while his wife's view was that:

'we would end up coming to some kind of amicable ending – my husband was very much trying to fix the marriage. He wanted the relationship to go on, but I saw it as an ending' (Female, 49, married).

5.5.2. Accessing relationship counselling

As with the other service providers, a common route to accessing TCCR was via an internet search:

'I suggested it and my partner agreed so I started looking online and TCCR was the first place that came up through a search. Then I went on their website and read about it and it seemed fine, so I rang up and made an appointment' (Female, 38, married).

However, compared with other providers, there was greater variety in the methods by which clients came to access TCCR. One client stated that she had asked her GP for advice on where to go and he had suggested TCCR, although her husband stated that he thought the recommendation came from a friend. Another had been attracted by the fact that TCCR clearly stated that they counselled same-sex couples and was further encouraged by their advertisement in a nearby Underground station:

The TCCR advert was very good: "Do you want to be happy together?" (Female, 38, cohabiting).

A personal recommendation from family and friends was also a key factor in choosing TCCR, as was personal knowledge of the service. Among those who worked as counsellors or in the wider psychotherapeutic field, TCCR was regarded as being 'the gold standard' in relationship support.

'The provider was recommended by my mother' (Male, 30, cohabiting).

'If you want a good therapy, Tavistock is the place...everyone in the profession knows this' (Female, 40, separated).

'I chose the Tavistock because of my own training [as a therapist] and their reputation. I had some of their leaflets through my work. And my ex-tutor works for them so I contacted him and he thought it was a good place to go. Then I looked it up on the internet' (Female, 65, cohabiting).

A number of interviewees had previously received counselling either individually or as a couple, and sometimes both, and their familiarity made them less reluctant than some other service users to undertake couple counselling on this occasion.

We did counselling when my husband and I met. ... And I had psychotherapy as well some years ago but that's very different so it doesn't count (Female, 49, married).

I've had analysis before so I was familiar with what might happen (Female, 59, married).

Most clients who were interviewed reported they had experienced very little waiting time – typically one or two weeks – between the initial contact with the service and attendance at an initial assessment appointment and were very pleased with the speediness of the response.

'We were told there was quite a long wait but it was only a couple of weeks before we got our assessment and then there was a short delay, maybe three weeks, before we were signed up for our regular appointments. The delay wasn't a problem because the issues in the relationship had been bubbling along for over a year so there was no rush' (Female, 40, cohabiting).

On the rare occasions where the waiting period was longer, this did cause clients a problem:

'There was a long waiting time before we had the first session. ... After the initial assessment, things moved quickly but the first wait was too long, we were getting desperate' (Female, 59, married).

Most of those interviewed in this sample were either childless or had adult children and, thus, childcare was never stated as an issue for consideration in arranging appointment times. However, many clients reported requesting evening appointments to fit with work commitments – a particularly important factor for TCCR clients as the regularity of appointment times is an important aspect of the way the service is structured. This was usually accommodated without too much delay.

'We wanted an evening appointment and that was ok. We didn't have to wait. [It was] a very accessible service and very flexible' (Male, 35, separated).

We went every Monday from 7 to 7.50 which was perfect for our work. It just became part of the working week and Monday was good because there was plenty to discuss from the weekend (Female, 38, cohabiting).

In only one instance did a couple report having to wait for a considerable length of time and then being offered a time earlier in the evening than they would have wished.

'We had to wait for an evening session, and waited 2-3 months for one after our initial session. Later in the evening would be better for people who are working. It's quite hard that they can only do 6pm, which is not ideal' (Male, 38, married).

Because of the nature of the TCCR approach, couples tended to receive counselling weekly and over a longer period of time than was the case with the other three couple counselling services. In this sample, the duration of the intervention was between two

and 18 months. The expense could prove to be an issue for consideration for those attending for the longer period of time:

'I knew we would have to pay but it was more expensive than I thought it would be – because it went on for a long time and there were two of them. [But} they were always clear about the cost and gave you time to think about it. We always made the choice together about continuing with it' (Female, 65, cohabiting).

Most couples attended counselling on an open-ended basis, rather than for a fixed number of sessions. The appropriate time to finish was usually decided in agreement with the counsellor, but in some cases the fluidity of the arrangement could provide an additional source of anxiety to one of the partners.

'We did discuss this with the therapist. My partner had brought the subject up at home and then we spoke to her about it. We made a decision with her in the room and eventually we gave what we thought was a good time to end it – just before Christmas. She was very kind in saying that we could go back if we wanted to: there was a bit of anxiety from us but I think we were ready [to finish]' (Female, 38, married).

'When we split my ex-partner wanted to continue the counselling together ... but I wanted to know how long we should continue to see the therapist: Forever? Months? [The counsellor] didn't help to address this question and I found this difficult. It was a problem because my partner was emotionally controlling ... this pressure to come to the sessions is a part of the control' (Female, 40, separated).

Moreover, TCCR clients very much appreciated the opportunity to access follow-up sessions, even if these were not taken up.

5.5.3. Satisfaction with support received

It is worth noting that the sample of TCCR (and AFCS) clients were selected in a different way from Relate and Marriage Care qualitative interview participants. Instead of selecting a cross-section of clients from the post-survey sample, TCCR clients were asked by their counsellor as part of their last session whether they would be willing to take part in the research. This means that it is possible that this sample included more favourable responses than those from the other two providers.

There was overall satisfaction with the process provided by TCCR couple counselling among the sample of couples interviewed as part of this study. Nevertheless, some clients had no previous experience of this particular style of counselling and some stated that they would have liked clearer explanations about the structure and what to expect in each session.

'It was difficult initially because of the style: issues to come from us rather than from the counsellor; it was up to us what to discuss, so it was difficult to decide where to start' (Male, 30, cohabiting).

'It would have been nice to be introduced to the concept of counselling and what is expected' (Female, 30 cohabiting).

Notwithstanding the initial confusion, it would appear that clients soon became accustomed to, and genuinely valued, the process used by TCCR counsellors. There was particular appreciation of the way in which the counselling was able to look beneath the surface of a presenting issue and explore other factors involved in a couple's relationship, even when doing so might be an uncomfortable experience.

'It just illuminated what the issues were, it just helped to unpack the issues which were there by talking about what the problems were and shining a light on them to see what they were and to give them a shape and be able to see them better' (Male, 47, separated).

'It was at times quite distressing but I know that ...therapy is by nature distressing and still very helpful' (Male, 35, separated).

Couples did not receive individual sessions and did not express a wish to have done so: there was an understanding that this would not have been appropriate or, indeed, necessary. This is illustrated in a case where the wife stated that she would have liked to go on her own *'just once'* but considered that it would not have been correct as it might have worked against her husband. The husband was in agreement, stating that:

'I think individual sessions is missing the point. It's nice to get everything off your chest and put your point of view but... it's got to happen when you're together and you listen to each other. I think that is the benefit' (Male, 83, married).

Although clients might sometimes have struggled with the concept and structure of this particular type of couple counselling they were, without exception, extremely positive about their counsellor, in terms of both personality and skills.

'I would give her 10 out of 10! She was just fantastic. She was very experienced, compassionate, very to the point, acknowledged the pain, she was able to read in between the lines and get to the point. I hope she lives forever, she is a gift to the human race!' (Female, 59, married).

'We both liked him. He was very balanced in his judgement and he had the same sense of humour as us. We both have a very dry sense of humour – even when we're talking about really serious things – and he could respond and join us. He knew how to analyse that way of communicating and see the serious points we were making underneath the humour. He was very much on our wavelength' (Female 49, married).

'What I found really good was her way of pinpointing things that would come up in the session, then she would direct attention to this one point where the tension was. It was a good way of picking up on what could – and usually was – the underneath issue rather than the surface one. She made us reflect on that. It was a very insightful way of getting to the real issues – this capacity to go further and deeper into an issue and allow us to get a different perspective on it' (Female, 38, married).

Figure 20 TCCR case study

<p>Issue: A woman aged 30 had been with her partner for four years but felt <i>'we were on a crossroads. I wanted a family, he didn't want any children'</i>. This issue had become increasingly difficult to the extent she felt they would split up.</p> <p>Getting help: She found out about TCCR online, who helped them get an appointment quickly, including <i>'evening sessions [which] was important so there was no impact on our jobs'</i>.</p> <p>Likes/ Dislikes: She liked speaking to someone outside their relationship and the way it enabled them to work through difficult issues: <i>'by talking through, you learn to communicate at a deeper level rather than day-day things'</i>. However, she found the counsellor's approach of keeping silent at the start of sessions challenging: <i>'I would ask how she is today and no answer! Weird!'</i></p> <p>Impact: As a result of the counselling they decided to stay together and have children which <i>'was a huge step forward; we would never have got engaged without it'</i>. It also improved their communication: <i>'now we talk when things are not right rather than letting such issues go and fester'</i>.</p>	<p>Issue: Her partner also aged 30, felt they needed to communicate better and <i>'to explore more openly their relationship and to get balanced decision- making about having children'</i>.</p> <p>Getting help: It was his partner's suggestion to go for counselling, and they found it <i>'easy to set up the sessions – one hour over 8 weeks'</i>. He was uncertain about going at first but <i>'it was not as awkward as I supposed it would be'</i>.</p> <p>Likes/Dislikes: He liked that the counsellor was clearly <i>'dedicated'</i> to helping them, <i>'a good listener, understandable, empathetic and patient. The use of body language was especially good'</i>. However, counselling was not an easy process: <i>'talking about your private life is uncomfortable'</i>.</p> <p>Impact: The most important outcome from the counselling was that they decided to get married: without it <i>'I think we would have split'</i>. It also helped him <i>'see that [their relationship difficulties] were the result of a problem of communication'</i>, and that the counselling improved this by <i>'giving us time – it forced us to discuss the key things'</i>.</p>
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The above case study illustrates the way in which the TCCR approach helped a couple to explore how their pattern of communication impacted on the relationship – with

potentially negative consequences. It shows how the positive experience of counselling helped them to make a positive decision about the future of their relationship.

5.5.4. Outcomes

While the outcomes identified by clients receiving counselling from Relate and Marriage Care often focused on their improved communication and individual well-being, as well as the relationship itself, clients in this sample of TCCR users were more likely to refer to changes in their own attitudes and behaviour. It appears that these may have stemmed from the increased understanding and self-awareness they had gained. In turn, they were often able to document benefits to their relationship, even in cases where a separation might have been envisaged when they first accessed TCCR.

'I have a better understanding of myself and what role I play in the relationship – the marriage. I've changed many of my ways that were negative and damaging to us as a couple...I was really selfish and I wasn't really interested in my husband – I didn't understand how to talk, how to discuss things in a way that isn't attacking, because that's what I was doing.... But now if something is bugging me, I'm able to say that obviously I'm not happy with what has happened and use the techniques that I've learned through counselling' (Female, 49, married).

'Having therapy had an impact on all the family, and generally on the emotional temperature. I learnt not to hold my husband in contempt and to stay calm, rather than being angry. I no longer walk out on a disagreement, but stay and question. My husband has become generous rather than mean. He has come to understand that sometimes a trauma creates loss. As a result he has become more generous, and creatively generous' (Female, 59, married).

'It had a great impact on our communication – and on our behaviour which is connected to communication. It improved a lot and now if we have obstacles it's not the end of the world. We used to hold grudges longer and we can get over these now. We've got more self-awareness now and can put things into perspective' (Female, 38, married).

All the couples interviewed felt that there had been a long-term positive impact from having used couple counselling. In many cases, this was a re-affirmation of the relationship, while in others it was confirmation that the decision to separate was the right one for them. Of note is the absence of any cases of either an acrimonious decision to separate or of a partial resolution to stay together.

'When I went I thought it would help me break up the relationship. But it helped me see things in my partner and in the relationship that I valued. In fact it helped us both re-discover elements in the relationship that we had discarded but in fact were valuable and important to us' (Female, 38, married).

And her partner remarked:

‘Yes, it has made a difference to our relationship, now we are looking towards the baby and being together’ (Male, 38, married).

5.6. The Asian Family Counselling Service (AFCS) couple counselling

The Asian Family Counselling Service (AFCS) originated as a two-year project in Bradford under the umbrella of the then National Marriage Guidance Council (now Relate). At the end of the two years, in 1985, Rani Atma, who had been heading this project, decided to establish it as an independent charity with the aim of providing sensitive and culturally appropriate counselling to Asian communities settled in Yorkshire. The following year additional national offices opened, and currently AFCS operates in two locations – in London and in Birmingham. In London, there are three counsellors (two full-time equivalents) and one volunteer and in Birmingham there are two full-time counsellors and five volunteers. AFCS is now England’s leading counselling service for individuals, couples and families of Asian communities.

AFCS counsellors are recruited from the main Asian communities and have a full understanding of the different cultural customs and religions, and speak the major Asian languages. AFCS was founded because mainstream counselling services were thought not to be sufficiently reaching Asian families and were providing types of counselling based on western world-views that were not sensitive to culturally specific family problems. This includes language barriers and misunderstanding of family customs such as engagement, marriage, childcare and family honour: *‘Marriage in Asian communities is not about two individuals but two families coming together and therefore collective happiness is more important; whereas in the western way of life it is more about individual happiness’* .

Due to high demand and staff capacity, there is usually a waiting list of around four weeks.

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). However, while the counsellors are trained in this western model, AFCS has adapted its service to make it more culturally appropriate. This includes offering what they see as a holistic approach, which includes looking at the whole family in individual or couple sessions or providing family therapy with wider family members. It also includes supporting the person as a whole, which means that counsellors often adopt a case-work approach to provide information, advice and guidance in other areas of their life. For example, in complex cases such as domestic violence, forced marriage or abandoned spouses, staff would signpost clients to other services and support them in accessing housing, benefits and legal assistance.

Each session lasts approximately one hour with one counsellor. Previously, the service offered counselling sessions to clients with no upper limit for the number of sessions, but due to capacity issues they now initially offer six sessions, with the potential of increasing this to 12 or 18 sessions for more complex cases. However, in their specialist work with cases of domestic violence, forced marriages, child abduction or abandoned spouses, AFCS will not set a limit for length of support.

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.

AFCS targets minority ethnic couples from Asian communities which may not be reached by other providers. Qualitative interviews suggested that AFCS clients had very high levels of vulnerability including severe mental health problems (depression, self-harm and suicide), issues with alcohol and drug abuse, domestic violence, and physical ill-health (mobility issues and cancer, for example). The service also works with complex cases involving refugees, asylum seekers, abandoned spouses, and people in forced marriages. Most of the clients faced financial hardship and were not required to pay for the support provided. Some clients reported that they had such serious difficulties that other providers would not take them for counselling:

'No-one else would take me on...I was too emotional. I was very distraught and was looking for support and I felt really let down. But if I had found out about the AFCS earlier I may not have fallen into such a deep depression. I took an overdose. But now [after receiving couple counselling] I am much better. I am not self-harming any more' (Female, 43, married).

5.6.1. Reasons for attending couple counselling

Qualitative interviews with AFCS clients identified very similar reasons for seeking counselling as for those who received help from Relate, Marriage Care and TCCR. Thus, in many cases, couples said they had accessed counselling as a last resort or in response to a particular crisis or incident.

'He finally said that he wanted to marry someone else and then we knew it was all finished. It was a big shock for everyone' (Female, 43, divorced).

One couple had started counselling after the wife had discovered an incriminating photo of her husband. Her husband described what had happened:

'I went to an office party and I was pissed and I ended up kissing a colleague...someone took a photo of it and gave it to me afterwards. So I felt guilty about it and I thought I'd keep the photo and I'd tell her [wife] about it sometime when the time was right, but then...we were shifting things and re-decorating the

house and she found the photo. That was the changing moment when she decided to go for counselling' (Male, 54, married).

His wife admitted that, even before this incident, they had experienced problems in their relationship. The threat to its viability was the deciding factor in accessing professional help.

'My home-life with my husband was not very good. I did try to solve this with him ourselves but it didn't work. He is not very talkative and is very quiet. He just shuts me out of his life. He doesn't answer anything except "yes" or "no"' (AFCS, Female, 52, married).

In one or two cases, what had begun as individual counselling became couple counselling, or vice versa, at the suggestion of the counsellor. This illustrates the flexibility of AFCS in addressing clients' needs.

'I started the counselling for other reasons but it turned into couple counselling. I found that really helpful' (Female, 32, cohabiting).

'I started off as a couple, but she [wife] only attended one session. She didn't bother to go to more. Because my wife was refusing to attend the sessions, the counsellor called her up but she never got back to her. I was facing a low point. I really needed someone to talk to and some help, so I carried on with the sessions myself' (Male, 34, divorcing).

5.6.2. Accessing relationship counselling

Very few AFCS clients in this sample found out about the service via the internet and only one reported having heard about it from a friend: rather, couples were most likely to attend AFCS following a professional referral, in some cases as a result of a client's involvement in the criminal justice system, but more commonly from a GP.

'I heard about them really easily. My GP told me: this was in April and I'd split up with my partner at the end of March. I told her I was going through this at the moment and I was really down. She said that the AFCS would be suitable' (Female, 43, divorced).

Typically, clients saw counselling as offering a safe environment in which to address their particular needs, especially if they were particularly distressed or if domestic violence had been a problem. This view was, for example, expressed by both partners who had experienced significant problems in their relationship. The husband said that:

'We were looking for some kind of expert, a neutral person, who could see both sides and hear both sides and then tell us their opinion – if you're going to do this, it will lead to this' (Male, 41, married).

His wife expressed a very similar hope:

'I wanted to be in a safe environment with somebody neutral. I was too emotional at that time – I couldn't calm down. It was about having somebody neutral who could see both sides and who could listen to your difficulties' (Female, 43, married).

Nevertheless, many potential users of AFCS were initially confronted by both personal and cultural problems which made them reluctant to take up counselling.

'My husband found it more difficult: he wasn't sure about speaking to an outsider about very sensitive issues. He doesn't like to admit any weakness; he is the strong silent type' (Female, 43, married).

A number of interviewees also raised a particular fear of others within the community finding out that they were seeking professional help.

'For Asian families it matters what other people think. You don't want others to know. You don't want others to judge you. Even just in families. They would look at you and say there is something wrong with her [with the wife]. They wouldn't look at the husband's mistakes. It is a cultural thing' (Female, 52, married).

Some couples reported that the waiting time for an initial counselling appointment had been problematic to them, even when this had been only a few weeks.

'The waiting list was difficult. We had to wait about two or three weeks. If people come for counselling then there needs to be a quick turnover because you don't know what mental state they could be in' (Male, 40, married).

The problem was marked in AFCS where limited resources restrict the number of evening sessions available:

'It would have been helpful if they could work out of hours...getting appointments after 6.30pm. The waiting list here is too long' (Female, 43, married).

The number of sessions which couples in the sample had received was very variable, ranging from nine or ten (in addition to any individual sessions received) to counselling which lasted for over a year.

One of the significant features of AFCS is the way in which it works towards a controlled ending of counselling and the gradual withdrawal of support. Sessions are often initially offered on a weekly basis, then fortnightly and finally every three or four weeks. This eases the transition to ending counselling and helps couples to become more self-reliant in resolving their difficulties.

'He came out of prison in August and we started couple counselling in September. We went until April [the following year]. So about six months. Right at the

beginning we were coming every week, and then fortnightly, three weeks and the last session was four weeks later' (Female, 43, married).

5.6.3. Satisfaction with support received

The sample of AFCS clients was selected in a different way from Relate and Marriage Care qualitative interview participants. Instead of selecting a cross-section of clients from the post-survey sample based on their responses and demographic details (see Appendix 5), AFCS clients were usually asked by their counsellor as part of their last session whether they would be willing to take part in the research or contacted by AFCS retrospectively. This means that it is possible that the sample included more favourable responses than the samples for Relate and Marriage Care.

All of the AFCS clients interviewed were satisfied with the support they had received. As was the case with users of the other three couple counselling services, this was linked to the process and the interaction with the counsellor, but an additional factor in this case was the holistic and flexible support provided. As noted above, this included providing different types of counselling: for example, transitions from individual to couple to family therapies and vice versa, and tailoring the number of sessions to a couple's needs. It also included working holistically with different family members alongside the couple, including parents, in-laws and children. There were also examples of counsellors providing couples or individuals with practical help, including signposting and referrals to housing support, financial advice, help for employment issues, language learning, or health services. The couple's well-being was often connected to wider problems they were facing, so practical assistance in helping them solve these issues alleviated stress and anxiety and afforded the means for their improved coping and ability to take control of their life.

A further – and crucial – factor in client satisfaction was the cultural perspective and understanding offered, which several clients had found lacking in other services.

'When we went to the first lot of counselling they were White and they didn't speak our language, so there were lots of things that I wasn't sure they understood' (Female, 43, divorced).

'It is a vital service, to have someone who understands the culture' (Male, 39, married).

'There are lots of cultural issues that are never truly understood unless by someone in the culture. While some issues are common [across cultures] there is a dynamic of trying to manage things in a certain cultural context. There is a lot of pressure and expectation from immediate family to find a partner and what is accepted' (Female, 43, married).

The case study below shows the way AFCS couple counselling was able to provide culturally sensitive support for couples facing a range of issues in a complex situation.

Figure 21 The AFCS Case Study

<p>Issue: A Pakistani Muslim woman in her 40s found out her husband had a long-lasting affair which triggered serious mental health issues: <i>'my self-esteem was so low. I couldn't cope. I was so distressed. I was self-harming'</i>.</p> <p>Getting help: The first service they tried refused couple counselling as her needs were so severe: <i>'I wanted counselling but I felt really let down'</i>. Six months later, her GP referred them to AFCS, but in the interim she attempted suicide: <i>'If I had found out about the AFCS sooner, I may not have fallen into such a deep depression.'</i></p> <p>Likes/ Dislikes: She particularly valued the neutral and compassionate counsellor with <i>'no judgment, no taking of sides'</i>, but she would have liked evening appointments to fit better with work.</p> <p>Impact: Counselling improved her well-being significantly by alleviating her depression: <i>'I am not self-harming anymore. I have a new job and we're [her relationship] in a better place'</i>. It also improved communication: <i>'it made me realise where I had been going wrong...it has helped us stop things escalating'</i>, and to better understand each other's needs: <i>'to see the whole picture and shift our perspectives'</i>.</p>	<p>Issue: The husband, an Indian Hindu, felt that their problems were deep-rooted. He saw his affair as an expression of underlying unhappiness related to high conflict in their marriage: <i>'I wanted a divorce. I just felt I couldn't take it anymore... I was looking for some sort of escape'</i>.</p> <p>Getting help: He felt guilty about the affair and was frantic for support, especially when <i>'my wife tried to commit suicide I was desperate. [What] can I do to stop her doing these things?'</i></p> <p>Likes/Dislikes: Having an Asian counsellor who understood their cultural background was important: <i>'[Others] wouldn't have a clue...like we're Asian Pakistani and Asian Indian...culture wise we're way apart'</i>. But he had found the emotional process hard: <i>'everything came out then, everything was exposed'</i>.</p> <p>Impact: Their communication improved substantially after counselling, with a reduction in conflict: <i>'Before we used to shout at each other with the kid sitting there...but now we try to resolve the issues ourselves and talk about it'</i>. It also helped him realise how much he loved his wife: <i>'to be honest I don't know how to live without her'</i>.</p>
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The vast majority of clients had no previous experience of counselling or of similar non-judgemental support and, as with those who were new to TCCR's style of counselling (see Section 5.5.3), there could be some initial difficulty understanding an unfamiliar method.

'At the start I didn't understand the process. She got us to talk about different situations. We didn't just speak about us but also our family background and friends. In the first sessions I didn't know what it all meant. My thoughts were that in life these things just happen. But it improved. At the start I thought it wouldn't work. .. But after six or seven sessions I then understood [what the counselling was about]' (Female, 29, married).

In some instance, there was also acknowledgement that the experience itself could be painful:

'I mean that it's hard to watch your partner, someone you love in pain and crying, and knowing that it's kind of your fault or what you are saying that is causing them to cry, you know?' (Male, 39, married).

Clients were highly appreciative of having a counsellor from the same ethnic and linguistic background, with an in-depth cultural understanding of Asian families and communities. This included counsellors understanding culturally specific issues around gender, the role of marriage, and relationships with in-laws and wider kin. Many interviewees described the counsellor as feeling like a trusted family member, but one who could remain impartial and could maintain control of the discussion.

'The counsellor didn't give her opinion or any judgment on what was happening. That's the thing I appreciated. She wasn't giving advice, but it was a listening ear - making sure each person could speak, or pointing out certain things we said to emphasise certain points from a different angle. That's why it worked for me ... I wish I had her calmness, it created that environment that was conducive to what was happening. ... [And] she had that understanding of the culture' (Female, 43, married).

'The most I liked was my actual counsellor. She was very approachable; really easy to talk to and she could really relate to you – was very emphatic and understanding. She was very caring – like a mother figure' (Female, 32, cohabiting).

The fact that the counsellor could also be direct was welcomed:

'She is a very understanding person. Like someone in your family. She suggests solutions, too, and helps you think and accept that you may have done things wrong. She is very straight with you. I like that' (Female, 29, married).

Such directness was instrumental in leading to a change of heart in one client. One interviewee who had had an affair said that when he first attended counselling he had expressed a wish to end the relationship, but that expressing this hope in the first session, and the reaction of the counsellor, had changed his mind.

'So when we had the initial meeting I said I want to move out – and she [the counsellor] was very clear with [his partner]: "This relationship is finished so you might as well move on. It's very clear – he's given you a very straightforward answer' (Male, 41, married).

Asked how that had made him feel, he responded:

'That scared me, because deep inside I wanted to stay in this marriage. I've been with her for 20 years and to be honest I don't know how to live without her. But I was so guilty and I didn't want to face her and that's why I told her those things. But deep inside I wanted to be with her' (Male, 41, married).

Several people interviewed expressed a wish for further support in the form of more sessions either with or without their partner (and sometimes both) or subsequent 'top-up' sessions six months or one year later. There were several cases where clients felt that they needed individual support and guidance on how to convey or respond to difficult messages or the opportunity to discuss new or unresolved issues with someone whom they trusted.

'I would like to come in for more sessions just for myself. Have I disclosed everything that has hurt me? I know that I haven't...and I think I will hurt his feelings' (Female, 44, married).

'Sometimes telling the truth can leave a deep hurt inside you. I still feel the side-effects of this. When someone puts it in words that, yes, they have done this to you, to hurt you and did it deliberately that is very painful' (Female, 40, married).

'I think it should be like when you have radiotherapy or surgery – if you are discharged you are called back for check-ups six months later, and then the following year ... Problems aren't going to be resolved 100%. With me the problems just came back ... what I needed was every six months a catch-up session' (Female, 38, married).

5.6.4. Outcomes

Almost all AFCS clients could document the beneficial impacts of counselling, some of which were similar to those experienced by users of other services. In many cases, these were related to improvements in communication.

'We're so happy. We understand each other and talk more now. It has really opened up so many avenues for us – lines of communication. Like my partner is not the talkative type but I was shocked to see how much he was talking in his counselling session. ... We are more accepting of each other. Certain things I've come to accept about him and he accepts about me because we've talked about it now' (Female, 32, cohabiting).

Greater self-awareness had led some clients to adapt their behaviour.

'I used to get angry if my husband was telling me anything. I didn't know how to keep calm. But now I realise if I'm getting angry and how to keep calm. It has helped me think differently. Not just thinking about one side to the problem [their relationship] but also his side. I've changed myself' (Female, 29, married).

As has been shown by the surveys of Marriage Care and Relate clients, counselling can lead to significant improvements in clients' emotional well-being as measured by the WEMWBS scale. However, a major consideration for AFCS clients was the extent to which counselling had impacted positively on more serious mental health problems. Several clients felt that the counselling had alleviated serious symptoms of depression, anxiety, self-harm, and suicidal tendencies. Moreover, some couples had found that counselling helped to relieve emotional anguish by giving them hope, a sense of healing and an ability to take control.

'It really helped. Before we did this, I was feeling really depressed and I was thinking of ending it all' (Female, 54, married).

'The counselling helped me out of my distressed state of mind. It gave me somebody to talk to and to open up with. I was able to be very open with the counsellor. She gave me back my self-respect... It helped me to re-address the balance; not to be disrespected or taken for a ride' (Male, 34, divorcing).

'I was really broken, I thought I couldn't cope, couldn't survive, but they pushed me hard, I got balanced and got my confidence back' (Female, 43, divorced).

Other clients described how, without the counselling, these symptoms would have got worse, leading to self-harm or even suicide attempts.

'It has helped me feel better about myself. I felt so ashamed, I was humiliated, I was so distressed and I was self-harming. I don't know what would have happened if I hadn't have come here. I think I would have been taken to hospital. I can't tell you what a difference it has made' (Female, 43, married).

While in general there was overwhelming evidence of positive changes in communication and well-being for couples, there were cases where the counselling was less effective, where underlying problems still felt unresolved or not fully disclosed between partners. For example, one couple had clearly not fully discussed the circumstances that led to one partner's infidelity, and this remained difficult.

'I didn't get any answers to why he did what he did. He made a commitment to me, so I've put it behind me but I really wanted to know why he did it [be unfaithful]. Why did this situation happen?' (Female, 52, married).

Several AFCS clients interviewed were able to document longer-term impacts of attending counselling, which included a renewed commitment to their relationship.

[Without counselling] we'd have been divorced by now. I moved out once as well for about three weeks. ...I've been with her for twenty years and to be honest I don't know how I would live without her. But I was so guilty and I didn't want to face her and that's why I told her those things [to end the relationship]. But deep inside I wanted to be with her. And I can't survive a day without my daughter. She's like my whole world. I can't live without her' (Male, 41, married).

'More understanding of the fact that that we do love each other and we are always going to have to work on our relationship but it gave us a good platform to start ... The counselling has been an active ingredient' (Male, age not given, cohabiting).

For some, this was also connected to greater personal awareness which had allowed them to move on with their lives in more positive ways.

'Most important impact: letting go of my mum. And moving on with our relationship, getting engaged – making that commitment. Also getting that understanding of each other and our cultural differences, and each other's values and goals in life' (Female, 32, cohabiting).

5.7. Encouraging access to relationship counselling

A key component of this evaluation was to explore how couples could be encouraged to use relationship support services and, particularly in the case of couple counselling, to access services before the relationship reached a crisis point. This section explores users' attitudes towards their own future use, whether they would encourage others to use couple counselling, and their views on how others might be encouraged to take up such support.

5.7.1. Attitudes towards future support

Overall, the current study suggests that:

- Attending couple counselling was, on average, associated with a positive change towards seeking help not only for relationships but also for more general problems
- The majority of those who had used couple counselling would use it again themselves and would recommend it to others
- The few who were disinclined to use it again were influenced by factors such as not having been able to make appointments at times convenient to them or not having made sufficient progress. They would, however, still recommend it to others.

Analysis of survey responses (Marriage Care and Relate only) showed that attending couple counselling was associated with a positive change in couples' attitudes towards seeking help in general. There was a significant positive change in respondents' expressed likelihood of accessing support from organisations such as Citizens Advice between the pre- and post-surveys, suggesting that a positive experience of counselling encourages individuals and couples to seek help in other ways in future.

The survey also asked respondents on a scale of 1 to 7, where 1 stood for 'very unlikely' and 7 for 'very likely', how likely they were to use a relationship support service (again) if they had problems in the future. While 56% said it was 'very likely', overall 84% rated it as 5 or above and only 3% rated it as 'very unlikely'. Although Marriage Care clients were significantly more likely than Relate clients to rate as 'very likely' that they would access such support, the difference was not apparent in the qualitative data.

The qualitative evidence points overwhelmingly to the fact that, irrespective of the intervention used, this experience of counselling had a positive influence on respondents' attitudes towards the use of relationship support in the future. Even those who had overcome an initial reluctance to attend and who, therefore, might have had a more critical view of whether it was worthy of future consideration were unhesitant in their willingness to use it again.

'We didn't start with a lot of expectations to be honest; we didn't think it was going to help us that much, we didn't think we would necessarily like or get along with our counsellor. But it worked out perfectly and we're really glad we've got the counsellor we've got' (Marriage Care, female, 40, married).

Those who had used counselling previously, either for relationship problems or for their individual needs, and had had a positive experience were noticeably likely to view it as a useful intervention. Users of TCCR, in particular, appeared especially committed to the concept: many had had or were having individual counselling or therapy or were themselves linked to the profession in some way. One woman who had used TCCR declared that she and her partner *'regaled people with it. We were trying to sign up everyone we met!'*

However, even those who had not found their previous experience positive had been willing to try again on this occasion, albeit usually as a last resort, and subsequently they expressed a willingness to use counselling once again in the future. This suggests that, in this sample, those whose initial experience was not ideal were not necessarily put off in perpetuity: it was not counselling *per se* which might have prevented further use, but the factors related to the particular experience.

'I'd had a bad experience in the past. ... We had five sessions with a lady [through a different organisation] – I think it's called Reflective Counselling – it's where they don't give an opinion and they don't guide you. I felt extremely unsupported and very vulnerable. I just backed out after five sessions. [But we

tried again] because the situation was desperate in the marriage. I wanted it to work. I was prepared to try anything' (Marriage Care, female, 56, separated).

Although some users expressed their willingness to use counselling in general again, more typically they demonstrated an allegiance to the service they had just used and, unless they had had a negative experience, frequently to the particular counsellor who had helped them. The counsellor's style and approach were the main reasons for this, and this was usually in the context of clients making comparisons with previous counselling received:

'I'd go to a different Relate counsellor another time. I've had a background of having a lot of counselling for various things. I like someone to get a bit more stuck in. The counselling I'd had before, she'd challenged both of us and the relationship a bit more; whereas he sat there waiting for you to say things. I think "I'm paying you money; I want you to guide us."' (Relate, female, 37, married).

The few users who rejected the idea of taking up counselling again, or were doubtful about doing so, put forward a specific reason, such as counselling not coming at the right time in their relationship problem, their not being able to make appointments at convenient times or the process not making any or sufficient progress. However, failure to achieve the desired outcome was not necessarily a barrier to future use:

'I would consider using Relate again. Whatever the outcome with my relationship is, I have found it beneficial and I wouldn't hesitate to use it again. It certainly has been a positive experience, even if the outcome isn't as positive' (Relate, female, 50, married).

Consequently, the vast majority of people in the sample stated that they would recommend counselling in general, a specific service or a specific counsellor to others, or they had already done so. The reasons given covered the reasonable cost, accessibility, confidentiality, a safe and open arena for discussion, and professional and unbiased help which was not directive and allowed the individual to remain in control while benefitting from the expertise of the counsellor.

Similarly, the few respondents who had received telephone counselling also felt able to recommend it, not necessarily because it was preferable to face-to-face sessions but because it afforded a workable solution to a practical problem.

'If, like I, getting to a face-to-face appointment wasn't practical, then I would certainly say that telephone counselling is worth doing' (Marriage Care, female, 31, separated).

5.7.2. Factors discouraging access to relationship counselling

From the qualitative interviews it was possible to learn more about what might encourage or discourage people from attending counselling. These were based partly on users' own experience and partly on their speculation about what might influence others.

- Their own and others' negative views about counselling often needed to be overcome, in particular the view that it is a resource for people lacking the moral fibre to resolve their own problems or for those needing support for mental ill-health
- Exploring personal problems with an outsider was a barrier for many people, and especially for men. Likewise, the inter-generational transfer of inhibitions about discussing emotional issues means that some people are ill-equipped to do so.

In addition to the practical issues surrounding the timing, availability and location of sessions, respondents suggested a range of what might be termed 'emotional deterrents' preventing people from reaching the point of even considering using relationship support.

The stigma associated with requesting help for a relationship appeared to be a major issue. This was illustrated in two ways. The first was a sense of failure in admitting to problems and feelings of weakness in not being able to resolve them oneself, alongside fears or experiences of external judgement by others which compounded the problem. The second was that for some people counselling had strong associations with mental health problems and, consequently, anyone using it was vulnerable to the prejudicial attitudes often shown towards mental illness:

'I think marriage counselling, of course, is less of a stigma than if you were to tell somebody you have mental health problems, I suppose, but still it sort of gives people the reason to talk about you' (Marriage Care, female, 40, married).

This appears to be partly a question of labelling and raises the question as to how effective the renaming of couple counselling as relationship support would be. It is also a case of not understanding or misunderstanding the nature and purpose of counselling: some respondents admitted to being in this position themselves before embarking on couple counselling. Alongside this is a suspicion that it does not necessarily work and is simply an American import used by people who enjoy talking about how they feel in a very un-British way.

'I think that there's the idea that counselling is an American thing and a waste of time really' (Relate, male, 36, married).

'That it's seen as a bit American, a bit touchy-feely, that "we don't talk about emotions, we don't talk about those things – they'll sort themselves out. It's not

such a big problem.” [It’s] that minimising of the enormity of what’s going on” (Marriage Care, female, 56, married).

A further factor is the reluctance, especially among men, to discuss personal problems with someone else. Several respondents believed that struggling relationships were not a suitable topic for public airing: private matters should remain so. Family values and learnt behaviour have a part to play here. Families in which people were not inhibited about discussing personal matters increased the likelihood of their members not feeling the need to hide relationship problems or the fact that help was being sought in solving them.

‘If someone comes from a background where talking about feelings with someone else is not the done thing, then counselling would be a non-starter’ (Marriage Care, male, 41, co-parenting).

A subsequent question in the qualitative interviews about whether respondents had told other people that they were using couple counselling elicited a range of responses. At one extreme there were a few people, mainly men, who told no one on the grounds that this was a private matter: *‘It’s not the sort of thing I would discuss with anybody else – not close friends or family.’* At the other extreme was a group of users who felt comfortable in telling anyone: *‘Yes, we did. I’ve never hid counselling: it’s not got a stigma for me.’* In between were users who were selective about whom they told. Friends were typically seen as reliable witnesses who would be interested and provide encouragement, as were mothers (usually of women). Those who chose not to tell family members were most commonly motivated by a need to protect parents from the anxiety that this would generate, rather than by a need for self-protection in the face of a negative reaction. For some however, such disclosure would be outside the norms of their family patterns of behaviour:

‘I told my family. (Partner) would never disclose that to his family. My mum and dad are like my best friends, so I tell them everything. And that’s what I think he was a bit uncomfortable with, because he’d never seen a family like that. My family is a lot more open and a lot more caring and loving’ (Marriage Care, female, 43, separated).

Overall, users of TCCR were the most likely to discuss their counselling openly, possibly because of their prior knowledge or use of counselling. This made them – and their families – highly receptive to the notion of professional help-seeking.

‘Just closest friends and family. They were very positive. My mum wanted to get my dad to counselling and was proud of the fact that we had taken those steps’ (TCCR, female, 41, married).

Users of AFCS were less likely to be so open, tended to be more cautious in their choice of confidant(e)s, and more inclined to protect family members from the knowledge that they were attending counselling sessions. However, only one person referred to

remaining silent because of the stigma which might follow disclosure: another who had originally done so was subsequently surprised by the reaction he received in the workplace:

'They were supportive at work. If we're all together I'd get some banter but when it's one-to-one it was different' (AFCS, male, 33, engaged).

5.7.3. The cost of counselling

In order to ascertain whether the cost of counselling might be a stumbling block for potential users, respondents in the qualitative interviews were asked for their views on paying and whether this had been, or might have been, a barrier for them.

- Potential clients typically approached counselling unaware of the likely cost
- Meeting the cost might be seen as a worthwhile investment or a risky venture
- Meeting the full cost would have been prohibitive for many users
- A sliding scale of payment according to income was viewed as fair and being able to make a donation discreetly was appreciated by users
- While many users considered payment to be appropriate for what was essentially a private matter, others felt that the cost should be borne by the state – especially where counselling was seen as a mental health problem or where avoiding relationship breakdown was seen as a saving to the public purse in the longer term.

On the whole, qualitative interviews suggested that cost had not been a deterrent to approaching a service for counselling. However, the actual cost sometimes did not become apparent to clients until the intake meeting, suggesting a leap of faith on their part that the expense would be manageable.

The resulting data from interviewees offered a range of responses about their attitudes to having to pay at all, the amount they had to pay, and whether such factors might impinge on others' attitudes towards taking up counselling.

One group of users did not baulk at the cost, either because they thought it was a reasonable amount, they could afford it without any hardship, or they thought that any amount was worth paying to rescue a failing relationship.

'It's part of life and in the end one's marriage is worth more than a few hundred pounds spent on counselling' (Relate, male, 49, separated).

Within this group were some people who, only with the benefit of the experience, felt that counselling was worth the financial investment because it had worked for them and for whom, therefore it represented value for money.

'It was an expensive luxury but it had the desired effect' (TCCR, female, 40, co-habiting).

This raises the question as to what extent people are, or would be, prepared to gamble on an intervention that had no guarantee of success (however they chose to define it). One user was clear that he had not wanted to pay initially and had declined to do so, only making a donation to the service when *'the results came.'*

A few users pointed out that counselling is unlike other financial transactions for goods or services which usually carry some protection against client dissatisfaction – *'normally if you pay for something, if you go to a shop and you're not happy, then you return the goods'* – whereas payment for counselling required a degree of trust in its effectiveness.

'It's a bit like a tele-evangelist asking you to pay something so he can sort your problems out. That sort of thing, because you just don't know. But after the event, I'm sure people would be willing to donate. But beforehand it could be a deterrent' (AFCS, male, 54, married).

Some users adopted an altruistic attitude, stating that they were happy to pay, or even to pay in excess of the actual cost, so that the service could be maintained or less well-off couples could be subsidised. However, for others the full cost would have been prohibitive and for several couples this was instrumental in their choice of provider: there were cases where the other three interventions were chosen in preference to Relate because their systems of paying or donating were seen as more financially acceptable than the fixed fee which some thought they would have to pay at Relate (although this was a misperception as Relate does not charge a fixed fee but instead uses a sliding scale of fees based on people's ability to pay).

There were several instances where clients found the cost, even at a reduced rate, to be too high and this, often combined with the fact that they did not believe they were making sufficient progress, led to their ending counselling early.

'I think it was a barrier in the sense that I didn't see the point of carrying on with the sessions when there was so little being achieved towards the end, and we both agreed that there was no point in carrying on' (Relate, female, 27, co-habiting).

Although there was a prevailing view that public money should not be used to support individuals' private lives – *'I think that's only fair (to pay). We can't expect the public purse to pay everything'* – respondents thought this should not apply in cases where people could not afford the cost.

'For us £30 was affordable, but I understand that there are some couples who might be struggling to pay this kind of money. But if it can save somebody's relationship then maybe it should be free for people who can't afford it' (Relate, female, 34, married).

Another was that subsidising payment would make economic sense through saving longer-term expense to the state.

'I know you can't really expect people to pay for your marital therapy but if it keeps families together then possibly it's better in the long run' (Relate, female, 37, married).

As mentioned above there was some debate, or confusion, as to whether couple counselling embraces treatment for (minor) mental health problems, and this impacted on some people's attitude towards payment. For some, it was clear that it was not – *'In an ideal world there wouldn't be a cost, but it is outside NHS, it is not a health problem'* – while for others it was and, therefore, it was thought not to be unreasonable for the cost to be borne by the NHS⁶:

'It seems a bit weird that you need it – for your health, your partner's health and your kids' health – and you have got to pay' (Marriage Care, female, 43, separated).

Overall, most respondents considered that users should be charged according to their ability to pay and thus the transparent system operated by TCCR was seen as very fair. Respondents were likewise appreciative of the donation system operated by Marriage Care and AFCS, not only because it allowed them to pay what they felt they could afford at any given time but also because it was a discreet method of payment, avoiding the embarrassment of a financial negotiation.

5.7.4. Encouraging the take-up of couple counselling

For many couples a series of obstacles, both emotional and practical, have to be overcome to enable them to access counselling, even when it is urgently needed. Addressing these is essential if more people are to be encouraged to take up counselling and, furthermore, to use it not only *in extremis*. Respondents put forward a series of suggestions, based predominantly on their own experience, of how this might be achieved:

- The cost of counselling should be subsidised for those unable to pay the full amount
- Offering an initial free appointment would encourage people to access counselling, inform them of its process and purpose, and enable them to decide whether they wished to proceed
- Consideration might be given to increasing other methods for delivering counselling, such as via video link
- Counselling should be better and more widely advertised (although research shows that this has limited effect)

⁶ Couple Therapy for Depression is available through Improving Access to Psychological Therapies (IAPT) funding in the NHS.

- Health professionals should have greater knowledge of relationship support services and be more willing to refer people to them
- More open discussion about relationship problems and help with addressing these should be encouraged. This should begin in schools.

The practical obstacles, as outlined previously, included the financial cost to the individual. Making the cost reasonable and, moreover, in line with what people are both able and willing to pay is the critical factor.

'I think certainly the expense would have probably been off-putting without the desperate need for it. If we were just not getting along that well I don't think we ever would have gone to Relate and decided we needed it. But because there was a huge crisis then that definitely made the difference' (Relate, female, 48, cohabiting).

Another option put forward was not to charge potential users for the first one or two sessions in order to minimise the risk that counselling was something in which they did not want to invest time or money.

The technological age should offer scope for providing counselling through means other than the traditional one. However, reluctance to use alternative means prevails: several respondents declined the offer of telephone counselling because they preferred the face-to-face method. Using a method such as Skype might overcome this, as suggested by one respondent who alluded to the benefit being that people who were anxious about physically attending a counselling session might feel more at ease if this could be conducted without their leaving the security of their home.

The interviews with service users indicated considerable ignorance or misperception of counselling and a lack of awareness of where it could be found. Only the users of TCCR seemed to have a sufficient grasp of what to expect from counselling sessions: several others admitted to not knowing what they were embarking on and were driven only by the prospect of being able to rescue their failing relationship.

'I was even reticent about it because I didn't know about what counselling could do. I thought it was just about talking' (Marriage Care, male, 41, co-parenting).

According to users, the most effective method of overcoming this knowledge deficit would be greater openness on the part of those who had used a counselling service so that it ceased to be something which was kept hidden. This would also help to remove the relatively common failure to differentiate between help with relationships and treatment for mental health problems, which could discourage attendance.

'People don't go looking for it because if they saw the word "counselling" they'd be thinking it's for mad people. So I think maybe having people that have benefited

from it being able to speak openly about it, normal everyday people, not actors' (Marriage Care, male, 35, married).

Although word of mouth might be effective, it would have only a limited reach, and ways of marketing to a wider audience in order to inform and reassure potential users were suggested by some respondents. These included using methods such as vignettes and videos of people talking about their experience, testimonials from service users, and images of a typical counselling environment – all of which already exist on some providers' websites. Providing a range of reviews, of the type found on shop and restaurant websites, was also suggested – a means of giving people a fuller picture of the service on offer. Television programmes and advertising were also suggested as a way of getting the correct messages across to the wider public. However, in line with other research findings (see Appendix 6) traditional forms of advertising such as posters and leaflets appear to have had limited impact on this sample where sources of information were predominantly the internet and recommendations from other people.

At a structural level, increasing referrals from health professionals able to identify the signs of stress associated with relationship difficulties and to make referrals or recommendations to appropriate support services was also seen as way of increasing take-up. This fits with a recommendation of the recent report *Working for Health Equity: The Role of Health Professionals* (Allen et al., 2013) that health professionals should record patients' social and economic circumstances alongside medical information and should offer referrals to a range of agencies, not only to medical services. This should, however, be coupled with a speedier process of reaching the service: in this sample the few referrals to counselling made by GPs sometimes resulted in excessively long waiting times for an appointment.

5.8. Conclusions

This chapter has shown that couples accessing couple or relationship counselling provided by AFCS, Marriage Care, Relate and TCCR benefited in many ways from the support provided. In particular, quantitative data revealed a significant increase in relationship satisfaction, well-being and communication among Marriage Care and Relate clients, while qualitative interviews documented positive outcomes for most research participants across all four providers. The research also explored some of the barriers to accessing counselling, including inhibitions about discussing problems with a stranger and only accessing help as a last resort – these can only be overcome by targeted interventions to encourage more couples to access such help before it is too late.

The next chapter explores the findings of the Value for Money analysis conducted as part of the study.

6. Value for money (VfM) analysis

Key findings

- Couple counselling provided by Relate and by Marriage Care and FOCCUS marriage preparation delivered by Marriage Care all appeared to offer excellent value for money
- According to a 'best estimate' approach, over the long-term they could provide substantially greater savings to society than they cost to deliver, by avoiding the costs associated with relationship breakdown
- In particular, for every pound spent, the study estimated that £11.40 of benefits result for Relate couple counselling
- For Marriage Care couple counselling and FOCCUS marriage preparation respectively, the study estimated that £8.60 and £11.50 arise in benefits for every pound spent
- Whilst there is a large degree of uncertainty around figures estimated, this substantive conclusion remained robust even when key assumptions are varied
- The share of total costs currently contributed by central government varies between interventions, but is less than half in all cases. This implies that, from a government perspective, funding for relationship support offers good value for money both in terms of the levels of activity/output it supports and in terms of the outcomes ultimately achieved.

6.1. A 'best estimate' approach

Whilst there is substantial existing literature on families, relationships and support interventions (see Appendix 6), there is little consideration of – and still fewer attempts to quantify – the economic benefits arising from such interventions. It has, therefore, been necessary in this study to develop a bespoke methodology.

Cost-benefit analyses typically draw on a wide range of data, analyses and existing literature, and require additional simplifying assumptions in order to be able to come to meaningful conclusions. Given the absence of previous such analyses in the literature, in some cases the number of existing sources available to the research team were very limited. In an ideal world, greater confidence could have been placed in the assumptions made had the research team been able to synthesise multiple sources.

Furthermore, the analysis relies upon the underlying evaluation of impact using the survey and qualitative data. In the absence of a control group, some care is required attributing a causal interpretation to the changes observed among respondents over time. This is discussed further below.

As such, this analysis should be considered as providing ‘best estimates’ of the cost-benefit of relationship intervention, and its conclusions should not be considered without reference to the necessary limitations of the methodology.

6.2. Approach to estimating benefits

Whilst it is typically the case that the costs of interventions are confined to a relatively short period of time, benefits will often occur over many years or even decades. With the exception of longitudinal studies, it is, therefore, common for cost-benefit analyses (CBA) to involve some element of forecasting. This introduces substantial uncertainties into the analysis which have to be explored through the use of sensitivity analysis, but nevertheless allows for meaningful exploration of value for money. Where there is uncertainty over assumptions used in the analysis, it is better to err on the side of conservatism. This ensures that the analysis does not overstate the case, ensuring simplicity over spurious accuracy, and minimises the risk of double-counting.

The analysis, therefore, has not sought to estimate a comprehensive set of all possible benefits, but has instead been based on an approach that focuses on a single, well-defined outcome – namely, rates of relationship breakdown and their costs or consequences. In some cases, a relationship ending may be a positive outcome, if that relationship has been harmful to one or both partners and/or their children. However, the research team were not able to identify any suitable evidence with which to quantify this effect. The present analysis, therefore, assumed that reductions in rates of relationship breakdown serve as a suitable proxy for reductions in rates of unhealthy relationships (either through ending relationships or improving relationship quality).

Clearly there are other financial benefits that could be considered (for example, workplace attendance/productivity), but these would be very difficult to disentangle from the parallel impact of relationship status, thus introducing the possibility of double-counting benefits. For similar reasons, it was decided to focus on just one of the standardised metrics (DAS-7)⁷, given the likelihood that all three measured outcomes – relationship quality, communication and well-being – as well as some of the non-standardised measures will have overlapping contributions to make to the likelihood of future relationship stability.

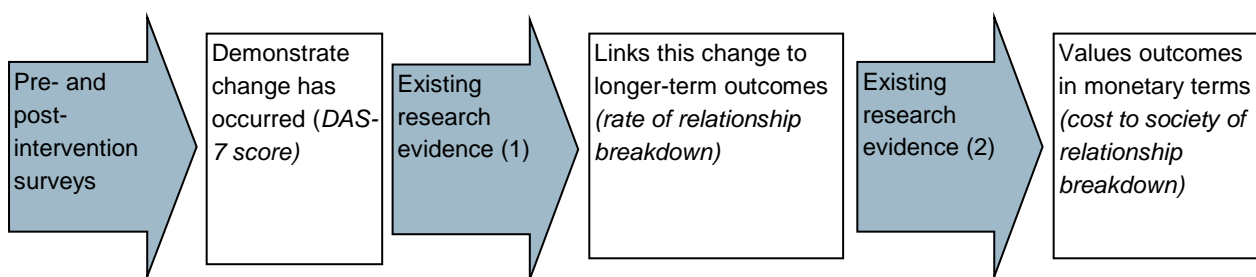
It is interesting to note that a paper published recently explored the value for money provided by TCCR’s couple counselling service (Nicholles and Rouse, 2012). This adopted a complementary approach, focussing on the shorter-term benefits of counselling, especially employment and health outcomes. Despite the difference in approach, the overall conclusions were similar to those reported here: that the societal returns to investment in couple counselling substantially exceed the costs.

⁷ This was determined on the basis of availability of external evidence to inform monetisation, and was determined prior to any final analysis of outcomes for the interventions.

In addition to outcomes with direct financial implications for individuals and wider society (e.g. through incurring legal costs, ill health, etc.), it is possible to expect outcomes (such as well-being) with no direct financial implications. Such ‘non-financial’ benefits nevertheless could be valued as part of a cost-benefit analysis, insofar that, if they were tangible and available for sale, then people would be willing to pay for them. However, the current study was only able to identify a very limited set of evidence with which to do this. This means that only a brief description of one possible approach to valuation is included in this report (see Section 6.4), which is highly speculative and for which the benefits have not been quantified as part of the main analysis.

The approach adopted to estimate monetised benefits from the interventions can therefore be summarised in Figure 22, demonstrating how estimates can be made by linking findings from multiple sources.

Figure 22 Linking survey results to monetary outcomes



This illustrates the key links in the ‘impact chain’ underpinning our estimates of benefits. Table 11 summarises these, together with an indication of the sources used to justify them.

Table 11 Key assumptions and sources

Assumption	Source
The interventions have caused couples’ DAS-7 scores to improve	Change over time analysis of survey data, together with an estimate of attribution to the intervention (see for example Section 4.5.1)
DAS-7 provides a valid measure of relationship quality	Psychometric properties are well-established (see Appendix 1)
Improved relationship quality today reduces the probability that the relationship will break down over the long-term	See Section 6.3
Relationship breakdown leads to costs to society	See Section 6.3

6.3. Valuing changes in DAS-7

In order to investigate the link between relationship quality and the likelihood of future relationship breakdown, the research team explored the results of a previous study (Christensen et al., 2010) which measured DAS-7 scores for a group of 134 distressed couples at the start of a trial comparing two forms of couple therapy. It tracked them for a total of five years, measuring marital status and satisfaction every three months during the eight months of treatment and every six months for the remainder of the five years. The research team contacted the lead author, who was able to provide additional data comparing DAS-7 scores at baseline between couples who subsequently went on to separate and those who did not. As illustrated in Table 12 below, couples who separated on average had lower scores than those who did not.

Table 12 Baseline DAS-7 scores according to couple status five years on

DAS-7 score at baseline	Status after 5 years	
	Together	Not together
N	176	53
Mean	21.6	18
Standard deviation	4.9	6.8

Source: Additional data supplied by Andrew Christensen

Based on these descriptive statistics, the research team conducted an analysis to convert these into an estimate of the impact of a unit change in DAS-7 score on the probability of subsequent relationship breakdown. Based on the score means and standard deviations, the research team simulated a distribution of baseline DAS-7 scores for the population of couples who did and did not go on to separate. These were then used as the basis of a logistic regression model estimating the link between DAS-7 and probability of separation. In order to create a robust estimate, this simulation was repeated 50 times and the average coefficients used. This led to the conclusion that the impact of a one-point increase in DAS-7 scores results in a reduction of between 2.4% (for couples with the lowest scores) and 0.5% (for couples with the highest scores) in the chances of separation within five years. For couples with a 'normal' DAS-7 score, the figure is around 2%.

It should be emphasised that the data these calculations are based on was not originally collected for this purpose. This analysis therefore does not establish a causal link between relationship quality and breakdown, but it does provide a strong indication that such a link exists, together with a means of estimating its magnitude.

In order to estimate the cost to society of relationship breakdown, the study identified suitable existing research (The Relationships Foundation, 2012). This report estimates a total cost to society of all breakdown in relationships. Only items relating specifically to separation were selected (excluding domestic violence costs which, whilst associated with, cannot be considered a direct consequence of separation). Figures were also converted into a per-couple per-year cost based on total number of cases considered. Many of these costs are based on the impact on dependants of separating couples, and so are only incurred in cases where couples have dependants. This is reflected in the estimates.

By way of comparison, a report by the Conservative Party's Social Justice Policy Group in 2007 (Callan, 2007) claims that family breakdown costs £20bn per annum, although no source or basis is provided for this figure. It is, however, of a similar order of magnitude to the £44bn estimated by the Relationships Foundation for 2012 once inflation and other changes over time are taken into account.

Table 13 Costs of relationship breakdown

Annual cost to society per separated couple (March 2009 prices)	Couples with dependants	Couples with no dependants
Tax credits	£5,231	-
Housing benefit	£1,895	-
Council Tax benefit	£302	-
Health and social care costs	£5,724	£3,317
Criminal justice costs	£4,232	-
Education and young people NEET	£1,374	-
TOTAL per couple per year	£18,758	£3,317

Source: Counting the Cost of Family Failure, 2012 Update, The Relationships Foundation

For each case of relationship breakdown, these costs would be incurred annually. However, some components would cease if the individuals involved formed new, stable relationships. Total cost estimates are therefore based on the conservative assumption that the cost per couple would recur over five years and then cease. A discount rate of 3.5% (as recommended by the Treasury Green Book on economic appraisal) is applied, and figures uplifted to 2013 prices to account for inflation. This results in total cost estimates of £102,930 and £18,201 for couples with and without dependants respectively (and an average of about £78,000 taking into account the balance of the two groups in the survey sample).

Further comparison is possible with research undertaken in Utah, USA (Schramm, 2006), which found that each divorce cost the state around \$30,000 on average. This is equivalent to about £30,000 in 2013 prices. Whilst slightly different from the estimate implied by the Relationships Foundation data, this might be expected given differences in the nature and scale of public healthcare and social services in the United States. This figure is also higher than the figure used in the relevant sensitivity analysis described below (see Section 6.6). Combining these two links in the chain, this implies that for every 100 couples for whom their DAS-7 score increases by one point, around two of them who would have separated will no longer do so. Multiplying this two out of a hundred figure by the costs of relationship breakdown implies a one point change in DAS-7 can be valued at around £2,500 and £400 respectively for couples with and without dependants.

6.4. Valuing changes in WEMWBS

As discussed above, valuing financial benefits associated with improvements in well-being would most likely lead to double-counting of benefits already associated with relationship quality. However, there are non-financial benefits that will not overlap with these, and which in principle could safely be included – namely the inherent value individuals place on an increase in well-being, independent of any financial consequences this brings. There are other examples of similar benefits, for which there is no market valuation (because no market exists in which they can be bought or sold), such as the impact on quality of life of environmental factors such as noise pollution near to airports. Economists have developed a range of techniques for valuing such benefits, essentially consisting either of attempts to measure indirectly the value placed through the purchasing decisions people take (e.g. revealed preference analysis) or prices for other market goods (e.g. hedonic pricing), or through asking them directly (e.g. stated preference analysis).

Unfortunately, valuing general well-being measures (as opposed to specific factors such as noise pollution that impact upon well-being) remains a relatively under-developed area, largely because of the challenges it brings. Furthermore, WEMWBS is a relatively new measure of well-being, and so the research team were unable to identify relevant existing studies to draw upon. It has, however, been used in several surveys, most notably the Scottish Health Survey. The Scottish Government (2012) provides associations between WEMWBS scores and a range of socio-economic factors and other health factors. Similar analyses amongst other populations can be found for Lancashire in Knuckley (2009) and for Coventry in Putz et al. (2012). The latter explores mental well-being according to a particularly wide range of contextual variables, including education and employment variables.

Putz et al. (2012) find that average WEMWBS scores for those in work was 55.6 and for those unemployed it was 49. This suggests that a change in WEMWBS score of 6.6 points could be seen to have equivalent value to that individual as if they moved from

unemployment to becoming employed. This is of a similar order of magnitude as the changes in WEMWBS observed for survey respondents undergoing couple counselling. Using the 2012 median gross income taken from the Annual Survey of Hours and Earnings (ONS, 2012b) of £21,473 and applying deductions, one could therefore conclude that the value of the well-being benefits is around £17,000 per annum to each individual – a substantial amount.

There are, however, difficulties with this approach, including that there is not necessarily a simple causal link between employment and well-being. Indeed, there may be other factors that contribute to unemployment that also lead to lower well-being, or other factors associated with employment besides a salary that lead to increases in well-being such as greater confidence and social contact. It is impossible to discern the ‘point of indifference’ at which individuals making choices which trade off well-being with employment reveal a switching point between the two. For these reasons, it was decided that the estimated benefit was too unreliable to be included in the main analysis.

6.5. Approach to estimating costs

The research team developed estimates of the costs of delivering relationship support in close consultation with, and using data supplied by, the providers. The analysis adopted the following principles:

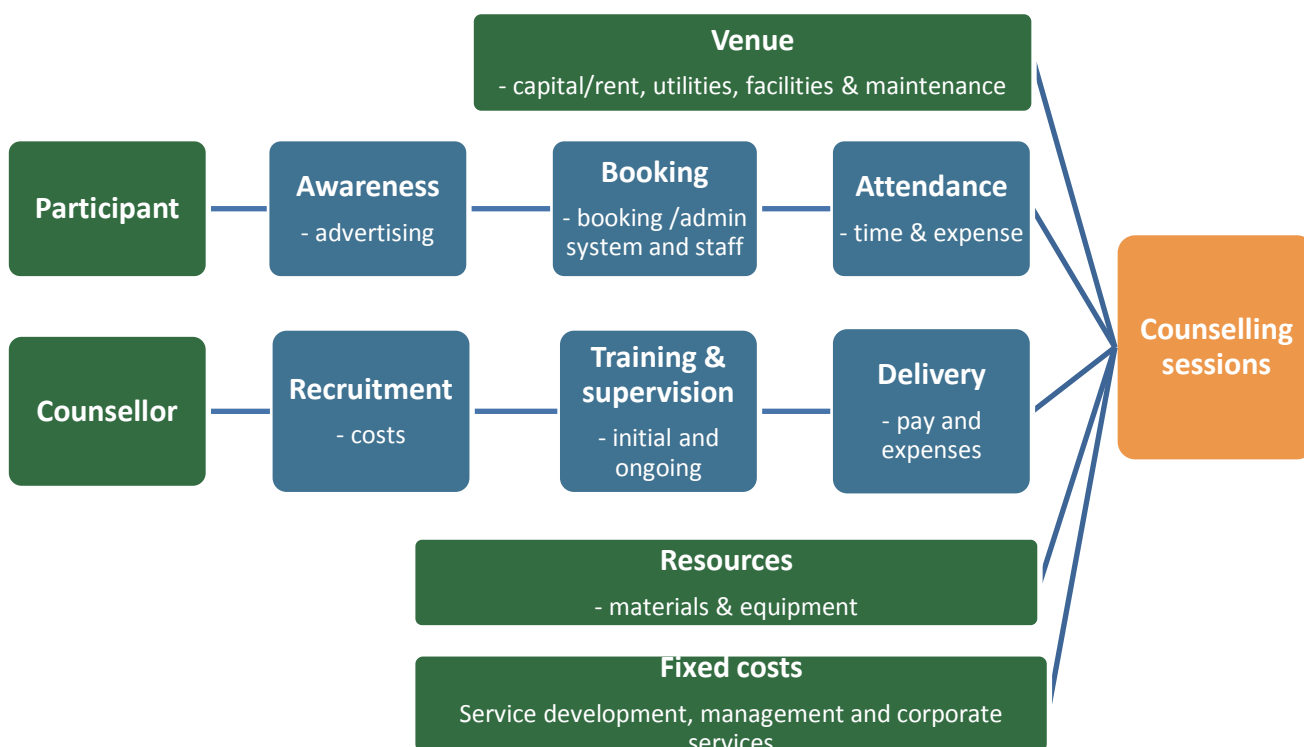
- Estimates to include ‘full economic cost’ of provision i.e. both financial and non-financial cost such as volunteer time (although these will be reported separately)
- Costs should be long-run estimates, excluding exceptional items but including a share of costs occurring infrequently. In practice, this means making judgements about estimating ‘blended’ costs from several years of data
- Estimates are average unit costs of provision (including a share of central/infrastructure costs) rather than marginal unit costs of additional provision. Where overheads are shared among multiple services, each service is typically allocated a share in proportion to their own share of direct costs.

The research team began by developing a conceptual model to capture the ‘journey’ for each group involved in the delivery and receipt of the services. This model provided the basis for initial discussions with Relate and Marriage Care about the way their services are organised and delivered, the organisational structure, the nature of the costs incurred, and the data that would be required to estimate these. It is important to note that although the client journey may be similar in both Relate and Marriage Care, these discussions highlighted substantial differences between the two organisations’ business models, meaning that direct comparisons between the two cost-benefit analyses cannot be made.

The conceptual model for couple counselling is provided in Figure 23 for illustration. It is worth noting that the cost estimates did not take into account any costs incurred by

couples themselves (time off work, child care, travel, etc.) over and above any fees paid to the providers.

Figure 23 Cost conceptual model



6.6. Sensitivity analysis

The CBA is based on a range of assumptions and data sources each of which contain uncertainty. In addition to estimating a ‘central case’, it is also therefore important to test the robustness of the analysis to variations in a range of key figures to increase confidence that, given this uncertainty, the main conclusions remain. This has been conducted for each of the interventions, considering the following variations:

1. The estimated costs of relationship breakdown include several different components, as described above. Of these, the health, social, education and justice costs are typically incurred as an indirect result of the relationship breakdown and so there is a much higher degree of uncertainty surrounding them. This test therefore includes only the tax, welfare and housing benefits that result directly from relationship breakdown. It is worth noting that for this analysis one corollary is that zero costs to government are assumed among separating couples with no dependants. The resulting cost is an average of about £29,000 per couple – substantially lower than for the main analysis.

2. While 70% of the couples in the survey sample had dependants, this will not necessarily match the national figure. This test therefore adopts a notional lower figure of 50% of couples receiving couple counselling nationally having dependants.
3. The impact analysis suggests that all of the observed improvements in relationship quality are attributable to the intervention. However, it remains possible that in some cases (especially for marriage preparation) improvements would have occurred even in the absence of the intervention. This test assumes that this would be the case for 50% of the observed changes, with the remaining 50% still being attributable to couple counselling or FOCCUS.
4. The data analysis conducted in order to establish the strength of the link between DAS-7 scores and subsequent incidence of relationship breakdown produced a distribution of possible coefficients. For the central case the mean of these values was used, however there is a chance that in reality the link is weaker (or indeed stronger). Instead of the mean coefficients, this test instead uses the 5th percentile, meaning that there is just a 5% chance that the real 'strength of link' coefficient is lower.
5. The central case includes both the financial costs of intervention and an estimate of the value of the volunteer time contributed. This test solely includes the financial cost. Unlike the previous four tests, it therefore considers an alternative perspective that would improve the case, rather than downside risks that could detract from it.

6.7. Relate couple counselling cost-benefit analysis

The majority of costs involved in delivering Relate couple counselling are incurred by their 65 local centres. Counsellors are typically paid for their time, although trainees are not and there is also a substantial minority of sessions delivered on a voluntary basis. As a result, the split is estimated to be roughly 2/3-to-1/3 between paid and unpaid session delivery. Whilst the value of volunteer time is reported separately below, this is calculated using the same hourly rate. Training for counsellors is delivered by a separate financial entity (The Relate Institute) and is paid for by the counsellors themselves, so this is not included in the figures. Corporate functions are provided centrally, and a national booking service is offered by Relate Response in Doncaster, although not all Relate centres use this.

The following table contains estimates of the total annual costs of Relate couple counselling, as well as a per session and per couple rate. Each couple attends between three and four sessions on average, and so the per couple rate is substantially higher.

Table 14 Relate couple counselling costs

Costs	Total per annum	Per session	Per couple
Direct counselling costs	£7,441,855	£33.20	£112.89
Local centre running costs	£7,936,055	£35.41	£120.38
Centralised booking	£230,104	£1.03	£3.49
Corporate costs	£805,647	£3.59	£12.22
Total financial cost	£16,413,662	£73.23	£248.98
Total volunteer value	£994,725	£4.44	£15.09
TOTAL ECONOMIC COST	£17,408,387	£78	£264

Source: Data provided by Relate

In any value for money study, it is important to acknowledge the variety of stakeholders involved, each of whom will experience a different balance of costs and benefits. Table 15, therefore, uses Relate revenue data in order to consider how the total costs of service delivery are funded – i.e. not just *what* the costs are, but *who* incurs them. Clients – arguably the greatest beneficiaries (although not necessarily financially) – are the single greatest contributors, accounting for 38% of the total economic costs. This is followed by service fees paid by other organisations (29%) and other income sources such as investments, fundraising, business activities and donations (17%).

Central government, who benefit from the majority of the financial returns considered in the present analysis, contribute just 8% of the total cost. This implies that from the perspective of impact on government finances (excluding local government), the cost-benefit ratios calculated below would be substantially higher. This remains the case even if you consider that government may be indirectly funding some of the contributions from service fees (e.g. if these services are purchased by other organisations themselves in receipt of government grants or funding). However, this low proportion of government funding could also be seen as a risk – if other sources of funding were no longer available, then a greater level of government investment would be required in order to generate the same returns.

Table 15 Relate couple counselling revenue

Revenue	Total per annum	Per session	Per couple
Client income	£6,664,209	£29.73	£101.09
Service fees (i.e. not paid for directly by individual clients)	£5,115,373	£22.82	£77.60
Government grants	£1,425,984	£6.36	£21.63
Other income (including investments, fundraising, business activities and donations)	£2,921,065	£13	£44
Volunteer time	£994,725	£4.44	£15.09
Deficit (i.e. funded by reserves)	£287,031	£1.28	£4.35
TOTAL	£17,408,387	£78	£264

Source: Data provided by Relate

Combining estimates of the total costs and benefits enabled a cost-benefit ratio to be estimated. In doing so, the research team considered the extent to which changes over time in relationship quality can be attributed to the intervention (i.e. changes that would not have occurred had intervention not taken place). Analysis of survey respondents who did not attend any counselling sessions (see Appendix 3) suggests that it is reasonable to attribute *all* of the change to the intervention. Indeed, for couples who did not attend counselling, their relationship quality deteriorated, on average, so even this could be a conservative assumption. Nevertheless, the impact on the conclusions of a lower degree of attribution is tested in the sensitivity analysis below.

Findings are reported separately for couples with and without dependants, based on separate figures for DAS-7 change over time for the two groups and the difference in cost of relationship breakdown described above. An overall figure is also provided reflecting the balance of these two groups amongst survey respondents (around 70% had dependants). It is of course possible that some of the couples receiving counselling do have children later on, in which case this proportion would increase and the implied value for money would improve further.

As illustrated in Table 16, the overall benefit-cost ratio (BCR) is 11.4. This means that for every £1 invested in Relate couple counselling, £11.40 of benefits accrue. Another useful figure to consider is the net present value (NPV) – in this case an estimate of the total value generated by one year’s worth of activity, and amounting to £182m. One difference between these two measures is that the BCR is independent of the overall

level of activity (being a ratio), whereas the NPV will scale according to the level of activity. So although comparing between different types and sizes of organisation (such as Relate and Marriage Care) is already difficult – and outside of the scope of this study – this is especially the case for NPV.

The vast majority of the benefits included in this model derive from couples with dependants. Indeed, the BCR for couples without dependants is substantially lower at just 1.9. However, this is a function of the focus here on relationship breakdown as an outcome, rather than on other costs relating to mental health or employment outcomes for example, which would apply equally to both groups (and, in the case of employment, possibly more so to couples without dependants).

Table 16 Relate couple counselling cost-benefit analysis

Per annum	Dependants	No dependants	Total
Benefits	£188,963,532	£9,946,922	£198,910,454
Costs (full economic)	£12,185,871	£5,222,516	£17,408,387
Benefit-cost ratio (BCR)	15.5	1.9	11.4
Net present value (NPV)	£176,777,661	£4,724,406	£181,502,067

Source: Data provided by Relate/Relate couple counselling survey analysis

While this tells a very positive story about the value for money of Relate couple counselling, it is important to subject the conclusions to sensitivity analysis (as described above).

Table 17 Relate couple counselling sensitivity analysis

	Benefit-cost ratio	Net present value
Central case	11.4	£181,502,067
Sensitivity test 1 (welfare cost only)	4.3	£57,423,270
Sensitivity test 2 (fewer couples with dependants)	8.7	£134,143,769
Sensitivity test 3 (lower attribution)	5.7	£82,046,840
Sensitivity test 4 (weaker DAS-7 link)	4.4	£58,865,621
Sensitivity test 5 (exclude volunteer time)	12.1	£182,496,792

Source: Data provided by Relate/Relate couple counselling survey analysis

Table 17 above presents the results of this analysis, and illustrates that varying some of the assumptions can have a substantial impact on the BCR and NPV, but in each case the result remains positive. Only in the scenario where several of these alternative assumptions are applied simultaneously would the overall value for money come under threat.

6.8. Marriage Care couple counselling cost-benefit analysis

Marriage Care's 53 local centres are primarily staffed by volunteers, and are based in premises made available by church or other organisations. As a result, they incur relatively little financial cost. Furthermore, counsellors themselves are all volunteers, and so with the exception of some expenses, also do not represent a financial cost apart from the investment made in their initial training and ongoing training. The majority of costs therefore support Marriage Care's training function, the central telephone appointments service providing the majority of bookings, corporate services and overall leadership of the organisation. Whilst counsellors make a small contribution (£800) towards their training, the remaining cost (around £4,000) for training and supervision is paid for by Marriage Care.

Table 18 Marriage Care couple counselling costs

Costs	Total per annum	Per session	Per couple
Direct counselling costs	£49,397	£5.65	£31.71
Local centre running costs	£105,577	£12.08	£67.77
Centralised booking (direct costs)	£105,685	£12.09	£67.84
Professional support (direct costs)	£288,593	£33.01	£185.25
Corporate costs	£249,162	£28.50	£159.94
Total financial cost	£798,415	£91.34	£512.52
Total volunteer value	£103,726	£11.87	£66.58
TOTAL ECONOMIC COST	£902,141	£103	£579

Source: Data provided by Marriage Care

Table 18 contains estimates of the total annual costs of Marriage Care couple counselling, as well as a per session and per couple rate. Each couple attends between five and six sessions on average, so the per couple rate is substantially higher. The

greatest revenue contribution to cover these costs (see Table 19), accounting for nearly half, came from central government grants. Nevertheless, given that the majority of the benefits considered in the present study accrue to government, this suggests the benefit-cost ratios below are even higher from the perspective of government finances (rather than society as a whole). However, it also highlights the risk from a government perspective that these returns do depend on these other sources of funding continuing. Clients contribute a relatively low proportion of the total costs (around 17%). This may reflect the fact that services are offered on a donation only basis, which allows the organisation to reach a wider, socio-economically more disadvantaged demographic of potential clients.

Estimates of the total costs and benefits enabled a cost-benefit ratio to be estimated on a similar basis to the Relate analysis. Calculations are provided separately for couples with dependants (around 70 per cent of respondents), those without, and in combination.

Table 19 Marriage Care couple counselling revenue

Revenue	Total per annum	Per session	Per couple
Client income	£152,933	£17	£98
Government grants	£430,882	£49	£277
Local grants and donations	£83,062	£10	£53
Volunteer time	£103,726	£12	£67
Deficit (i.e. funded by reserves)	£131,537	£15	£84
TOTAL	£902,141	£103	£579

Source: Data provided by Marriage Care

As illustrated in Table 20 below, the overall benefit-cost ratio (BCR) is 8.6, i.e. for every £1 invested in the Marriage Care couple counselling, £8.60 of benefits accrue, leading to a NPV of £6.8m. The vast majority of this derives from couples with dependants. Indeed, the BCR for couples without dependants is substantially lower at just 1.6. However, as for Relate, this is a function of having focussed here on the costs of relationship breakdown rather than other costs relating to mental health or employment for example.

Table 20 Marriage Care couple counselling cost-benefit analysis

Per annum	Dependants	No dependants	Total
Benefits	£7,292,348	£435,775	£7,728,123
Costs (full economic)	£633,268	£268,873	£902,141
Benefit-cost ratio (BCR)	11.5	1.6	8.6
Net present value (NPV)	£6,659,080	£166,901	£6,825,982

Source: Data provided by Marriage Care/couple counselling survey analysis

While this tells a very positive story about the value for money of Marriage Care couple counselling, it is important to subject the conclusions to sensitivity analysis (as described above). Table 21 presents the results of this analysis, and illustrates that varying some of the assumptions can have a substantial impact on the BCR and NPV, but in each case the result remains positive. Only in the scenario where several of these alternative assumptions are applied simultaneously would the overall value for money come under threat.

Table 21 Marriage Care couple counselling sensitivity analysis

	Benefit-cost ratio	Net present value
Central case	8.6	£5,663,811
Sensitivity test 1 (welfare cost only)	3.2	£1,985,710
Sensitivity test 2 (fewer couples with dependants)	6.6	£5,023,199
Sensitivity test 3 (lower attribution)	4.3	£2,961,920
Sensitivity test 4 (weaker DAS-7 link)	3.2	£1,986,374
Sensitivity test 5 (exclude volunteer time)	9.7	£6,929,708

Source: Data provided by Marriage Care/couple counselling survey analysis

6.9. FOCCUS Marriage Preparation cost-benefit analysis

FOCCUS Marriage Preparation incurs very little fixed costs from local centres, as a result of being delivered by volunteers often from their own homes. However, there is still a cost associated with training facilitators (in terms of materials and the time spent by employed staff), and a share of central office overheads to take into account. Data were available for the number of couples rather than numbers of sessions (which will be much

less variable anyhow than for couple counselling), and so Table 22 provides just total and per couple cost estimates.

Table 22 FOCCUS costs

Costs	Total per annum	Per couple
Local centre running costs	£5,960	£12.07
Central service management and corporate costs	£30,150	£61.07
Professional support	£13,355	£27.05
Total financial cost	£49,465	£100.20
Total volunteer value	£20,503	£41.53
TOTAL ECONOMIC COST	£69,968	£142

Source: Data provided by Marriage Care

These costs were covered roughly evenly from payment by couples themselves, government grants, and the value of the time contributed by volunteers. As with couple counselling, the fact that many of the benefits considered here will accrue to the government, who pay only a share of the costs, means that the value for money case from a government point of view will be greater than described below, but equally means that the returns are dependent on these other income sources continuing.

Table 23 FOCCUS revenue

Revenue	Total per annum	Per couple
Client income	£23,224	£47
Government grants	£26,331	£53
Volunteer time	£20,503	£42
Deficit (i.e. funded by reserves)	-£90	-£0
TOTAL	£69,968	£142

Source: Data provided by Marriage Care

Whilst some of the couples undergoing Marriage Preparation already had dependants (around a fifth), it is likely that this proportion would increase following their marriage and before any of the relationship difficulties the intervention is designed to avert would occur. The approach taken here is therefore to calculate a combined cost-benefit case for all

participating couples, assuming that at the point when future relationship breakdown might occur, the proportion with dependants is equal with couples receiving couple counselling (i.e. 70%).

As illustrated in Table 24, the overall benefit-cost ratio (BCR) is 11.5, i.e. for every £1 invested in the FOCCUS marriage preparation, £11.50 of benefits accrue, leading to a NPV of £733k.

Table 24 FOCCUS cost-benefit analysis

Per annum	Total
Benefits	£803,352
Costs (full economic)	£69,968
Benefit-cost ratio (BCR)	11.5
Net present value (NPV)	£733,384

Source: Data provided by Marriage Care/marriage preparation survey analysis

While this tells a very positive story about the value for money of FOCCUS, as for couple counselling it is important to subject the conclusions to sensitivity analysis. Table 25 presents the results of this analysis, and illustrates that varying some of the assumptions can have a substantial impact on the BCR and NPV, but in each case the case remains positive. Only in the scenario where several of these alternative assumptions are applied simultaneously would the overall value for money come under threat.

Table 25 FOCCUS sensitivity analysis

	Benefit-cost ratio	Net present value
Central case	11.5	£733,384
Sensitivity test 1 (welfare cost only)	4.5	£242,214
Sensitivity test 2 (fewer couples with dependants)	8.4	£516,767
Sensitivity test 3 (lower attribution)	5.7	£331,708
Sensitivity test 4 (weaker DAS-7 link)	6.7	£396,807
Sensitivity test 5 (exclude volunteer time)	16.2	£753,887

Source: Data provided by Marriage Care/marriage preparation survey analysis

6.10. Conclusions

In conducting any form of value for money analysis choices have to be made about its scope, and it is necessary to draw on information from a wide range of sources. The analysis presented in this report has focussed on estimating the returns to society from improved relationship quality, and in particular the benefits arising from reductions in incidence of relationship breakdown. It has used the DAS-7 measure of relationship quality collected as part of the present study, cost data from providers, and a range of external evidence.

On this basis, the study has found that all three forms of relationship support generate very good returns for society. In particular, for every pound spent, £11.40 of benefits result for Relate couple counselling. For Marriage Care couple counselling and FOCCUS marriage preparation respectively, £8.60 and £11.50 arise in benefits for every pound spent. Furthermore, these conclusions are robust to sensitivity testing that varies the key input assumptions.

Many of the benefits quantified in this model arise through the avoidance of negative consequences for any dependants of separating couples, and as a result the cost-benefit case here primarily derives from this subset of couples. However, it is important to acknowledge a range of additional benefits that would accrue to couples without dependants but which have not been explicitly included in this analysis (relating to workplace productivity, for example, or mental health).

The share of total costs contributed by central government varies between interventions, but is less than half in all cases: 8%, 49% and 33% for Relate couple counselling, Marriage Care counselling and FOCCUS marriage preparation respectively. The remainder of costs are covered by clients themselves, fundraising activities and through the use of volunteers. This implies that from a government perspective funding for relationship support offers good value for money both in terms of the levels of activity/output it supports and in terms of the outcomes ultimately achieved. However, it does also imply that the positive returns observed are dependent on the additional sources of revenue continuing.

7. Conclusions and lessons learned

The Department for Education commissioned this research with three key aims. In summary, these included exploring:

- Whether receiving three different types of relationship support (for new parents, marriage preparation and couple counselling) results in
 - Changes in well-being, relationship quality and communication
 - Increased awareness and likelihood of using relationship strengthening behaviours
 - Changes in attitudes towards accessing relationship support in future
- The Value for Money of providing different forms of relationship support
- How more couples can be informed about and, ultimately, encouraged to access different types of relationship support opportunities.

The conclusions in relation to each of these three key aims of the study are presented in Sections 7.1 to 7.3 below, while Section 7.4 outlines some recommendations for future research as well as policy and practice as a result of this study. The report concludes with a final statement in Section 7.5.

7.1. Change over time

7.1.1. Well-being relationship quality and communication

Quantitative analysis of pre- and post-survey metrics suggested that two of three types of relationship support were linked with at least some positive changes after quite a short period of time (at least 12 weeks for the two marriage preparation interventions, and at least 10 weeks for the two couple counselling interventions).

As expected, the most significant level of change was found in relation to the two couple counselling interventions. For both **Relate and Marriage Care couple counselling**, the measured effect sizes were particularly large for the WEMWBS well-being scale: $d=0.74$ for Marriage Care and $d=0.85$ for Relate. Effect sizes were lower for the ENRICH communication scale ($d=0.45$ for Relate and $d=0.57$ for Marriage Care) and for the DAS-7 relationship quality measure ($d=0.32$ and $d=0.40$ for Relate and Marriage Care respectively).

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.

For **Let's Stick Together** (LST), on the other hand, there was a positive average improvement on all three validated scales used to measure changes in relationship quality, well-being and communication with effect sizes ranging from $d=0.16$ to $d=0.22$,

although none of these changes was statistically significant. The main reasons for not detecting significant changes are likely to be the small number of parents surveyed who had actually attended a session (78), the clustering of the data (that parents attended in groups) and the low dosage of the intervention. The nature of the setting of delivery and the lack of involvement of fathers could also have reduced the impact.

For marriage preparation, there was a significant positive change for those receiving **Preparing Together** – provision focused on developing relationship strengthening skills and behaviour – on their well-being between pre- and post-survey (WEMWBS: $d=0.20$). For those completing a **FOCCUS** questionnaire and attending a FOCCUS session with a facilitator – used to highlight differences between couples’ pre-marriage attitudes and expectations – the analysis identified a positive change in relationship quality (DAS-7: $d=0.22$). No significant differences were identified for these two interventions for the other scales.

These positive changes are of particular note given the high starting points of couples on the three scales before receiving marriage preparation and that previous research has suggested that, as discussed above, relationship quality generally declines from a high starting point.

Qualitative interviews with clients provided an insight into the benefits experienced by couples from receiving marriage preparation. 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, which may explain the changes in well-being observed in the survey.

7.1.2. Awareness and likelihood of using relationship strengthening behaviours

Even though **LST** was only a very short intervention, consisting of one session often lasting less than an hour, around a third of parents surveyed three to six months later were able to recall explicitly some of its key messages relating to what to do and not to do to foster positive relationships. Recall was greatest among those parents who had read the reminder emails or the book supporting the LST session, although only a few had done so. This means that further thought needs to be given by the provider on how to ensure more participants sign up and read messages: one option might be to use different approaches, such as follow-up text-messages.

Furthermore, around two thirds of parents who had attended an LST session felt that it had changed the way they viewed, and how they behaved in, their relationship.

Most of the 21 parents completing qualitative interviews who had attended an LST session were able to give examples of such changes. In particular, this included a

greater awareness of how things could go wrong and what could be done to prevent disagreement or conflict and of the need to work at their relationship. Most participants were also able to provide concrete examples of how attending the LST session had changed their relationship behaviour, in respect of avoiding particular behaviours, expressing love or being receptive to different ways of expressing love, and how to involve fathers in parenting.

Similarly, more than half of those surveyed attending a *Preparing Together* workshop and a slightly lower proportion of those on **FOCCUS** thought that it had taught them skills for communicating with their partner and techniques to handle conflict better in their relationship. However, only about a quarter said that they had actually used these skills often since receiving the support. Similarly, even though about a quarter of people attending one of the two types of marriage preparation indicated that it definitely changed their behaviour, about half (46%) said that it had not done so. Many interviewees explained in qualitative interviews that the main reason for this lack of impact on their actual behaviour was that they already felt very positive about their relationship and/or there was little room for improvement.

Quantitative and qualitative evidence suggests that one of the main benefits of **couple counselling** is to overcome communication problems faced by couples. Thus, at the post-survey, communication was one of the issues identified most frequently as having improved as a result of attending couple counselling. Furthermore, regression modelling suggested that improvements in relationship quality were, on average, greatest among those who had identified communication as a problem at the pre-survey stage. In qualitative interviews, interviewees 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.

7.1.3. Changes in attitudes towards accessing relationship support in future

The survey identified a change for all three interventions in respondents' attitudes towards accessing support in future, although it was most noticeable among couples accessing marriage preparation who displayed a significantly lower general help-seeking attitude than participants in the other two types of interventions at the pre-survey stage. Attending a Marriage Care FOCCUS session was also found to have significantly changed participants' attitude towards accessing couple counselling in the future. This could be the result of the similar format of FOCCUS and counselling sessions and the fact that sessions could possibly have been delivered by trained Marriage Care counsellors.

Overall, the findings show how a positive experience of relatively small relationship support interventions, such as LST and marriage preparation, at a period of transition in a relationship can change individuals' and couples' attitudes towards accessing support.

Such a change might result in some of them accessing couple counselling in future which, in turn, could reduce the risk of relationship breakdown and, potentially, result in significant social benefits.

7.1.4. Limitations of study

As discussed in Chapter 2, the project initially aimed to carry out RCTs in relation to each of the three types of interventions. A substantial amount of time was spent at the beginning of the project to try and design such approaches, which would result in more robust conclusions that differences in treatment have *caused* the differences in outcome, rather than simply being *associated* with them. However, in the end, as a result of practical and other problems, none of the interventions was studied using such a design.

The main limitation of the final quantitative research design employed in this research is therefore that there was no control group for any of the interventions under study. This means that it is not possible to be certain that any or all of the quantitative changes measured can be attributed to the support received. In addition, the changes were measured after only a fairly short time period – around 12 weeks for the two marriage preparation interventions and LST, and after around 10 weeks for Relate and Marriage Care couple counselling. It is possible, therefore, that the changes measured in this study only present a short-lived ‘halo effect’ and that they would not persist as part of a longer term follow-up. Further longitudinal research is needed to explore this (see Section 7.4).

The findings of the couple counselling surveys, in particular, are nevertheless strengthened by the fact that the effect sizes identified in this study are similar to those found in efficacy studies using RCTs and effectiveness studies in more naturalistic settings (Baucom et al., 2003; Wood et al., 2005; Shadish and Baldwin, 2005; Klann et al., 2011; Lebow et al., 2012). Furthermore, several academics have argued that there is strong evidence from other studies that waiting-list control groups for couple counselling do not show any significant improvements (Baucom et al., 2002; Christensen et al. 2005).

There was some evidence from the current study to support this: a model run to compare the outcomes of 31 clients who had not received any support by the time of the post-survey (no data were available on why they had not attended any sessions) with all those who had attended at least one session, identified a significant difference between the two groups. In particular, those who had attended at least one session, on average, had a significantly higher outcome score on the relationship quality scale (DAS-7) than those who had not attended any sessions. This provides some support for the thesis that the observed changes are the result of attending couple counselling, although the 31 who did not receive support were not randomly selected and may have been different from the rest of the sample.

Similarly, with regard to marriage preparation, previous studies have shown that relationship satisfaction can, in general, be expected to decline after marriage (Glenn,

1998) and hence, any positive effect size, even for studies without a no-treatment control group can be seen as providing evidence of a positive effect (Halford et al., 2010).

7.2. Value for Money

Results of a cost benefit analysis (CBA) of three of the five interventions under study suggested that they offer value for money. In particular, Relate and Marriage Care couple counselling provide 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. For Marriage Care FOCCUS marriage preparation, the calculated benefit-cost ratio was even more positive: for every pound spent on such provision there is a benefit of £11.50. Whilst there is a large degree of uncertainty around the figures estimated, the substantive conclusions remained robust even when key assumptions were varied.

This means that, over the long-term, all three interventions provide substantially greater savings to society through the avoidance of costs associated with relationship breakdown than they cost to deliver. The share of total costs contributed by central government varies among interventions, but is less than half in all cases. This implies that, from a government perspective, funding for relationship support offers good value for money both in terms of the levels of activity/output it supports and in terms of the outcomes ultimately achieved.

There are other benefits that have been measured as part of this study related to some of the interventions, such as improvements in well-being and communication, which have not been included in this calculation, partly to avoid double-counting but also because of a lack of reliable mechanisms to monetise such benefits. Further research is needed to monetise such outcomes, including whether the changes identified in relation to WEMWBS, and possibly ENRICH, could be monetised in a similar way to those for DAS-7.

It is also worth noting that even though no CBA was conducted for LST and Preparing Together, the fact that both of these interventions were associated with a change in participants' general help-seeking attitudes may suggest that they could lead to cost savings in future, if they make couples more willing to seek counselling in future if problems arise.

7.3. Encouraging access to relationship support

Interviews with participants across all three types of interventions suggested that their experiences of receiving support frequently exceeded their expectations, and that the large majority found the support they had received useful: 74% of parents attending an LST session had found it at least quite useful, while 88% of those attending Preparing Together or FOCCUS had found it quite useful or very useful; and 83% of Marriage Care

participants and 79% of Relate clients who had attended couple counselling said that they were satisfied with the support provided.

The study confirmed the findings of previous research that one of the main barriers to accessing relationship support is many people's reluctance to do so. In addition, there are also practical barriers, which include lack of information about the provision (what is it and where do I find it?), the cost of provision, and finding the time to attend. This study has identified and explored various suggested ways of overcoming these barriers for some of these interventions, in order to encourage others to attend in future. These include widening provision by using additional methods of delivery, more advertising, more knowledge among professionals and adjusting the cost in line with the users' ability to pay.

For marriage preparation: Those attending marriage preparation often only did so as a prerequisite of getting married in the Catholic Church and had very low expectations beforehand. In addition, couples attending the two types of marriage preparation often did not make an active choice between FOCCUS or Preparing Together, mainly because they knew very little about what they entailed. Marriage Care have also started aiming provision at non-Catholic couples, but at the time of the study this did not yet involve very many people. More such couples could be encouraged to access support, by advertising it more widely, including in registry offices, or information or leaflets given directly to couples registering their marriage.

Notwithstanding the fact that, after experiencing marriage preparation, couples in the survey were much more likely to consider seeking other support, those interviewed generally thought that making it compulsory would not be an effective way of making it accessible to more people as many would be resistant to such a move.

For Let's Stick Together: LST is currently being delivered in a variety of settings by CFF and BCFT. In the past it was offered as one among several sessions provided to parents attending post-natal groups but as a result of cuts to such provision it is now increasingly delivered in other settings and not just for first-time parents. The study showed that, as for all types of relationship support, there was evidence that some people were reluctant to attend, sometimes because it was seen as only relevant to those facing relationship problems or as a result of a more general aversion to accessing relationship support.

Delivering LST in an established group seemed to be a good way of overcoming such reluctance rather than making it compulsory for all new parents. However, more thought needs to be given on how this can now be done given the changing ante-natal and post-natal landscape so that LST can reach all or at least most new parents.

Interviewees also suggested that there was a need to explore ways of involving fathers in this kind of support since relationships are more likely to improve if both partners are aware of such issues and how to address them. Much of the literature (see Doss et al., 2003; Nicholson et al., 2007) points to men's reluctance to acknowledge relationship

issues (even when not problematical) and points to the need for a different approach which takes account of men's concerns in order to ensure their initial engagement. Suggested approaches included offering LST as part of ante-natal provision (usually attended by both mothers and fathers) and for Sure Start centres to offer sessions during evenings and not just during the day. Men-only groups meeting in non-formalised settings, although difficult to establish, can prove to be reasonably effective in attracting fathers to such provision.

For couple counselling: Interviews with those accessing couple counselling also showed that many of them had only done so as a last resort after all other attempts at saving the relationship without professional help had failed. This correlates with findings from previous studies (for example, McCarthy et al., 1998), which suggested that couples, but men in particular, are often reluctant to access formal relationship support as it has connotations with weakness and failure, and requires acknowledgement of the seriousness of the problem.

The study also found that couples often access support based on word-of-mouth in the form of a recommendation from a friend or relative. But a difficulty is that many people who have accessed couple counselling are often reluctant to talk about their experiences as they see it as embarrassing to admit that they had a problem in their relationship or because people would assume, rightly or wrongly, that he or she had an affair. In some cases, any form of counselling is also associated with mental health problems. This suggests a need to find other ways to encourage those who are more reluctant to use services and to do so before things have seriously deteriorated. Finding ways to make discussions about emotions and relationships a normal part of people's vocabulary and interactions would be a major step forward.

Removing the mystery from couple counselling would be a similarly significant step. There is a large knowledge deficit about what couple counselling is, let alone about what other services can be provided by relationship support interventions.

Some qualitative interview respondents commended the use of telephone counselling to overcome some of the practical issues of attending counselling, such as being able to access it from home without the need to find childcare. However, the difficulties in persuading couples to agree to be randomised to telephone counselling as part of this study as well as qualitative interviews with other users provide strong evidence that most couples prefer seeing someone face-to-face and will not consider doing this via the telephone. It seems that, if anything, telephone counselling is more likely to be considered as a possibility by those wanting to address an issue urgently and confidentially. Using Skype with video (or some similar service) may be worth considering as an alternative as this combines the convenience of remaining at home with the benefit of face-to-face interaction.

7.4. Recommendations

The findings reported in this study suggest several recommendations for improved policy and practice, as well as for future research. These are outlined below.

Recommendations for central and local commissioning and for the relationship support sector include the following.

- A clear strategy and set of policies for relationship support should be developed by central and local government. This strategy should encourage all central government departments, local authorities and local public health departments to use the report's findings to inform policy and commissioning decisions that take account of the importance of adult couple relationships and their impact on health and well-being.
- Government and providers should consider ways in which to incentivise more people to take up marriage and relationship education and couple counselling. This could include offering and evaluating the effect of a discount for registry office fees or of providing a subsidised introductory/first session of couple counselling.
- Government and providers should consider the types of preventative activity that have a positive impact on behaviour change as well as attitudes to taking up future relationship support. This should build on work that has already been funded by DfE to normalise help-seeking and the online campaigns to promote culture change.
- Providers of relationship support services should consider how best to generate confidence in potential clients and develop a trusted brand. This could be done by developing a quality assurance kitemark for the sector which would build confidence amongst potential clients using the service and other professionals who would feel confident about signposting their clients to these services.
- Relationship support organisations should map out access points from which couples may be signposted to their services. As part of this, they need to consider how to encourage professionals and service providers who come into contact with couples at various transition points to understand the importance of strong couple relationships and to be more aware of available relationship support services.
- Relationship support organisations should consider the implications of the report findings for service provision and use them to improve and develop service delivery.

Methodological recommendations include:

- Consideration should be given to extending this research to other aspects of relationship support, particularly in health-related studies.

- Consideration should be given to following up the samples in this study to investigate whether any of the positive outcomes identified among the respondents have been maintained. Of particular value would be exploring their relationship status, as well as whether the changes in attitude towards seeking support have been translated into changes in behaviour, evidenced by couples accessing help at an earlier, rather than a later stage when difficulties in their relationship arose.
- In order to establish whether positive outcomes for couples can be attributed to, rather than associated with, relationship support interventions, consideration should also be given to commissioning further robust evaluations which might build on and strengthen the findings of this study. This could be done by evaluating the success of the interventions against a randomised control group.
- Thought needs to be given as to how to develop the research capacity in the sector so that robust evaluations of cost-effectiveness and cost-benefit can be undertaken in parallel with service innovation.
- Future evaluations of relationship support should be developed in partnership between the service providers and evaluation teams.
- Further research needs to be conducted to explore and, potentially, to strengthen the evidence on the costs of relationship breakdown to society, building on previous studies (including that conducted by The Relationships Foundation, 2012).

7.5. Concluding statement

This study demonstrates the effectiveness of providing different forms of relationship intervention at different stages in a couple's relationship. Brief, preventative interventions serve to make clients aware of potential problems and provide guidance on how to negotiate these, which may avoid their escalation. When problems have arisen, longer-term interventions support clients to explore how their difficulties can be resolved, potentially averting relationship breakdown where possible. Interventions were typically well-received by those who accessed them and, importantly, were associated with improvements in clients' own well-being and communication with their partner, thus strengthening their relationship.

Additionally, where it was possible to conduct a cost-benefit analysis, the evidence pointed to the economic advantage of providing such interventions. This means that over the long-term not only do such interventions benefit couples but, by potentially avoiding the expenditure associated with relationship breakdown, they could provide substantially greater savings to society than they cost to deliver. Moreover, further potential savings might accrue from the change in clients' attitude towards help-seeking behaviour. Positive experiences of relationship support, even in very small doses, appeared to bring greater awareness of and potential willingness to access relationship support on future occasions.

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Appendix 1: Choice of standardised scales

The three dimensions identified for assessment (relationship quality, couple communication, and psychological well-being) were selected because they reflected aspects of the relationships targeted, to a greater or lesser extent, by each of the interventions. This, in turn, reflects the fact that these are known to be important factors in relation to the sustainability of marriages or relationships, and the avoidance of relationship breakdown.

The key criteria that underpinned the identification and selection of suitable scales relating to relationship quality, communication and psychological well-being were:

- **relevance** – the focus was on finding measures focussing on these outcomes that were of relevance to all three relationship support programmes
- **brevity** – the need to design a research instrument which could be completed over the phone in about 20-30 minutes (at most)
- **the mode of delivery** – the fact that measures had to be in a format suitable for completion during telephone interviews.

Other important criteria, which related more to the quality of the measure, were:

- the face validity of the measure
- the applicability/relevance to the different interventions – this referred to all the dimensions assessed, but particularly to the assessment of relationship quality, where there are many potential measures but a large number of them were too ‘problem-focussed’ to be applicable to two of the interventions (marriage preparation and LST)
- the psychometric properties of the measure – to be selected, measures had to have been demonstrated to be reliable, valid (concurrently and predictively) and – a particular consideration in the current circumstances – to be sensitive to change, for example, as a result of similar types of interventions
- the acceptability of the assessments (both individually and overall) to participants – in practice, this meant avoiding too negative a focus, or at least balancing negative with positive elements
- the ‘fit’ and coherence of the measures as a set – this related to the avoidance of overlap between constructs assessed, but also to the selection of measures that were broadly comparable in style. In this case, the format for all the selected measures was that of a Likert rating scale – with a similar number of rating categories to avoid confusion and difficulty.

The selected instruments, in the order in which they appeared in the surveys, were:

- **the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**, to assess psychological well-being
- **the Dyadic Adjustment Scale short form (DAS-7)**, to assess relationship quality
- and the **communication scale from the PREPARE/ENRICH** scales.

These are discussed in turn below.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (Tennant et al, 2007; Stewart-Brown et al., 2009) was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. It is a relatively recently developed scale which has already been quite widely used in a variety of populations (for example, Bartram et al., 2011; Booker and Sacker, 2011; Jones et al., 2011; Stewart-Brown, 2013), as well as in national surveys such as the British Social Attitudes Survey of 2007 (Park et al, 2009). It is a single-factor scale designed to assess mental well-being. This has been defined as including two components: the subjective experience of happiness and life satisfaction, and positive psychological functioning, good relationships with others and self realisation (Stewart-Brown and Janmohamed, 2008).

The scale comprises 14 items, with each item coded in one of five Likert-like categories from 'none of the time' to 'all of the time' according to how much it applies over the previous two week period. Total scores are obtained by summing item scores, and range from a minimum of 14 to a maximum of 70, with higher scores indicating greater positive well-being. The key strength of the scale for the current study is that it is a measure of positive well-being, so items are generally worded positively (for example: 'I've been feeling relaxed', or 'I've been feeling confident').

The scale has adequate to good psychometric properties (Stewart-Brown and Janmohamed, 2008; Stewart-Brown et al., 2009; Gremigni and Stewart-Brown, 2011), with a Cronbach's alpha coefficient of 0.89 (in a student sample) and 0.91 (in a population sample), and good stability over the short term, with a one week test-retest reliability of 0.83. In terms of construct validity, WEMWBS showed high correlations with other measures of positive well-being, such as the WHO-Five Well-being Index, but lower correlations with scales measuring overall health, or poor mental health. For example, the correlation with the short form of the General Health Questionnaire (GHQ-12) was between -0.53 and -0.56 in different studies.

The WEMWBS has been shown to discriminate between different demographic and population groups in ways that would be expected from the literature – for example, between the employed and unemployed; those with better or worse self-perceived health status, and it has been shown to be sensitive to change as a result of short term interventions (for example, Lindsay et al., 2011; Collins et al., 2012).

Dyadic Adjustment Scale – short form (DAS-7)

The DAS-7 (or sometimes, ADAS: the Abbreviated Dyadic Adjustment Scale), is a seven-item version of the well known and well validated Dyadic Adjustment Scale (Spanier, 1976). It was first described by Sharpley and colleagues (Sharpley and Cross, 1982; Sharpley and Rogers, 1984). The DAS-7, which comprises a subset of items from the original DAS, shows a high correlation with the full DAS. It has good construct validity, adequate reliability (α coefficient of around 0.75 - 0.80 in published reports – compared with the full-scale DAS intra-scale reliability of $\alpha = 0.96$), inter-item correlations ranging from 0.34 to 0.71 (Sharpley and Rodgers, 1984), and satisfactory criterion validity (Hunsley, et al., 1995; 2001).

It is rated in the same way as the DAS, on a six or seven-point Likert scale, with three different sets of response categories for the seven questions. Items focus on 'levels of agreement and disagreement' in the relationship, and appear to be applicable to different marriage 'stages'. The final item asks participants to rate, on a seven-point Likert scale, 'the degree of happiness' in their relationship. Total scores range from 0 to 30, with higher scores representing better levels of adjustment.

The DAS-7 has demonstrated an adequate ability to distinguish 'distressed' from 'non-distressed' marriages (for example, Sharpley and Rodgers, 1984) and has shown itself to be sensitive to change as a result of interventions (for example, Ireland et al., 2003; Zubrick et al., 2005).

The ENRICH communication scale

The ten item communication scale from the ENRICH couples scales (Olson, 2002) is concerned with an individual's feelings, beliefs, and attitudes about the communication in their relationship. According to the manual, *'items focus on the level of comfort felt by both partners in being able to share important emotions and beliefs with each other, the perception of a partner's way of giving and receiving information, and the respondent's perception of how adequately she/he communicates with partner'* (Olson, 2002). Items relate to both positive and negative forms of communication. Examples include: 'I am very satisfied with how my partner and I talk with each other', and 'My partner sometimes makes comments which put me down'. Items are scored in one of five categories from 'strongly agree' to 'strongly disagree'. Total scores range from ten to a maximum of 50, with higher scores indicating better communication.

The scale has good psychometric properties (Olson, 2002) and has been shown to have good concurrent and predictive validity (Fowers and Olson, 1989) and to be sensitive to change as a result of interventions (for example, Wages and Anderson Darling, 2004; Kotrla and Dyer, 2008; Kotrla et al., 2010).

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Appendix 2: Summary of bespoke questions used in three surveys

Let's Stick Together:

Pre-survey questions

- demographic information (year of birth; ethnicity; housing tenure)
- current status and circumstances (household composition; relationship status; length of current relationship; pregnancy status; any other children, and age of oldest child; stepfamily status)
- non-voice and voice contact in past week
- attitudes to relationships (twelve items, some of which reflect the content of the course and others do not, exploring, on a seven point scale, how important to promoting a positive relationship with a partner different aspects of the relationship are perceived to be)
- use of services and relationship support in the future (likelihood of using support for non-relationship issues, relationship problems or attending a relationship improvement programme in the future).

Post-survey questions

- whether Let's Stick Together session was attended or not
- current status and circumstances (changes in circumstances since pre-survey; current household composition; current relationship status; whether baby is now born)
- non-voice and voice contact in past week
- attitudes to relationships (as above)
- recall and perceptions of the Let's Stick Together session (recall of the three main topics or themes of the session; whether views or behaviour have changed as a result of attendance; whether partner attended session; whether session was discussed with partner; overall rating of session)
- use of services and relationship support in the future (likelihood of attending a similar course in the future; future likelihood of seeking support for non-relationship problems; likelihood of using relationship support if needed in the future; likelihood of attending a relationship improvement programme in the future).

Marriage Preparation:

Pre-survey questions

- demographic information (year of birth; ethnicity; housing tenure)

- current status and circumstances (household composition; length of current relationship; date of marriage; own or partners' previous marriages; children and age of oldest child; whether partner is the parent of child/ren)
- non-voice and voice contact in past week
- attitude to, and expectations of, marriage preparation (reason for attending; choice of particular type of support (FOCCUS or Preparing Together) and reasons for it; anticipation of its helpfulness and relevance)
- attitudes to relationships (twelve items exploring, on a seven point scale, how important different aspects of the relationship are perceived to be. Some of the items reflect the content of the course, while others do not)
- use of services and relationship help (previous use and likelihood of using support for non-relationship issues; likelihood of using relationship support if needed in the future).

Post-survey questions

- demographic information (current housing tenure)
- current status and circumstances (whether married; pregnant; current household)
- non-voice and voice contact in past week
- attitudes to relationships (as above)
- perceptions of the Marriage Preparation course (perceived usefulness and relevance of the course; whether understanding of relationship has changed as a result of course; whether the course has helped change relationship behaviour, communication with partner, and ability to deal with conflict; whether it has helped increase understanding of how to build and sustain a healthy relationship; and whether it has made them more confident about being in agreement with their partner on things/factors that are important to their relationship; whether the course has been discussed with their partner)
- use of other services and relationship help (use in the previous three months and future likelihood of using support for non-relationship issues; use of any relationship support in the previous three months, and likelihood of using it in the future)

Couple Counselling:

Pre-survey questions

- demographic information (year of birth; ethnicity; housing tenure; employment status; number of wage earners in the household)
- current status and circumstances (household circumstances; current relationship situation and legal status; length of current relationship; numbers and age of oldest and youngest children; stepchildren)

- non-voice and voice contact in past week
- reasons for seeking support (who initiated counselling; whether both partners are attending; perceived seriousness of presenting problems and their duration; main issues with which help is sought; perceived threat to the relationship; type of counselling sought – face-to-face or telephone (Relate only); types of help sought; anticipation of its helpfulness)
- use of services and relationship help (previous use and likelihood of using support for non-relationship issues; previous use of relationship support, when this was, and how helpful it was perceived to be; other counselling support sought and when this was).

Post-survey questions

- demographic information (current housing tenure)
- current status and circumstances (changes in living arrangements or household structure; current household composition; changes in relationship status)
- non-voice and voice contact in past week
- help received (whether support is ongoing or has ended; whether partner received support; numbers of sessions attended, and planned sessions missed; contact time in hours; face to face or telephone support (Relate only); satisfaction with help received)
- changes to relationship problems (for each previously identified problem: changes in relation to the issue and feelings about it; perceptions of change in the overall quality of the relationship; perceived threat of the relationship ending, and investment in saving it)
- use of other services and relationship help (use in the previous three months and future likelihood of using support for non-relationship issues; use of any other relationship support in the previous three months, and likelihood of using it in the future; use of counselling support in the previous three months, and likelihood of using it in the future).

Appendix 3: Details of couple counselling model

Within the couple counselling dataset, 31 cases had been identified as having not received any sessions of counselling. It was therefore possible to conduct regression modelling to explore whether any changes in validated scale scores were significantly different for those who had received no sessions compared with those who had received at least one session. However, as a result of the relatively low number of such clients, it was not possible to carry out this modelling separately for each of the two different interventions, Marriage Care and Relate couple counselling.

A simple model containing only this explanatory variable was run first. It identified a significant difference between the two groups, such that those who had attended at least one session had, on average, a significantly higher outcome score on the relationship quality scale (DAS-7) than those who had not received any sessions. Indeed, for couples who had not received counselling, on average, their relationship quality as measured by the DAS-7 had deteriorated over time. No significant association was identified, though, for the other two scales (WEMWBS and ENRICH).

Following this, an additional model was run incorporating many other variables obtained from the questionnaire responses. This second model was used to ascertain whether any association seen in the previous model would remain once other factors were taken into consideration. Using stepwise regression, the following variables were associated with a significant variation in the outcome:

- The change in score was higher, on average, for couples who identified lack of communication as the main issue facing their relationship and were living together at the pre-survey stage
- The change in score was lower, on average, for couples who said they had accessed other forms of counselling in the last three months at the post-survey stage and who at the pre-survey stage were not sure how long the issues identified had been an issue to them.

At the same time, even after taking these variables into consideration, those who had attended at least one session were still, on average, significantly more likely to score higher on the relationship quality scale (DAS-7) at the time of the post-survey than those who had not attended any sessions.

Additional models were run excluding the 31 respondents who had not attended any sessions to identify whether there was any association between the number of sessions attended and a significantly different change in metric scores, whilst controlling for the associations that existed for other factors. However, these models were not able to highlight any variable change associated with the number of sessions attended. This means that the study does not provide evidence that receiving, for example, more than a certain number of sessions is correlated with more positive change in relationship quality

(or any of the other outcomes). Instead, other factors, such as the issues couples are facing are better predictors of the outcome.

Further details of the variable included in the model and the results of the modelling are provided below:

CC Model variables

lessthanyear	An indicator variable for how long the respondent's current relationship has lasted (0 for no, 1 for yes)
onetotwoyears	Same as above but for one to two years
threetofiveyears	Same as above but for three to five years
eleventofifteenyars	Same as above but for eleven to fifteen years
sixteentotwentyyears	Same as above but for sixteen to twenty years
twentyonetotwentyfiveyears	Same as above but for twenty-one to twenty-five years
twentysixyearsplus employed	Same as above but for twenty-six or more years Whether respondent is employed
Lessthansixmonths	An indicator variable for how long the issues in a respondent's relationship have been present
Sixtotwelvemonths	An indicator variable for how long the issues in a respondent's relationship have been present
Morethanthreeyears	An indicator variable for how long the issues in a respondent's relationship have been present
Unsureindential	An indicator variable for how long the issues in a respondent's relationship have been present
Sessionseparately	An indicator variable for whether a respondent attended CC sessions alone
Sessionaloneandtogether	An indicator variable for whether a respondent attended some CC sessions alone & some with their partner
Unknownsessions	An indicator variable for whether a respondent is unsure as to whether they or their partner attended sessions
cohabiting	An indicator variable to show whether the respondent is living with their spouse/partner
childlesscouple	An indicator variable to show whether a cohabiting couple (as described in the cohabiting indicator) has children
couplewithstepchildren	An indicator variable to show whether either member of a cohabiting couple (as described in the cohabiting indicator) has children from a previous relationship

ongoing	An indicator variable to show whether CC sessions are ongoing
CCMC	An indicator variable to determine whether a respondent took part in Relate or Marriage Care
timepassed	How much time has passed between the pre and post intervention interviews
age	How old the respondent is
male	An indicator variable to show whether the respondent is male (0 = female, 1 = male)
whiteuk	An indicator variable to show whether the respondent is of White UK ethnicity
lackofcomm	Whether respondent indicated that lack of communication was an issue (most commonly cited issue)
relviability	Whether respondent indicated that relationship viability was an issue (2nd most commonly cited issue)
arguing	Whether respondent indicated that arguing was an issue (Third most commonly cited issue)
nosessions	Indicator variable to show whether respondent had any CC sessions
zeronasessions	Respondent has zero or NA sessions
onesession	Respondent had one session
twotothreesessions	Respondent had 2-3 sessions
nineplussessions	Respondent had nine or more sessions
sessionongoingintone	Interaction term between whether sessions are ongoing and how many sessions have been attended.
sessionongoinginttwothree	Interaction term between whether sessions are ongoing and how many sessions have been attended.
sessionongoingintnineplus	Interaction term between whether sessions are ongoing and how many sessions have been attended.
sessionongoingintdontknow	Interaction term between whether sessions are ongoing and how many sessions have been attended.
das7	Pre intervention das7 score
wemwbs	Pre intervention wemwbs score

enrich	Pre intervention enrich score
pdas7	post intervention das7 score
chdas7	change in das7 score between pre and post

Model 1: Explanatory variable CHDAS7 (Change in DAS7 score between pre and post surveys)

Model Summary

		R	R Square	Adjusted R Square	Std. Error of the Estimate
Model	1	.140 ^a	.020	.017	6.283

a. Predictors: (Constant), anysessions

Coefficients^a

		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
Model	1	(Constant)	-1.259		-1.041	.298
		anysessions	3.674	.140	2.942	.003

a. Dependent Variable: chdas7

Model Summary

		R	R Square	Adjusted R Square	Std. Error of the Estimate
Model	1	.140 ^a	.020	.017	6.283
	2	.198 ^b	.039	.035	6.228
	3	.239 ^c	.057	.051	6.176
	4	.273 ^d	.075	.066	6.125
	5	.296 ^e	.087	.077	6.090

a. Predictors: (Constant), anysessions

b. Predictors: (Constant), anysessions, othercouns

c. Predictors: (Constant), anysessions, othercouns, lackofcomm

d. Predictors: (Constant), anysessions, othercouns, lackofcomm, cohabiting

e. Predictors: (Constant), anysessions, othercouns, lackofcomm, cohabiting, Unsureindenia

Results of stepwise regression using same model

Coefficients^a

		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	-1.259	1.209		-1.041	.298
	anysessions	3.674	1.249	.140	2.942	.003
2	(Constant)	-1.061	1.200		-.884	.377
	anysessions	3.817	1.239	.146	3.082	.002
	othercouns	-2.680	.906	-.140	-2.957	.003
3	(Constant)	-3.275	1.419		-2.308	.021
	anysessions	3.885	1.229	.148	3.162	.002
	othercouns	-2.825	.900	-.147	-3.139	.002
	lackofcomm	2.503	.873	.134	2.868	.004
Model 4	(Constant)	-5.057	1.539		-3.285	.001
	anysessions	3.720	1.220	.142	3.049	.002
	othercouns	-2.838	.893	-.148	-3.179	.002
	lackofcomm	2.479	.866	.133	2.865	.004
	cohabiting	2.320	.812	.133	2.856	.004
5	(Constant)	-4.902	1.532		-3.200	.001
	anysessions	3.790	1.213	.145	3.124	.002
	othercouns	-2.902	.888	-.151	-3.268	.001
	lackofcomm	2.382	.862	.128	2.764	.006
	cohabiting	2.238	.808	.128	2.769	.006
	Unsureind denial	-8.635	3.538	-.113	-2.441	.015

a. Dependent Variable: chdas7

Appendix 4: Couple counselling sample details

The following tables provide some limited comparisons of some of the sample characteristics and characteristics of Marriage Care and Relate clients; as indicated in Section 2.4.2, these data were not collected routinely for all clients and therefore only provide indicative evidence of the representativeness of the sample, as they themselves are only a sample of all clients accessing the services of the two providers.

Table 26 Comparison of sample characteristics and Relate clients

	Survey sample	N=	Relate clients	N=
Average age	42	216	40	12,798
Age range	23 to 70	216	16 to 84	12,798
White British/UK ethnic origin	85%	216	82%	12,798
Currently in a relationship	85%	216	81%	4,588

The Relate data on ethnicity and age were based on a snapshot of clients starting couple counselling between July and December 2012: a sample of 12,798, weighted to reflect known centre volumes over this time. The numbers for relationship status were based on a smaller sample of 4,588 again based on known centre volumes at this time.

Table 27 Comparison of sample characteristics and Marriage Care clients

	Survey sample	N=	MC clients	N=
Average age	41	336	41	445
White British/UK ethnic origin	67%	336	67%	445
White Other	13%	336	8%	445
Currently unemployed	9%	336	10%	445

The Marriage Care data were based on a sample of 445 service users who completed CORE data forms when accessing the counselling service during 2012/13.

Appendix 5: Qualitative interviews sample details

The following tables outline the characteristics of service users interviewed as part of the qualitative interviews. As outlined in Section 2.5, all survey respondents for LST, marriage preparation (Preparing Together and FOCCUS), and Relate and Marriage Care couple counselling were asked at the post-survey stage whether they were willing to be contacted by the research team for more in-depth qualitative interviews. All those who agreed were added to a database and interviewees were selected to provide a good cross-section of interviewees in relation to key demographic characteristics (ethnicity, age, gender) and other relevant criteria such as their rating of the support provided. The criteria used were different for each of the interventions owing to the different nature of the support provided and the client groups.

Table 28 Let's Stick Together sample characteristics

Age of parent	21-25	26-30	31-35	36-40	41-45
No.	2	2	9	4	4
Age of child	<3mths	3-6mths	7-12mths	1-3yrs	3+yrs
No.	3	8	3	5	2
Gender of parent		Female	Male		
No.		20	1		
Relationship status	Married	Cohabiting	Co-parenting	Steady/not cohabiting	
No.	13	5	2	1	
Ethnicity of parent	White UK	White Irish	BME		
No.	14	1	6		
Rating of LST session	Very useful	Quite useful	Mixed	Not v. useful	Not at all useful
No.	10	4	2	3	2

Source: LST qualitative interviews (N=21)

Table 29 Marriage preparation sample characteristics

Marriage preparation type	FOCCUS	Preparing Together			
No.	11	20			
Both partners interviewed	Yes	No			
No.	7	17			
Age	26-30	31-35	36-40	41-45	
No.	13	12	3	3	
Gender		Female	Male		
No.		15	16		
Ethnicity	White UK	White Other	BME		
No.	14	12	5		
Rating of marriage preparation	Very useful	Quite useful	Mixed	Not v. useful	Not at all useful
No.	19	7	2	2	1

Source: Marriage preparation qualitative interviews (N=31)

Table 30 Relate couple counselling sample characteristics

Both partners interviewed	Yes	No			
No.	2	23			
Age	26-30	31-35	36-40	41-45	46+
No.	2	4	6	6	9
Gender		Female	Male		
No.		20	7		
Ethnicity	White UK	White Other	BME		
No.	21	3	3		
Satisfaction with support received	Completely satisfied	Mostly satisfied	Neutral	Slightly dissatisfied	Very dissatisfied
No.	13	8	3	2	1
Length of relationship	0-3 years	4-10 years	11-20 years	21+ years	
No.	4	12	8	3	

Source: Relate qualitative interviews (N=27)

Table 31 Marriage Care couple counselling sample characteristics

Both partners interviewed	Yes	No			
No.	3	22			
Age	20-30	31-35	36-40	41-45	46+
No.	6	5	7	5	5
Gender		Female	Male		
No.		18	10		
Ethnicity	White UK	White Other	BME		
No.	19	5	4		
Satisfaction with support received	Completely satisfied	Mostly satisfied	Neutral	Slightly dissatisfied	Very dissatisfied
No.	17	7	1	3	0
Length of relationship	0-3 years	4-10 years	11-20 years	21+ years	
No.	4	13	9	2	

Source: Marriage Care couple counselling qualitative interviews (N=28)

No surveys were conducted with TCCR and AFCS clients, which meant that different approaches were used to recruit them for qualitative interviews – in most cases, this involved the providers asking all couples at the end of their counselling whether they would be willing to participate in the study. As part of this, couples were asked to complete a simple proforma, asking them to provide some basic demographic details. This meant that fewer details were available to the research team when selecting a sample (see Tables 32 and 33 below).

Table 32 TCCR couple counselling sample characteristics

Both partners interviewed	Yes	No			
No.	9	10			
Age	20-30	31-35	36-40	41-45	46+
No.	1	2	5	5	15
Gender		Female	Male		
No.		15	8		
Ethnicity	White UK	White Other	BME		
No.	13	13	2		
Length of relationship	0-3 years	4-10years	11-20 years	21+ years	
No.	1	6	13	8	

Source: TCCR couple counselling qualitative interviews (N=23)

Table 33 AFCS couple counselling sample characteristics

Both partners interviewed	Yes	No			
No.	9	7			
Age	20-30	31-35	36-40	41-45	46+
No.	2	3	4	10	6
Gender		Female	Male		
No.		16	9		
Ethnicity	Asian Indian	Asian – Pakistani	Asian – Other	Other BME	
No.	14	3	4	4	
Length of relationship	0-3 years	4-10 years	11-20 years	21+ years	
No.	1	4	12	8	

Source: AFCS couple counselling qualitative interviews (N=25)

Appendix 6: Literature findings

Key findings:

- Relationship quality generally declines over time after marriage, at least for the first decades, followed by a more marked decline following the birth of the first child. Parents generally report lower levels of relationship satisfaction than childless couples.
- There has not been much research in England focussing on marriage/relationship support, although a few recent studies highlight a growing interest in this area of research.
- Many couples choose to deal with relationship problems in private with their partner or by talking to friends or relatives, rather than using external support
- There is reluctance, especially among men, to access formal relationship support, which has connotations of failure and defeat. Services tend to be used as a last resort when the relationship is seen as (almost) beyond repair
- Overall, the evidence from studies conducted mainly in the USA and Australia suggests that marriage and relationship education (MRE) often has a positive effect on relationship satisfaction and communication
- Effect sizes of MRE interventions are relatively small given the preventative nature of such provision, especially when measured in relation to couples currently satisfied in their relationships with limited room for an increase in relationship satisfaction
- Low-intensity relationship education programmes for new parents are not as effective as those with multiple sessions and those including a pre-natal as well as a post-natal component
- Reviews and meta-analyses of previous research in the USA, Australia and Germany consistently show that couple counselling is effective – or at least it is more effective than no treatment.

Research context

Families today are more diverse and complex in their structure than ever before. This is the result of the marked demographic and social changes that have taken place over the last three or four decades (Haskey, 1995; Ermisch and Francesconi, 2000; Kiernan, 2003). Since the 1970s, marriage rates have fallen steadily while divorce rates have remained relatively constant. The marriage rates in England and Wales for 2009 were the lowest in the nearly 150-year period during which they have been recorded (ONS, 2011). One reason for this is that more couples are cohabiting: the numbers of those cohabiting doubled between 1996 and 2012, making cohabitation the fastest growing family form. As a result of this combination of factors, more children are now born into cohabiting relationships, with an increase to a figure of 39% of cohabiting couples with dependent children in 2012 (ONS, 2012).

Most relationship research covers only legally married couples, partly because much of this has been conducted in the US, where rates of cohabitation, although increasing rapidly in recent years, have been significantly lower than in the UK. In much of the US literature, cohabitation before marriage has been seen as a risk factor for lower levels of marital satisfaction and later divorce, although others argue that those who choose to enter marriage after a period of cohabitation report fewer problems and greater relationship stability (Amato, 2010). Some of the confusion appears to be attributable to the fact that some studies have failed to distinguish (any) premarital cohabitation from premarital cohabitation with a partner which subsequently turns into marriage (Jose et al., 2010). In a re-examination of the data, when only cohabitation with the eventual spouse was included, the apparently negative relationship between previous cohabitation and later marital stability disappeared.

Soons and Kalmijn (2009) investigated differences in well-being between cohabiting and married couples in 30 European countries. They found that differences between the two groups could be partly explained by selection factors. Cohabiting couples were less likely to be employed, and had lower levels of education, income and religious belief, and these factors explained some – estimated at about a third – of the differences in relationship satisfaction. Importantly, Soons and Kalmijn (*ibid.*) also found that the differences in relationship satisfaction and well-being between cohabiting and married couples varied among countries, and were generally smaller in countries where cohabitation was more normative, as it is in the UK.

Remarriages involving previously married couples have a higher rate of instability than first marriages (Amato, 2010) but most parents are likely to form new relationships after separation and divorce and, consequently, the number of stepfamilies is also growing fast (Ferri and Smith, 2003). However, there is less research into relationship quality and risks to stability in these families, as well as into same-sex partnerships. The selection factors into these different groups are known to differ, which suggests that both relationship quality and problems may also differ in their nature. The variety of routes into relationships and the greater diversity of family forms pose new challenges for effective relationship support.

‘Normal’ trajectories in relationships and the transition to parenting

Relationship quality is known to change over time for most couples. The normal pattern observed, based on longitudinal studies of married relationships, is for relationship quality to start off at a high level and then show a decline over time (see, for example, Glenn, 1998; Kurdek, 1999). The precise trajectory of the decline has been debated, with some authors reporting a relatively steep decline in the first ten years (Kurdek, 1999), and others a more gradual linear decline (Karney and Bradbury, 1995). The different patterns are likely to be explained by the changes occurring within the family, such as the transition to parenthood.

Studies generally indicate a significant decline in marital satisfaction following the birth of the first child and the transition to parenthood (Belsky and Pensky, 1988; Shapiro et al., 2000; Schulz et al., 2006; Kluwer, 2010). This is consistent with the finding, reported by Twenge et al (2003) based on their meta-analysis of 148 studies, that on average, parents reported lower levels of marital satisfaction than couples who were not parents, with the difference being most marked in those with younger children or larger families. The effect size was also found to be larger in mothers than fathers (particularly mothers of infants, while it did not vary with child age in fathers), in higher socio-economic status (SES) groups, and in more recently conducted studies, suggesting that the impacts of childrearing and of the transition to parenting are increasing. Twenge et al (2003) estimated that those who made the transition to parenthood more recently experienced a 42% greater decrease in marital satisfaction when compared to earlier generations. The overall average effect size comparing parents with childless couples was not large ($d=0.19$), but at the extreme it translated as a difference between 38% of mothers of infants reporting high levels of satisfaction, compared with 62% of childless women.

An on-going ESRC study of couple relationships confirms this finding in the UK population, with men and women in childless partnerships reporting higher levels of happiness with the relationship than parents of either gender (Gabb et al., 2013). In this web based convenience sample of over 4000 UK participants, over 80% of whom were women and nearly all (92%) were white, mothers scored lower than others on the four measures of happiness with their relationship (relationship quality, relationship with partner, relationship maintenance and happiness with partner), but higher than other groups on measures of happiness with life. Unmarried parents reported slightly higher levels of happiness with their relationship than married parents.

A recent analysis has suggested that the normal trajectories of relationship quality over a longer time scale time are more complex, and continue to differ for parents and non-parents. Trajectories for childless couples showed a decline over a twenty year period, while the trajectories for parents showed a U-shaped curve, with an initially much steeper dip followed by an improvement in marital quality (Keizer and Schenk, 2012). The authors attributed some of the improvement to the reduction in household chores as children got older. Keizer and Schenk also noted that relationship quality was linked in couples, and changed in tandem.

The unique impact of the transition to parenting on relationship quality also highlights the important distinction between marital satisfaction and marital stability or status, since couples with children are less likely to divorce than childless couples.

Interventions to support relationships are often targeted at those about to, or who have just become parents, as it seen as a 'window of opportunity' to reach parents, and particularly those at higher risk of experiencing relationship problems and instability (Petch et al., 2012). It is a time when parents are generally receptive and eager to learn more about their new role as parents, and are already in contact with services, making it

easier to identify and engage people at this stage. The impact of the transition to parenting on relationship quality trajectories is of relevance to the interpretation of findings from interventions to support or improve relationships at this stage. Some studies, such as that by Schulz et al (2006), have reported that the impact of their intervention in a randomly controlled design was to reduce the decline in marital quality following the transition to parenthood. The outcome of the study was still a reduction in marital quality in the intervention group when compared with a non-parent group, but it was significantly smaller than that in the control group of parents.

Risk factors associated with poor relationship quality or instability

A number of other factors are known to be associated with relationship breakdown in previously married couples. Demographic predictors of divorce include growing up in a separated or stepfamily household, early marriage, poverty, unemployment, low educational attainment, premarital cohabitation, stepfamily and remarriage status (Amato, 2010). But as Amato correctly points out, while these factors are correlates of divorce, they are not necessarily causes of it.

The proximal causes and precursors of marital dissatisfaction and disharmony are more complex and inter-related. For example, those (particularly girls) growing up in stepfamily households are more likely to leave home and embark on relationships and childrearing at a younger age, and relationships made at a younger age are more likely to be conflictual and thus less stable (Kiernan, 1992; Cherlin et al., 1995; Amato, 1996). Early childrearing is likely to put an additional burden on the relationship. This chain or pattern of circumstances can explain the intergenerational transmission of divorce, and stepfamily status.

There is other information on the underlying processes that give rise to relationship problems and dissatisfaction. In a powerful natural experiment investigated by Conger and colleagues, families living in an agricultural area of the US mid-West experiencing a sharp economic downturn were tracked over time. Increases in the onset of parental depression and increased marital conflict and irritability were observed; followed by disruptions to parenting and the subsequent development of behaviour problems in their adolescent children (Conger et al., 1994). Consistent with the family stress model they propose, impacts on relationships were significantly less in couples with good communication and problem solving skills, and worse in couples with low levels of social support (Conger et al., 1999). This causal chain of events, with stress preceding an increase in conflict and a decrease in mental well-being, is consistent with findings from other studies demonstrating the impact of stress – whether from parenting, poverty, a poor environment; a lack of social support or other factors – on both mental health and relationships.

These two factors, mental health and poor relationship quality, are themselves closely associated, as was noted by Rutter and Quinton (1984). While relationship breakdown is

known to be associated with increased risk of depression (Aseltine and Kessler, 1993; Kessler et al., 1998) mental health problems may be a cause, as well as a consequence, of marital disharmony and dissatisfaction (Fincham, et al., 1997). A meta-analysis by Proulx et al (2007) confirmed the relationship between relationship quality and depressive symptoms, and suggested that it was stronger when personal well-being was treated as a dependent variable – that is, that depression was more dependent on relationship quality than vice versa.

Parental conflict or disagreement, identified by Conger and colleagues as an early consequence of parenting stress, is an established risk factor for marital dissatisfaction, but also a consequence of it. Conflict over childrearing has been identified as a predictor of relationship breakdown (Block et al., 1981). Inter-parental conflict is also seen as a key mediating variable in producing negative outcomes in children, including those in intact families (Smith and Jenkins, 1991). But not all conflict is negative. More recent research has identified conflict resolution styles, which are established in the first year of marriage and related to personality characteristics, as mediators in marital satisfaction, with conflict resolution style within a relationship becoming more influential over time in predicting relationship satisfaction (Schneewind and Gerhard, 2002). Constructive conflict resolution, characterised by interaction styles that involve listening to the other person's point of view, and being focused on finding solutions, had beneficial effects on relationship quality and stability (Bray and Jouriles, 1995; Hahlweg and Markman, 1988).

In investigating the predictors of separation or divorce, Amato (2010) identifies the accumulation of risk factors in couples as following two distinct patterns: the first was characterized by minimal interaction, increasing arguments and physical aggression, low levels of relationship satisfaction and increasing thoughts of divorce; the second by moderate levels of interaction, with few arguments and little aggression, moderate relationship satisfaction, and few thoughts of divorce. Both those displaying high levels of conflict and the group displaying low levels of commitment, however, shared risk factors, such as having grown up in a separated or stepfamily; or having a low level of religiosity.

Much less is known about the processes involved in relation to some of the other known demographic risk factors. For example, (in the US, at least) mixed ethnicity marriages are at greater risk of breakdown and divorce, but the reasons or processes underlying this are not clear (Amato, 2010). This is partly a reflection of the fact that, despite the vast corpus of research, there is little that has looked holistically at the determinants and processes that contribute to relationship quality, satisfaction and stability. In attempting to take a broader view, Bradbury et al (2000) reviewed research on the nature and determinants of marital satisfaction at a number of different levels. These include both the 'micro-contexts' such as the presence or absence of children, life events, and the backgrounds and characteristics of the couple, that are likely to have direct links to interpersonal functioning within relationships, as well as the 'macro-contexts', or broader environmental influences, to which they attribute more indirect and subtle impacts. Examples of macro-contexts are experiencing racism or living in a socially disadvantaged

area. They conclude that more research is needed to explore the links between 'marital processes', as they term them, and the wider sociocultural contexts in which they operate.

Risk factors associated with transitions to parenting

In relation to understanding the causes of the distinct relationship trajectories associated with the transition to parenting, in their review Belsky and Pensky (1988), identified some of the changes that occur in couples with the transition to parenting: the division of labour within the household becomes more traditional; leisure activities become less frequent, as does positive communication, while inter-partner conflict increases; and there was also a reduction in feelings of love for the partner, particularly in women, and a decrease in feelings of satisfaction with the relationship.

Twenge et al (2003) also identified a number of factors that have been proposed to explain the impact of the transition to parenting on relationship quality. These were factors that had been investigated by different researchers, and for which there was some support. They included the impact of the increase in household chores, stress and strain associated with caring for an infant or young child; reduced opportunity for couple communication and discussion; disruptions to the couple's sexual relationship; and a perceived increase in inequity between partners, particularly if both have previously been working and contributing financially. The study (Twenge, *ibid.*) tested four theoretical models: the role conflict model; the restriction of freedom model; the sexual dissatisfaction model; and the financial cost model; to see which model best fitted the predictions based on it. They reported some support for the first two models as explanatory factors.

Kalmijn (1999), investigating the relationship between fathers' involvement in childrearing and relationship stability, found that fathers who played a larger role in childrearing and were more involved with their children reported higher levels of relationship stability. But the association disappeared in multivariate analysis when the mothers' levels of marital satisfaction were included, as it transpired that this was the mediating factor – mothers whose partners were more involved with their children were more satisfied with their relationships, and this was the reason for the more stable relationships.

It seems interesting that there has been so little investigation or research on the possible impact on relationship quality of chronic tiredness or sleep deprivation. Despite this being a normal sequelae of the immediate transition to parenthood, and often extending into early childhood, tiredness or chronic fatigue is often not mentioned in reviews relating the transition to parenting to relationship quality, or it is mentioned and then apparently dismissed. For example, Twenge et al (2003) cited mothers in one study reporting loss of sleep and chronic tiredness as relevant factors, but did not pursue this as a possible explanatory factor. There have, however, been some recent studies that support it as a plausible explanatory or contributory factor to declines in relationship quality. For example, Cooklin et al (2012) demonstrated links between parental fatigue, parenting

stress and disruptions to parenting, including higher levels of irritability; while Meltzer and Mindell (2007) showed a similar association between maternal sleep quality, mood and parenting stress, as well as fatigue. The impact of these factors on relationship quality has to be assumed, as neither study included this as an outcome. On the other hand, Meijer and van den Wittenboer (2007) reported an association between infant crying and relationship satisfaction.

Medina et al (2009) review the consequences of sleep deprivation and disruption, and the ways in which this is likely to exacerbate other stresses consequent on childrearing and the early stages of parenting. That is, they view sleep deprivation and fatigue as a contributor to negative outcomes largely mediated through the exacerbation of mood and cognitive changes. They conclude, not surprisingly, that further research into the impacts of sleep disruption is needed, including assessing better the degree of sleep loss, and the identification of those particularly vulnerable to mood or cognitive changes as a result of tiredness.

Characteristics of, and factors associated with, good relationships

As Bradbury et al (2000) point out, despite the vast volume of research on marital satisfaction, there is relatively little discussion of what the concept means, and what are the attributes of a healthy or good relationship. An exception is a recent paper describing how happily married couples deal with conflict, and proposing a typology of marital happiness (Rauer and Volling, 2013). The researchers observed couples, all with young children and who self-reported as having happy marriages, as they carried out a problem solving task. As a result they identified three clusters of observed behaviours: (1) mutually engaged couples (characterized by higher negative and positive problem-solving by both parents); (2) mutually supportive couples (characterized by higher positivity and support demonstrated by both parents); and (3) wife compensation couples (characterized by high positivity in the mother). Mutually supportive couples had the lowest levels of conflict.

In an ongoing ESRC study of couple relationships of all sorts, communication – talking and listening – were rated highly as positive contributors to relationship quality, as was friendship, or being ‘best friends’ with your partner (Gabb et al. 2013).

Most recent research, however, even if it purports to be about marital satisfaction, has tended to be problem-oriented, focussing more on understanding the causes of relationship problems and instability, rather than the underlying processes supporting sustainable and fulfilling relationships. This negative focus was not so much the case in the past, when there seemed to be a far greater emphasis on understanding what contributed to well-functioning relationships and to marital satisfaction. There is, however, probably rather little to suggest that the attributes of relationship quality have changed greatly over time.

Current research, with its problem-focus, is partially informative on the necessary components and attributes of good relationships, by identifying the omissions or shortcomings of problematical or failing relationships. These include such things as commitment, good communication skills, and constructive ways of resolving conflicts. But it seems highly probable that positive and fulfilling relationships are characterised by considerably more than the absence of problems, in the same way that positive well-being is more than the absence of illness. Trust, mutual interests and companionship; sexual compatibility, affection, friendship; shared humour and enjoyment of each other's company; a sense of shared purpose – in parenting for example – and a couple focus are among the attributes associated with successful relationships, but there appears to be little research on how attributes such as these are developed or sustained within relationships.

Fincham et al (2007) argue for a move away from the focus on conflict in relationships and a one-dimensional model of marital quality with marital dissatisfaction at one end of the continuum and marital satisfaction at the other. Instead, they propose moving towards taking a 'richer picture' of relationships, and greater understanding of 'transformative' concepts within relationships, such as the nature and meaning of commitments in relationships, and the role of sacrifice, (or 'the giving up of some immediate personal desire to benefit the marriage or the partner') in the development of a couple focus. They also argue that relationship stability and quality would be better described by a two-dimensional model, with separate dimensions of positivity and negativity.

This is much more consistent with our understanding of the nature of parent/child relationships, for example, which are best described along separate dimensions of positivity and negativity, with the most optimal relationships characterised by high levels of positivity and low levels of negativity. It is also more consistent with the recent focus on positive well-being, as distinct from the absence of pathology or problems. A two-dimensional approach, generating different sub-types of relationships, is in many ways a return to the relationship typologies proposed some time ago by those such as Fowers and Olson (1992), who described vitalised couples, harmonious couples, traditional couples and conflicted couples.

Recent research from England

There has not previously been a great deal of research on relationship/marriage support in England, although there has been some recent activity. For example, OnePlusOne, supported by DfE, have recently conducted a cluster randomised trial of a training programme for marriage support practitioners working in, or with, Sure Start Children's Centres (Coleman et al, 2013). The three-month training, which was based on OnePlusOne's 'Brief Encounters' programme, combined online and face-to-face elements. It was provided for an intervention group of over 200 practitioners, whose attitudes, perceptions and reports of practice were then compared with those of a waiting

list control group of equivalent size. Although training did not impact on practitioners' self-reported ability to recognise relationship problems in parents, significant impacts of the training were noted in feelings of confidence, and competence in knowing where to refer parents on to, and in practitioners' perceptions of how they provided support. Training was effective for both experienced and inexperienced marriage support practitioners. One limitation of this design is though that it was based solely on self-reports from practitioners, and it was not possible to know whether the changes in practitioners' perceptions and reports of their practice were reflected in any measurable changes in their practice, and in the impact of their practice.

An on-going randomised control trial is being conducted by TCCR (2013) which is investigating more directly the impact of relationship support focussed on reducing the harmful effects on their children of parents' anger with each other. The intervention, which is adapted for use with inter-parental conflict, is based on Mentalization-Based Therapy (Bateman and Fonagy, 2011), and is delivered over six to twelve sessions. It aims both to reduce levels of conflict and hostility between parents and to increase their understanding of the child's experience of the situation. Pre-trial results for the intervention are promising. It is now being compared, in a randomised controlled trial, against a psycho-educational programme for parents.

A pilot trial of a US developed intervention, Kids' Turn, has recently been conducted in England by Relate and National Family Mediation, and is unusual as it directly involves children as well as both their separating parents in the intervention (Ryan, 2012). The pilot trial was conducted in eight centres in three different areas of England, and involved parents and children attending up to six weekly 90-minute group sessions (or fewer longer sessions). The aim was to improve co-parenting and communication between all family members, and to help children understand the situation. The facilitators experienced some problems with the translocation of the programme to the UK context, as the materials and style of the programme (it was described as too 'happy clappy') were not always felt to be appropriate to the English families. Despite these bedding down and implementation problems, facilitators felt that there were positive outcomes from the programme for both children and parents. These included normalising the experience for both children and parents; enabling children to express their feelings about their situation and their parents' separation; and both parents and children reporting improvements in parents' co-parenting skills.

Accessing relationship support

Initial help with relationship difficulties often takes the form of off-loading the problem and being heard, typically by someone familiar such as a sympathetic peer or family member who has been through a similar experience (Ramm et al., 2010). While emotionally helpful, it does not necessarily lead to a solution of the problem, nor is it a chosen route for those who have concerns about exposing the existence of problems, appearing disloyal to a partner or risking confidentiality (Walker et al., 2010; Parentline Plus, 2008).

A relationship support service is typically accessed as a final attempt to save a failing relationship. Forming and preserving good, intimate couple relationships is still commonly believed to be a private and personal matter despite a growing demand for couple support services in the UK (Chang and Barrett, 2009). In their secondary analysis of an existing dataset, Ramm et al. (2010) reported respondents' negativity about using such services. They associated doing so with failure and defeat, the demonstration of weakness or a deficit in individuals unable to draw on their own resilience, and considered that a relationship which had reached the stage of needing outside help was beyond rescue.

More help for individuals from frontline practitioners, in particular healthcare professionals, to recognise the early signs of relationship difficulty and greater openness from them about the prevalence of such difficulties might help reduce the stigma and feeling of isolation experienced by many couples and motivate them to seek help (Chang and Barrett, 2009). A small-scale study of the factors that influence help-seeking behaviour among couples with problems recommended that education and training programmes should be improved for primary healthcare staff, alongside initiatives to raise awareness of sexual and relationship difficulties with both professionals and the public (Fritter et al., 2009).

Severe relationship problems cause emotional problems which typically dent confidence, cloud judgement and prevent action being taken (Parentline Plus, 2008). Few people, if any, have available at such times knowledge about what is available in the way of relationship support services, hence the consequent need for signposting from professionals (Corlyon et al., 2011; Fitter et al., 2009). Alternatively, information can be easily available and readily accessed without any commitment via the internet, and networks such as *thecoupleconnection.net* can offer immediate information, support, guidance and advice, providing a way of accessing a population that might be less likely to seek out professional support (Coleman and Glen, 2009).

However, a report written for Citizens Advice (Iron and Silk, 2011) draws attention to the danger of over-reliance on the internet and the discrimination encountered by those who do not or cannot access it. Methods of communication and of service provision have changed – and continue to change – through modern technology. The so-called 'internet revolution' has led to services being increasingly offered and used online. The Government's 'Race Online' initiative aimed to help over 1.5 million more people online by 2012 (RaceOnline2012.org) and more Government systems are being designed and promoted on the basis of online access. Nevertheless, in 2013, 4 million households in Great Britain were without internet access, and 7.1 million adults (14% of the adult population) were not frequent or regular internet users (Office for National Statistics, 2013).

How services are advertised and promoted is vital to all people being able to access them promptly in times of need. But however well-advertised they are, there is a limit to

how much knowledge is absorbed when it is not needed. Fathers who were asked to describe a hypothetical service which would have helped them at the time of divorce provided a more or less accurate description of a mediation service which could be found on their doorstep and of which they had no knowledge (Corlyon et al., 2011).

Notwithstanding the caveats above, communication via the internet and telephone are often favoured by men who find such 'remote' methods more appealing than direct, face-to-face methods (Asmussen et al., 2007). They are more likely to call helplines about divorce and separation than any other issue. There is also a gender difference in the topic of such calls: men look for solutions whereas women are much more likely to call with concerns about the causes of on-going problems (Parentline Plus, 2008; ParentLine Scotland, 2008). In an Australian study of couples accessing support, women were more likely to be looking for help with parenting skills and relationships with children, but men were more likely to attend simply because their partner wanted them to (Nicholson et al., 2007). A US study examining the premise that men's lack of awareness of relational problems contributes to their reluctance to consider, seek, and benefit from couple therapy confirmed previous research findings that husbands are more reluctant than their wives to seek treatment. Tracking who called to set up the appointment found that in 63% of the cases it was the woman who made the initial contact (Moynihan and Adams, 2007).

A predominance of female staff in the helping professions can be a deterrent to men using them (Ghate, Shaw and Hazel, 2000). Doss et al. (2003) report evidence supporting the view that men are less likely to access support services because they do not recognize or identify relationship problems – they lack emotional self-awareness, they are less psychologically minded, or they think less about their relationship than women. A different view is put forward by Moynihan and Adams (2007) who report findings that men and women are, in fact, equally cognizant of their relationship and equally emotionally aware. They suggest that targeted interventions that validate men's concerns may enhance their motivation and their retention in the early stages of therapy. Before any discussion of the couple's problems, an examination of how the decision was made to come to therapy may elicit such male concerns as embarrassment, worry that their perspective on the problem will not get a fair hearing, and the self-attribution of failure that accompanies asking for help.

Ramm et al. (2010) put forward the view that couples with a 'developmental' view of their relationship are more likely to access relationship support than those who adopt the fatalistic view that their relationship cannot be improved. Those with a developmental view believe that they have control of the relationship and are, therefore, willing to adapt and accept change.

Alongside targeted support for those with relationship difficulties, Ramm et al. (2010) suggest provision of universal support. This would be largely preventive and aimed at two groups of people: those in the initial stages of the relationship and those with a view that

their relationship is satisfactory but not amenable to change (i.e. not developmental). The purpose would be to raise awareness that: relationships change over time and satisfaction is not constant; difficulties are particularly likely to arise at certain times (such as during the transition to parenthood); methods of communication affect many aspects of the relationship; understanding the partner's behavior is useful; conflict and confrontation are normal in a relationship but the way conflict is handled is the critical factor; and people can control the outcome of the relationship.

Finding ways to increase access to relationship support services is crucial. About Families (2011) recommends, *inter alia*: better signposting to targeted advice, help, and support services; more support and advice at the point when relationships are in difficulty to help people make informed choices; support which is appropriate to how couples experience difficulties and the type of support they find acceptable when they do; and use of community-based resources, including the provision of support in the workplace. A further recommendation is the provision of more tailored support, a view also expressed by Coleman and Glen (2009) in an evidence review which points to the differing support needs among subsets of the population (younger/older; expecting parents/ new parents; parents of mixed heritage, etc.). Understanding more about their needs and specific experiences is fundamental to providing relevant support (Coleman and Glen, 2009).

Ramm et al. (2010) point to the need for better marketing to overcome the problems in finding appropriate support which couples often encounter. They also suggest a re-focusing of the intervention to stress that its function is to improve the quality of a relationship rather than save a moribund one. Provision of different support options would meet the needs of people at different stages of a relationship as well as those with both a fatalistic and developmental approach, preventing undermining the sense of agency and control in the latter group.

Evidence on the impact of marriage preparation

A meta-analysis of 117 studies (Hawkins et al., 2008) on the impact of marriage and relationship education (MRE), which includes but is not restricted to marriage preparation (as it is also provided to already married couples or couples not preparing for marriage), calculated effect sizes ranging from 0.36 to 0.54 on couple's communication skills and 0.24 to 0.36 on their relationship satisfaction. These effect sizes are generally lower than reported for more therapeutic couple counselling interventions (Shadish and Baldwin, 2003; Markman and Rhoades, 2012). This is probably not surprising given the nature of these interventions (often more limited in duration and intensity) and that most are intended to be preventative – they often work with couples at the start of their relationship when relationship satisfaction can be expected to be fairly high. Indeed, as Glenn (1998) has shown, relationship satisfaction can, in general, be expected to decline after marriage (see Section 1.2.1) – hence, any positive effect size, even for studies without a no-treatment control group, can be seen as providing evidence of a positive effect (Halford et al., 2010a).

Reviews of previous research conducted mainly in the USA and Australia (Simons, 1999; Halford and Snyder, 2012) distinguish between two types of MRE: inventory-based assessment and feedback, and skills-based relationship education.

There are various inventory-based assessment approaches used in the USA but also in other countries, such as the UK (Larson et al., 2002), including for example PREPARE, FOCCUS and RELATE, which usually combine the completion of relationship assessment questionnaires with some form of either verbal or written feedback. There is quite limited evidence on the efficacy of such approaches provided on their own (i.e. not in conjunction with other skills-based approaches). One study conducted in the USA (Larson et al., 2007) randomly assigned 39 couples to three groups:

Group 1: couples completed the RELATE inventory questionnaire and attended an interpretation session

Group 2: couples completed the RELATE inventory questionnaire but did not receive any verbal feedback (just the written report)

Group 3: couples were assigned to a waiting list.

The study found some evidence of a positive impact of the intervention, particularly for couples in Group 1. However, it is worth noting that the first assessment took place after the couples had completed the inventories and received feedback, which meant that this study did not represent a genuine pre- and post-test design.

Two other studies explored the impact of inventory-based approaches but in conjunction with other skills-based support. An RCT involving 59 couples in Australia (Halford et al., 2010a) compared the impact of completing the RELATE inventory and receiving feedback with completing the inventory as well as receiving a skills-based programme called Couple CARE. Both men and women in the group receiving RELATE and Couple CARE showed significant benefits compared with the RELATE only group in terms of communication. Women also benefited in relation to improved relationship satisfaction (with an effect size of 0.42) although men did not. It is worth noting that the study was not able to show whether the measured impacts were due to the combined delivery of RELATE and Couple CARE or whether the same level of change would have been detected if couples had received the skills-based support on its own. Second, Knutson and Olson (2003) conducted a quasi-experimental study in the USA involving 153 couples to measure the effectiveness of the PREPARE inventory followed by four counselling sessions aimed to help develop communication and conflict resolution skills. Couples completing this full programme displayed a significant increase in relationship satisfaction from pre- to post-test, whereas couples only completing the inventory and those in a control group did not. However, couples were not randomly assigned to different treatment groups, so the measured change could reflect pre-existing differences between couples.

Skills or curriculum-based approaches to MRE tend to focus on developing key relationship skills, such as communication or conflict management (Halford and Snyder, 2012). A review of 13 different approaches (Jakubowski et al., 2004) found that evidence on impact was strongest for the following four skills-based MRE approaches: PREP, Relationship Enhancement, the Couple Communication Program and Strategic Hope-Focused Enrichment.

A meta-analysis (Butler, 1999) of 16 studies on the Couple Communication Program, for example, identified an effect size of 0.54 on relationship satisfaction when compared with no-treatment control groups, although this effect was said to deteriorate over time. Similarly, an RCT in Australia (Halford et al., 2004) of 59 couples randomly assigned to the Couple CARE programme or a waiting list group identified a significant positive effect on relationship satisfaction on both men and women (effect sizes of 0.36 and 0.34 for men and women respectively) but there was no evidence that it had reduced negative communication. Another longitudinal RCT (Halford et al., 2001) of Self-PREP, a modified version of the PREP programme developed in the USA (Markman et al., 2009), identified a positive impact on communication for low-risk but not for high-risk couples, although this effect disappeared at 1-year follow-up. As regards relationship satisfaction, the study only identified a positive impact of the Self-PREP programme for high risk couples after 4 years follow-up but no effect for low-risk couples.

There are also some studies that focus on relationship stability, using divorce as the main outcome variable. One such study (Stanley et al., 2010), for example, involving an RCT of 576 married army couples in the USA randomly allocated to the PREP for Strong Bonds intervention or a control group, found that participation was associated with significantly lower divorce rates in the treatment group just one year later. However, a difficulty with such research is that using divorce is a controversial outcome measure – in some cases, divorce could be a positive outcome of a destructive relationship, while in others non-divorce could mask a very destructive relationship.

Overall, the review suggests that there is relatively strong evidence that skills-based MRE has a positive impact mainly on communication and relationship satisfaction, although there is some evidence that this impact may deteriorate over time. However, most of this evidence is based on studies not conducted in the UK.

Evidence on the impact of support for first-time parents

Relationship support for new parents (as with marriage preparation explored in the previous section) is a sub-set of provision under the broader umbrella of 'relationship education', in particular curriculum-based relationship education (Halford and Snyder, 2012). While there are a small number of specific studies on provision for new parents conducted mainly in the USA, key evidence on impact is from the relationship education field more broadly. For example, meta-analyses of relationship education programmes (including but not exclusively for new parents) found that these were generally successful in improving couple outcomes ranging from communication to relationship satisfaction

and individual function, compared with control groups (Markman and Rhoades, 2012; Halford and Snyder, 2012; Halford et al., 2008; Hawkins et al., 2008). This included, for example, a meta-analysis by Blanchard et al (2009) which found that in a small number of longer term experimental studies on relationship education (with a follow-up assessment of over seven months), the average effect size on communication skills was 0.59.

Evidence of the impact of relationship interventions conducted mainly in the USA and Australia with new parents specifically suggests that these programmes improve outcomes, but sometimes with lower effect sizes dependent on the size of the intervention. A meta-analysis of 21 controlled couple interventions with expectant and new parents (Pinquart and Teubert, 2010), found that interventions had, on average, significant small effects on couple communication (0.28) and psychological well-being (0.21), as well as very small effects on marital adjustment (0.09).

Key studies of note include two longer term studies with couples in the transition to parenthood with follow-up at over 12 months post-birth (Halford et al., 2010a; Schulz et al., 2006). The first evaluation was with 71 expecting couples in Australia, who were randomly assigned to either a couple relationship and parenting programme (Couple CARE for Parents, CPP) or a maternal parenting education programme (Becoming a Parent, BAP). At the follow-up assessment of 12 months post birth, parents in the first relationship-focused programme (CPP) had greater reductions in negative couple communication and, in women only, erosion of relationship adjustment and self-regulation compared to the parenting BAP programme.

The evaluation by Schulz et al (2006) was with 66 new-parent couples in the USA who were randomly assigned to a couple relationship intervention or a no-treatment control group, and assessed at five time points until five and half years after birth. While there was a decline in marital satisfaction in both groups, intervention participants experienced significantly less decline than the control group. There was also a small comparison group of 13 couples that remained childless who did not experience a decline in marital satisfaction over the same period. These findings suggest that transitions to parenthood do strain couple relationships, but that this relationship support intervention was effective in preventing a more significant decline (Schulz et al., 2006).

Another key study is the Building Strong Families Programme in the USA (Wood et al., 2010; Devaney and Dion 2010), which was unusual in having a large sample of 5,102 unmarried couples having a child, with an eight-site RCT of relationship education. However, preliminary results from this study were disappointing, identifying very few positive effects of relationship education and even some negative effects at the 15-month follow-up (Wood et al., 2010). Only one site in Oklahoma City, called Family Expectations, showed significant positive findings, including higher levels of happiness, support, relationship quality and better conflict control with the 1,010 couples involved (Devaney and Dion, 2010). The authors conclude that the reasons why Oklahoma's

programme showed positive outcomes compared with the other sites was that there was higher-than-average completion (partly attributable to the use of incentives for parents), the use of post-workshop booster sessions combined with social activities, and a very strong organisational structure supporting delivery (Ibid; Markman and Rhoades, 2012).

The effect sizes for relationship education for new parents (and those in the relationship education field more broadly) in the above studies were relatively small (see for example Pinquart and Teubert, 2010). However, as with marriage preparation interventions, first time parents accessing preventative relationship education will generally be more satisfied with their relationships (compared with distressed couples seeking therapy) and have less room for an increase in satisfaction (Halford and Snyder, 2012).

Another key finding from the literature is that low-intensity relationship support programmes for new parents that are short in duration are not as effective as more high-intensity programmes. In particular, a meta-analysis by Pinquart and Teubert (2010) of 21 controlled relationship interventions with expectant and new parents found that effects on couple adjustment were larger for interventions that included more than five sessions. This is supported in previous meta-analyses (Hawkins et al., 2008; Giblin et al., 1985) and in the RCT of the Marriage Moments programme with 155 expecting couples, where the low-intensity programme was not found to improve outcomes (Hawkins et al., 2006). Pinquart and Teubert (2010) conclude that given the many new demands and stressors that couples experience in the transition to parenthood, multiple sessions (ideally at least six) are needed to promote positive change and prevent relationship decline. While low-intensity programmes have the potential to reach more diverse target-groups, especially where intensive psycho-education may not appeal to transitioning couples focusing on a new baby (Markman and Rhoades 2012; Hawkins et al., 2006), a careful balance needs to be struck to ensure interventions are of sufficient dosage to effectively strengthen relationships.

Additionally, Pinquart and Teubert (2010) found that in order to ensure larger intervention effects, relationship education programmes need to include a pre-natal and post-natal component. This is because the nature of a couples' relationship, communication and adjustment before the birth of a child has been shown to be an important predictor of later adjustment (see also Karney and Bradbury, 1997; Halford and Snyder, 2012) and that there is great variability in how couples balance stresses associated with a new baby, such as work-life balance, father involvement and social support (Cowan and Cowan, 1995; 2000). In fact, Shapiro and Gottman (2005) go one step further to argue for the importance of relationship interventions and research before pregnancy (although this of course poses practical problems in reaching these couples). Also, for couples expecting a baby, combining couple-focused relationship education with a parenting component is recommended by Pinquart and Teubert (2010), as additional effects on parenting were only found in interventions that had a specific parenting module built into the design.

Another interesting finding from a RCT with 38 expecting couples in the USA was that while overall relationship education was effective, with increases in marital quality, decreases in post-natal depression and hostile communication at one-year follow up, these measures temporarily got worse from the pre-score to the three month follow-up (Shapiro and Gottman 2005). The authors explain that the immediate effect of the psycho-educational intervention was to increase conflict as it encouraged couples to honestly face and discuss their conflicts, particularly concerning changes around housework and childcare, which is a common cause for relationship friction in the transition to parenthood (Ibid; Cowan and Cowan, 1995; 2000). However, while couples in the intervention group learnt communication skills to cope with these issues, the authors conclude that in the control group these conflicts were not dealt with and got worse over time (Shapiro and Gottman 2005).

Given this example above, a central finding from meta-analyses was the importance of long-term follow-up after the birth of their child, to test whether these interventions prevent the erosion of couples' relationship satisfaction over time (Halford and Snyder 2012; Markman and Rhoades 2012; Hawkins et al., 2008). Currently, there are very few studies in the wider relationship education field that measure beyond the post-test and even fewer with follow-ups of longer than one-year. There are five RCTs of couples' relationship education identified by Halford and Snyder (2012) that extend beyond twelve months, and only two of these were with couples making the transition to parenthood (see above Halford et al., 2010a; Schulz et al., 2006).

Similarly, recent meta-analyses have detailed that a key issue in the broader relationship education field is whether interventions are sufficiently reaching couples from diverse economic and ethnic backgrounds, as programmes have tended to focus on white engaged or married couples and those from more stable economic circumstances only (Blanchard et al., 2009; Hawkins et al., 2008). While there is a lack of research to make reliable conclusions about the effectiveness of relationship education for disadvantaged couples, the limited evidence available suggests that couples at high risk of future relationship problems potentially benefit more from relationship education programmes (Halford and Snyder, 2012; Halford et al., 2001; Halford et al., 2010b; Schulz et al., 2006). Relationship education interventions also need to better adapt to current and changing family demographics including separated parents and stepfamilies, cohabiting couples, single parents, lesbian, gay, bisexual and transgender (LGBT) partners and older couples (Markman and Rhoades 2012).

The evidence also suggests that better engagement of fathers is needed in relationship education (Markman and Rhoades 2012), and this is particularly pertinent for interventions with new parents, given that evidence suggests that couple conflict in the transition to parenthood often centres on differences in fathers' versus mothers' involvement with the family (Cowan and Cowan 2000; Twenge et al., 2003). Furthermore, there is growing evidence that fathers' continued involvement with their babies in the early years of parenthood improves outcomes for couple relationships as

well as child development (Lamb 1997; Kimmel and Messner, 1995; Hawkins et al., 2008), but more evidence is needed to explore the impact of MRE on fathers.

Evidence on the impact of couple counselling

Meta-analyses and RCTs conducted consistently show that couple counselling (often referred to in the literature as couple therapy) is effective – or at least it is more effective than no treatment (Baucom et al., 2003; Wood et al., 2005; Shadish and Baldwin, 2005; Lebow et al., 2012). However, it is worth noting that this evidence almost exclusively is based on studies conducted outside the UK – the majority are conducted within the USA and Australia.

Shadish and Baldwin (2003) reviewed six previous meta-analyses of studies comparing couple therapy versus no-treatment control groups, including four published and two unpublished reviews. The mean effect sizes of couple therapy in these six studies were found to range from 0.50 to 1.30 – from these, the authors calculated an overall mean effect size of 0.84 for couple therapy, indicating that individuals allocated to the treatment group were better off at the end of counselling than 80% of those assigned to the no-treatment group. Similarly, a RCT (Christensen et al., 2010) comparing the relative effectiveness of two types of counselling – traditional behavioural couple therapy (TBCT) and integrative behavioural couple therapy (IBCT) – measured post-treatment effect sizes of 0.71 for TBCT and 0.90 for IBCT using the DAS, although these differences were not found to be statistically significant.

In contrast, a meta-analysis of 30 published and unpublished experiments on the effectiveness of Behavioural Marriage Therapy (BMT) identified a slight lower effect size of 0.585 (Shadish and Baldwin, 2005) – the lower effect size could be the result of the inclusion of both published and unpublished studies, with the latter including some which identified lower or even negative effects. A noticeably lower effect size, as could be expected, was also identified in a waiting list RCT in Canada, exploring the impact of a short couple therapy intervention only (Davidson and Horvath, 1997). The study involved 40 couples with a primary complaint of marital discord attending three sessions of reframing and retraining plus a homework task treatment – impact was measured using a variety of instruments, including the DAS to measure marital satisfaction. It found that:

‘couples receiving treatment improved significantly more than those in the waiting-list control condition in terms of increased marital satisfaction and conflict resolution skills’ (p.428) – with an effect size of 0.41 on the DAS.

Couples were followed up six weeks later and the results suggested that treatment gains were maintained. This study is of particular interest to the current research given the short duration of the intervention and the relatively substantial effect size measured.

The consensus among most experts seems to be that there is little or no evidence that any particular type of couple counselling is more effective than others (Shadish and

Baldwin, 2003) – although some have commented that this could partly be the result of lack of comparable evidence for particular types of couple counselling. The small number of outcome studies evaluating approaches other than cognitive-behavioural couple therapy provides low power to detect differential effects across different couple treatments (Wood et al., 2005). In a recent commentary, Halford and Snyder (2012) note that there is at least one RCT to support the efficacy of six different types of couple counselling, although the evidence is strongest for TBCT, IBCT and emotion focussed couple therapy (EBCT).

Finally, in a meta-analysis of several studies, Baucom et al (2002) concluded that there is strong evidence that couples in waiting-list control groups do not show any significant improvements. Based on this evidence, Christensen et al (2005) have argued that:

'researchers need not increase their costs, diminish the number of couples in treatment, or risk the ethical dilemma of delaying efficacious treatment by assigning couples to waitlist or no-treatment control conditions' (p.8).

This is related to an important distinction often made between 'effectiveness' and 'efficacy' research (Christensen et al., 2005; Wood et al., 2005) – the latter refers to RCTs in controlled settings which can provide strong statistical evidence of impact. As Sprenkle (2012) has recently argued:

'if [Couple and Family Therapists] want to have their discipline taken seriously by the external world (including other disciplines, governments, insurance companies, and other third-party payers), they will have to continue producing high-quality RCT.' (p.4).

However, at the same time, many commentators note that RCTs – efficacy studies – are sometimes criticised for lack of external validity, or in other words, for a lack of relevance to real-world approaches in naturalistic settings.

'Among other things, there is no guarantee that the most wonderfully crafted RCT will have strong external validity nor necessarily make any impact on the real world of clinical practice' (ibid.,p.4).

Other criticisms of RCTs include that they are often:

- very selective of the types of couples included in the study – the longitudinal study by Christensen et al (2010), for example, only included chronically and seriously distressed married couples; the findings cannot therefore be seen as directly relevant to other less distressed couples (Lebow et al., 2012; Wood et al., 2005);
- carried out by the designers of the particular intervention under study, who have a clear stake in demonstrating the efficacy of the model – even though these studies are quantitatively robust, there is the danger of unintentional bias

as well as not publishing negative findings (Sprenkle, 2012; Shadish and Baldwin, 2005).

There is, therefore, quite a widespread recognition that there is also a need for other types of studies, which explore the impact and outcomes of couple counselling in more real-world or naturalistic settings. Two such studies were identified and reviewed. One of these included a recent study conducted in Germany and Austria (Klann et al., 2011), replicating the methodology adopted in a similar study more than 10 years ago (Hahlweg and Klann, 1997). The research was seen as an important attempt to test out the findings from more controlled efficacy studies in a naturalistic setting. The authors argued that even though such studies have shown the efficacy of couple therapy, more needs to be done to study how well such approaches work in less controlled settings:

'Whereas the demonstrated efficacy of couple therapy has grown dramatically over the past decades, there is still extremely little research evaluating whether couple therapy is effective under less controlled conditions in real-world settings.' (Klann et al., 2011, p.201).

The study recruited couples via 1,200 therapists (using a variety of different counselling approaches) in 354 counselling agencies in Germany and Austria. They asked couples to complete the questionnaires at the start of the study and at the end of their counselling – around six months later; couples were also followed up a further six months later, where possible. The pre-survey included 657 individuals (305 couples and 47 individuals within relationships) while the post-survey included 230 clients. The study found an effect size of 0.52 on relationship quality (measured using the GDS – Global Dissatisfaction scale, which is part of the Marital Satisfaction Inventory (MSI)) and an effect size of 0.72 on well-being/depression (as measured by the Center for Epidemiological Studies Depression Scale ([CES-D])). The authors note that even though these effect sizes are not as large as those identified in several efficacy studies, they still provide evidence that the findings from such studies can be replicated in more naturalistic settings.

Another study conducted in Ireland (McKeown et al., 2002) explored the impact of couple counselling provided by ACCORD which *'is an all-Ireland voluntary organisation which is run under the direction of the Catholic Bishops of Ireland'* (p.120). Over a two-year period (between 2000 and 2002), 839 men and women (more women than men) completed an end-of-counselling questionnaire (out of a total of 3,457 who completed the pre-counselling questionnaire). It found that 35% of women and men experienced an improvement in their relationship (as measured by the DAS) between pre- and end of counselling and 39% of both men and women did so six months after the end of counselling. To assess the significance of this change, the study looked at how many respondents had moved from a category of dissatisfied on the DAS (anyone with a score of 100 out of 151 or below) to satisfied (a score of 101 or more) from pre- to post-treatment. It found that 21% of men and 15% of women had done so at the end of their counselling (while 32% of men and 18% of women had done so six months after the end

of their counselling). McKeown et al (2002) also identified a significant improvement in stress levels as measured by the General Health Questionnaire (GHQ) for both men and women – but for women in particular:

'Among women, an improvement occurred for six out of ten at the end of counselling (59%), rising to two thirds six months later (66%). For men, more than half experienced an improvement in stress levels both at the end of counselling (55%) and six months later (53%)' (p.122).

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Appendix 7: Methodology technical annex

Literature review methodology

The initial search for relevant English-language literature was in electronic databases such as PSYCHINFO, ERIC, Education Research Complete, Humanities International Complete, SOCIOLOGICAL ABSTRACTS, Social Science Citation Index (SSCI), British Library Main Catalogue and Dissertation Abstracts International, as well as web-searches. Initial searches related to couple counselling, for example, included but were not limited to the use of the following key words as search terms in finding relevant articles: couple counselling, couples therapy, family therapy, marital distress, outcome study, marital therapy, conjoint therapy, marital satisfaction, cost effectiveness, and marital conflict. Once relevant literature was identified, reference lists and bibliographies were examined to identify other studies and publications. Review articles and meta-analyses were also searched for literature of relevance to the study. This was supplemented by articles provided by key contacts, including relationship support providers, and other members of the research team.

The resulting list of references was collected in a database and, based on a preliminary reading, given a priority score between 1 to 5, with regard to relevance to the review – with 1 standing for ‘extremely relevant’ and 5 for ‘not at all relevant’. Given the intended scope of the review (i.e. it was not intended to be a systematic, in-depth review), the aim of this was to identify about ten key publications, classified with a priority score of 1, for detailed review under each of the five key topic headings. Other publications with lower priority were not reviewed in depth, although some of these were still read to extract any relevant information for the review. This includes some recent studies conducted in the UK by providers involved in the study and by other key stakeholders.

Survey design changes

Further details relating to each part of the study, explaining why an RCT methodology was not used, are provided below.

Let’s Stick Together

The research team explored the option of conducting a RCT study to measure the impact of receiving LST compared with a no-treatment control group. However, this proved to be hard to achieve given the nature of the intervention – as described in more detail in Section 5.1, LST sessions are delivered in various settings, but often as part of an existing post-natal programme. This meant that introducing any form of randomisation would have proved very difficult for practical reasons, requiring the full cooperation of Sure Start and other group leaders delivering such post-natal programmes with no intrinsic buy-in into the study and putting an unnecessary burden on them (as advised by BCFT and CFF staff).

Marriage Preparation (Preparing Together and FOCCUS)

The survey of the impact of marriage preparation provided by Marriage Care started in May 2012 with the aim of conducting an RCT, whereby couples approaching Marriage Care to receive marriage preparation would be randomly allocated to receive either Preparing Together or FOCCUS (see Section 4.1 for a description of these two interventions provided by Marriage Care). This design would have allowed the research to measure the comparative impact of the two interventions and conduct a cost effectiveness analysis of the two approaches.

The adopted approach was for Marriage Care centre staff or the Marriage Care central coordinator to ask couples to agree to take part in the study and to be randomised to either approach. However, by the end of June 2012, the research team had only received contact details of seven couples to take part in the survey. There were various reasons for the low take-up, including in order of impact:

- Some Marriage Care centres only offering one or the other type of provision which meant that they could not take part in the study
- Couples seeking a particular type of provision based on information about the two types of support on the Marriage Care website
- Marriage Care centre staff are volunteers and have limited resources available for administrative tasks, which meant that some centres were unable to recruit couples onto the study
- Couples not agreeing to take part in the study
- Relatively low numbers of couples seeking marriage preparation in this period compared with other periods (specifically late autumn/early new year).

In consultation with DfE and Marriage Care, it was decided in August 2012 to modify the research design such that couples would no longer be randomised to either provision. Instead, the study adopted a pre- and post-survey design for couples accessing either form of marriage preparation.

Couple counselling - Relate

An RCT of Relate's relationship and couple counselling provision started at the end of July 2012, aimed at surveying individuals or couples accessing such support, randomly allocated to either face-to-face or telephone counselling, as any form of waiting-list design was deemed to be unethical and/or damaging to Relate's commitment to providing timely support to those seeking help from them.

The method of recruitment was for Relate Response call handlers (based within a centralised call-centre) to ask callers accessing their services to take part in the study. Initially, they were asked to take part before being randomised to either type of approach. As a result of a very low agreement rate, this was modified so that all clients were randomly allocated to either approach and then asked whether they wanted to take part

in the research. All clients were told at the sign-up stage that they would receive a £10 Amazon e-voucher for every interview they completed. Relate clients agreeing to take part in the study were then contacted by the research team to conduct a baseline telephone pre-survey and to try and involve the presenting clients' partners in the study.

However, the design of this part of the study was also modified by the end of November 2012 after it became clear that the RCT was not achieving the desired results, as only very small numbers of couples assigned to telephone counselling agreed to access this type of provision. As an illustration – over one week of the study (in November 2012), 133 couples contacted Relate for support and 72 were randomised to face-to-face counselling and 61 to telephone counselling. Of the 72 randomised to face-to-face counselling, 38 agreed to take part in the study, while only four of the 61 randomised to telephone counselling did so. The main reason for opting out among the latter was that they wanted face-to-face counselling. This suggests a clear preference among those seeking counselling for face-to-face rather than telephone support.

As a result, the study was modified to allow clients to choose the service they wanted (face-to-face or telephone counselling) and were surveyed using a pre- and post-survey design as for the other two interventions. Couples were no longer offered any incentive to take part in the study. Furthermore, very low numbers of respondents choosing telephone counselling and agreeing to be surveyed (21 in total, of which only 15 completed a pre- and post-survey) meant that the final design focused on Relate face-to-face relationship counselling only.

Couple counselling – Marriage Care

No RCT was attempted for this provider as Marriage Care were said to only deliver face-to-face counselling and any form of waiting-list design was deemed to be unethical and/or damaging to Marriage Care's commitment to providing timely support to those in need.

Survey samples

In order to determine whether any significant difference existed between respondents who completed just the pre-survey and those that completed both the pre- and post-surveys, a number of tests (ANOVAs and crosstabs) were performed to identify whether metric scores and certain respondent characteristics were significantly different for the two groups. Background characteristics tested were gender, ethnicity, housing and, additionally for the couple counselling cohorts, employment status.

The final sample achieved across the four interventions and any differences between pre- and post-survey respondents identified are outlined below.

Let's Stick Together: there were 91 parents who responded to the LST pre- and post-survey and 32 parents who responded to the pre-survey only and could not be contacted

or refused to take part in the post-survey – this equates to a 74% retention rate from pre- to post-survey. It is worth noting that the final achieved sample is well below the target of 140 completed pre- and post-surveys the research team was hoping to achieve, which was deemed necessary to detect a significant change over time. However, much lower numbers of parents being asked and agreeing to take part in the study (as a result of most LST sessions being delivered as one-off sessions rather than part of a group of sessions) meant that this target was not achieved.

Furthermore, of the 91 parents, only 78 had actually attended an LST session. This was not entirely surprising as several of those interviewed as part of the qualitative data collection indicated that not all people in their parent groups had attended the session – this could be a result of active choice or just circumstances (reasons for non-attendance were not explored in the survey). Given the nature of the intervention (just one short session), it was decided to focus the analysis on the 78 parents who had actually attended an LST session.

The final achieved sample for LST was well below the target of 140 completed pre- and post-surveys the research team was hoping to achieve, which was deemed necessary to detect a significant change over time. However, much lower numbers of parents being asked and agreeing to take part in the study (as a result of most LST sessions being delivered as one-off sessions rather than part of a group of sessions) meant that this target was not achieved.

For the LST cohort there were no significant differences on any of the three metrics (see Section 2.4.3). For the other variables there was no significant difference for ethnicity and gender, whilst a slightly higher proportion of those who completed the post-survey were in the owner occupier category.

Marriage Preparation: 331 interviewees completed a pre-survey – of these 243 could be contacted again three months or more after the pre-survey (this equates to a 73% retention rate). Among these 243 respondents who completed both a pre- and post-survey, eight indicated that they had not actually attended either a Preparing Together or a FOCCUS session. In six cases, this was because the wedding had been postponed or cancelled, while for two cases the session date was still in the future. Of the remaining 235 respondents, 176 attended a Preparing Together workshop (this included 42 couples), while 59 attended at least one FOCCUS session (this included 16 couples). The analysis focused on those 235 survey respondents who had received marriage preparation, given the short nature of the two interventions under study.

There were no significant differences between respondents who completed a pre-survey only and the 235 included in the analysis for any of the metrics and for any of the background characteristics with the exception of housing – once again a slightly higher proportion of those who completed the post-survey were in the owner occupier category.

Marriage Care relationship counselling: 483 interviewees completed a pre-survey – of these 336 were contacted again ten weeks or more later as part of the post-survey (which equates to a 70% retention rate in the study). The analysis focused on these 336 survey respondents, which included 47 couples. Of these, 16 had not received any support at the time of the post-survey. The analysis adopted an intention-to-treat (ITT) approach for this data-set – such an approach more closely reflects what happens in the real world where individuals join an intervention and then for a variety of reasons may not complete. It therefore provides more robust estimates of the effects of wider roll out. In this case, it also allowed the analysis to model the differential effect on individual/couples of attending none or some of the sessions as part of the study.

There were no significant differences between respondents who completed a pre-survey only and the 336 included in the analysis for the DAS-7 and ENRICH metrics and for any of the background characteristics. However, there was a significant difference with regard to respondents' well-being – pre-survey respondents only scored on average significantly lower on the WEMWBS scale (38.6 compared with 41.6) compared with the 336 included in the analysis.

Relate relationship counselling: Of the 348 interviewees who completed a pre-survey, 216 could be contacted again ten weeks or more later as part of the post-survey (which equates to a 62% retention rate). The analysis focused on these 216 survey respondents, which included 20 couples. Of these 16 had not received any support at the time of the post-survey. All 216 respondents were included in an ITT analysis as for Marriage Care.

No significant differences were identified between respondents who completed a pre-survey only and the 216 included in the analysis for any of the metric scores or the background characteristics, except for housing. Post-survey respondents were slightly more likely to be owner occupiers than those who completed a pre-survey only.



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